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# Coercive Transformation of the Attitudes of Patients Nowadays

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With advancement of modern medical technologies, attitudes of patients nowadays are forcefully being transformed. While we think that these advanced and reliable technologies bring us some reasonable hope, there are uncertainties that patients are coerced to bear. Taking the COVID-19 pandemic as an example, patients are subject to many uncertainties caused by some overestimation of positive effects, ongoing clinical results, and so forth. Then, not only do the patients suffer non-voluntarily but they also face new challenges caused by the uncertainties. They are forced to transform their attitudes by reflecting on their experiences. By referring to the argument of Havi Carel and Ian James Kidd, namely, suffering experiences are more transformative, I comment on it and specifically describe the patients' coercive transformation. Finally, I suggest how the concept of clarifying what is up-to-us or not helps the patients to identify their desires and change their attitudes.

Keywords: suffering, illness, transformation, experience, up-to-us

## Introduction

This paper studies how the attitudes of patients nowadays are forcefully being transformed. With modern medical technologies advancing, many incurable illnesses are now curable and more previously unidentified illnesses become

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known. While these technologies bring a reasonable hope to patients suffering from various illnesses, they are coerced to bear uncertainties that humans have not faced. That is because, on the one hand, the new technologies are subject to ongoing improvements reported in clinical trials; on the other hand, the current data on which the new technologies rely could not provide accurate estimations for the future. In this respect, not only do the patients suffer not voluntarily but they also face new challenges caused by uncertainties. They are forced to transform their attitudes by reflecting on their experiences.

The concept of transformative experience used in this paper is from Laurie Ann Paul. Havi Carel and Ian James Kidd use this concept and further claim that suffering experiences are more transformative.<sup>1</sup> I will comment on it and will specifically describe the patients' coercive transformation. Lastly, the concept of an up-to-us attitude will be suggested to improve the situation described.

This paper includes three parts. The first part will explain L. A. Paul's account of transformative experience. The second part will explain the claim of Carel and Kidd. According to what will have been explained in the first two parts, the third part will comment on the claim of Carel and Kidd. It will also describe the situation of the patients nowadays, arguing how the patients are forced to transform because of the uncertainties. Lastly, it will suggest a way of improving the situation, namely, by adopting an up-to-us attitude.

### **L. A. Paul's Account of Transformative Experience**

What is experience? Intuitively, this question sounds unintelligent because we seem to know what experience is. Yet, making clear the content, the knowledge, or the feelings that an experience involves is not an easy task. In fact, experience is both practical and abstract. It is practical because we need to try and sense so as to know. It is abstract because what we get from experience cannot be expressed by words easily, nor could it be reduced to some states of the undergoing events. Roughly speaking, experience usually is something "hard-to-tell" or something that we would not know unless we encounter it.

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<sup>1</sup> Havi Carel, Ian James Kidd, "Suffering as Transformative Experience," in *Philosophy of Suffering: Meta-physics, Value, and Normativity*, eds. David Bain, Michael Brady, and Jennifer Corns (New York: Routledge, 2020), 166.

In her *Transformative Experience*, L. A. Paul discusses what experience is with an imaginative example called “becoming a vampire.” She invites us to imagine that we have a chance to become a vampire and have to choose if we want to become one. Our friends who have become vampires testify to their brilliant experiences and encourage us to become one of them enjoying an immortal life. Our moral constraint of killing people is removed because the blood of animals tastes great. But because becoming a vampire is irreversible, we could not become human beings again if we do not like it.<sup>2</sup>

How can we choose rationally? Paul’s point is that we indeed have no ground to make a rational choice because “many of these big decisions [like the choice of becoming a vampire] involve choices to have experiences that teach us things we cannot know about from any other source but the experience itself.”<sup>3</sup> New experience, according to Paul, makes a person capable of gaining new abilities, learning things in a new way, and gaining new information.<sup>4</sup> At the same time, “we find ourselves confronted with a brute fact about how little we can know about our futures.”<sup>5</sup> Therefore, when we lack certain relevant experiences, we cannot make choice rationally.

Paul further argues that experience can transform us in two ways: epistemically and personally. She says:

When a person has a new and different kind of experience, a kind of experience that teaches her something she could not have learned without having that kind of experience, she has an *epistemic transformation*. Her knowledge of what something is like, and thus her subjective point of view, changes. With this new experience, she gains new abilities to cognitively entertain certain contents, she learns to understand things in a new way, and she may even gain new information. [...] The sorts of experiences that can change who you are, in the sense of radically changing your point of view (rather than only slightly modