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Empathizing. A sharing of life

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Abstract. Nobody ignores the importance of proper communication with the patient so that it can be considered an integral part of it and maybe the very beginning of the cure. However not everyone considers how difficult is it to handle this. Our paper focuses on the fact that the doctor's contribution is not to let the truth come to light "tout court", taking priority above everything, but only to provide the biographical mosaic with some pieces that the patient can recognize as true and useful. When illness and death are not just words, but already quite near us, self-knowledge is the only thing that makes life alive forever. You cannot pass through the disease without changing. Not always and not necessarily this is for the better, but often it brings awareness.

Key words: medical humanities, empathy, care

Introduction

In the myth of Pandora, it is said that the Gods had a beautiful female figure modeled by Hephaestus, called Pandora, to whom each of the Gods gave an attribute. But they did so to punish the titan Prometheus, who had taken fire away from them to give it to men. In fact, beautifully dressed, Pandora was sent to the brother of Prometheus, Epimetheus who, seduced, accepted the gift despite the brother's recommendation not to receive anything from the Gods, for fear that it would result a misfortune to mortals.

The Gods had given Pandora as a wedding present a beautiful box in which they had concealed all the evils that can plague the mankind, with the recommendation not to open it. Pandora, driven by curiosity, as soon as she could, lifted the lid, bringing out diseases, loneliness, suffering, old age and death, which suddenly spread throughout the world.

Since then, according to the story of Hesiod, diseases "roam innumerable among men and they visit them spontaneously, some by day, others by night, bringing suffering to mortals". Only hope, Elpis, remained a prisoner in the box, which Pandora closed up quickly. And only hope, at the behest of Zeus, remains to console mortals.

Science and wisdom in the doctor-patient relationship

The encounter between doctor and patient is one of the most important elements in defining the nature of medicine itself, and in fact, the goal of medicine is to be therapeutic.

The ability to decide and act correctly in well-defined situations corresponds to the Aristotelian *phronesis*, later translated into the terms of *consilium* and *prudentia* by the scholastic theologians of the Middle Ages.

Taking into account the possible models, the structure-type of a *consilium* consists of different sections. The first one takes into consideration a present, actual situation: the patient is described by name and surname, age, sex, social position, activity, followed by the description of the disease he/she suffers from and the identification of some causes. This preliminary section is followed by an indication of a diet and the prescription of drugs to be observed by the patient.

If, as some (1) thinks, this was the true status of clinical medicine, it would not differ too much from the social, political or economic sciences. If therefore it is not easy to draw clear boundaries between different conceptions and schools of thought, it is perhaps useful to start from the origins and history of this idea.

In the sixth book of Nicomachean Ethics, Aristotle distinguishes among *sophia*, *phronesis* and *deinotes*. Aristotle claims that virtue and wisdom are closely joined together because choosing correctly is not possible without wisdom or without virtue. It is the virtue that determines the good, and wisdom enables us to carry out actions to achieve it. The evil person cannot be wise, because "wickedness makes us fall into error on practical principles. So it is clear that it is not possible to be wise without being good".

Wisdom is not science, neither art nor technique. It requires indeed experience and maturity. It is not oriented towards scientific knowledge but towards action (2). As an example of *phronesis*, Aristotle quotes that of Pericles, a true sage, "able to see what is good for himself and what is good for men in general".

A still different position is that which is inspired by cultural relativism and social constructivism. This is essentially the most widespread trend among the anthropologists of Medicine (3).

Cultural relativism, today very much represented also among humanists and sociologists, considers science only as an organized system of beliefs among the many possible, all substantially equivalent. This is because scientific truth would be nothing more than an instrument invented by the community of scientists to justify and perpetuate their hegemonic position in the study of nature.

The anthropological school of Harvard, which in the last twenty years has devoted much attention to the study of *illness narratives* (4), agreed with these positions and is characterized by close criticism towards biomedicine and its pretensions of a true scientific approach, positivist epistemology and to the empiricist tradition. These, at the center of the investigation, place the malfunctioning organs and functions rather than the individual, with his sensitivity and culture.

Anthropologists claim that Medicine is part of a cultural process and that the doctor, during the professional training, learns to see and speak "as a doctor". Cultural anthropologists (5) conceive science exclusively as a product of the society in which it develops and argue that scientific theories (medical ones in particular) are to a large extent socially determinated.

Taken to the extreme, this position pushes us to reject the existence of rationality and objective truth, even in the limits in which modern science defines them. According to the followers of cultural relativism, truth is always relative to a particular culture, and therefore Western science should not enjoy a higher status than for example that of the beliefs or practices of certain primitive societies such as the shamanic phenomenon. That is, for relativists, the various alternative belief systems are all equally valuable.

Today, in a contradictory way, the media tend to support both an uncritical faith in the progress of science and a low level relativism, publishing daily news of miraculous healings, extraordinary alternative treatments, and so on.

According to the theory of social constructivism, all forms of knowledge can be seen as stories that people tell each other for the most various reasons, including power relations. For constructivists, reality is a story, with which the various actors agree, even if temporarily.

A less extreme view instead of constructivism (6) does not reject the professional content of *ars medica*, but maintains that there is a sort of alliance between doctor and patient, which would express itself in the activity of exploring, creating and testing new narrative hypotheses, more convincing than precedents and with greater explanatory capacity.

The medical consultation, in which today the real dialogue with the patient lasts only for a few minutes, would become a possibility of dialogue among different stories: the biography that the patient tells and the story that the doctor collects with professional criteria.

The doctor›s contribution would not be to bring out the truth *tout court*, overriding and superior to everything, but only to provide some element to the biographical mosaic that the patient will recognize as true and useful (7, 8). In short, it would be possible to tell and hear stories about the disease. This narrative and biographical personalization could give unity and consistency to the understanding of the patient's problems and encourage the professionals to humility,

without however depriving the doctor of his professional abilities, also because it is to these that the patient addresses.

Constructivists also admit that there are situations in which it is really difficult or impossible to resort to a narrative clinical interview and in which the biological paradigm clearly prevails - think about a severe trauma or an aortic dissection, for example. However a reasonable integration of the two dimensions is always desirable, especially in the psychiatric field. An example would be the integration of genetic and biochemical knowledge in the assessment of the personal and family context of a psychotic patient.

No one ignores the importance of correct communication with the patient, to the point that it can be considered an integral part and perhaps the true beginning of treatment. However, not all reflect on how difficult is it to manage, because the problems related to health can always be interpreted differently, on the basis of cultural value systems and backgrounds: these could be very distant from each other, often creating serious communication difficulties (9).

The relational asymmetry is already entirely contained in the etymology of words: doctor (from *docére*, to teach) and patient (from *pati*, to suffer). Pain and illness are events that involve the whole person in a totalizing, emotional, cultural as well as physical experience that upsets the subject's life and often irreparably change the vision of the world. Difficulties in communications can be at any level of clinical narration, because communicating is not just a sharing of ideas and emotions, but a two-way and dynamic flow, through which individuals establish and feed a relationship. It is really the essence of the relationship among people.

In this sense, it cannot be denied that the relationship between the patient and health professionals has been in crisis, the more scientific and technological the Medicine becomes. Some authors (10) have proposed, through the transcription of authentic clinical interviews, an in-depth analysis of the discourse in medical practice, such as to include also the tense of verbs, pauses, silences, metaphors, moments of emphasis or uncertainty and the use of meta-communication.

According to the school of Palo Alto, meta-communication means that communication which has as its object the communication itself *Meta-comunicare* means providing a point of reference to communication. The meta-communications, not necessarily verbal, are messages that give information on how another message should be interpreted, giving a frame of reference to the communicative situation.

All these tools can give us information on how doctor and patient construct and interpret their role, interact, know how to listen, capture emotions and thoughts, and hopefully find a common ground of understanding, going beyond the most superficial level of communication, in order to be able to listen and express themselves constructively.

From here to being sent back to the narrative structure of knowledge, the step is short. Together with the patient, through an appropriate communication, the doctor, without relinquish the sound scientific foundation of the medical practice, can become co-author of new stories that have an open ending, interacting with the patient to produce meaning and transformation, to resume weaving together the great tapestry of life (11, 12).

Wisdom in medicine has several important components among which reflectiveness shows up more than other. There is a cognitive dimension to empathy that allows a person to understand the object of empathy and, given a specific set of conditions, the task of a wise doctor is to foresee which course of action is best or good (13, 14). So the physician can explain diseases with respect to the general knowledge available through the biomedical sciences, while the patient explains it in order to negotiate a treatment plan, in light of what is best for him in terms of values and needs.

Conclusion

The expression "to fall ill" represents an effective image to describe the condition in which one finds out who loses physical health. The disease, by removing the forces and the energy from the body, makes one experience the loss of autonomy and freedom, falling precisely in the impossibility of doing.

St. Francesco of Assisi, in many of his texts, talks about the disease by comparing it to a fall and it is very interesting to note that, in the first Rule, dated 1221, as first aspect faces not the sick friar, but those who are

called to share this limit in the name of love. In this case love is not easily defined, and perhaps self-sacrificing love completes where this state of feeling led to a complex emotional attitude towards another human being. Compassionate love is not religious love: it only describes service of the other person, but the roots of compassion are in our shared humanity. This act can better the condition of the other, placing the other's needs in high priority.

If in poetry we find the point of reference in Emily Dickinson that talks about human nature and the experiences that determine it - the *Bildung* of a human being -, in literature the text *par excellence* is "The death of Ivan Il'iĉ" written by Tolstoy.

Tolstoy's writing is that of universal feelings and various degrees of sensitivity that human beings have. The smell of fear, which strikes with tremendous force and goes on for a time that never seems to end, then slides towards the color of compassion, which changes according to its mix with sadness or calm inevitability. Here death, reached with unexpected solitude, has a dull sound. Described with lucid dramatic irony, it can be interpreted and become a space of rebellion.

When illness and death are not just words, but are now a music that echoes close, self-knowledge is the only thing that makes alive forever an existence that is extinguishing, because it has lived and is legitimized.

Every day we live the experience of the limit, but we struggle to ask for the help. It is easy to feel guilty when we are in the need, but the pain may become less heavy if we can see in the other not only tiredness, but also the joy of caring. In fact the suffering of the body and the pain find a sense, and a relief, only when they are understood and shared. A physician so moved can experience and understand the suffering, the associated fears, the anxiety, the vulnerability, reflected in loss of freedom.

Many, like Ivan Il'iĉ, hide themselves from love, flee from life and when they find themselves dealing with a disabling illness that could lead to death, only the fortunate can understand the real importance of every decision taken in life. They are lucky because reaching finally the awareness of self, leads to overcoming and not to the regret: actually at this point one is beyond and relies on the immensity as a cork on the current.

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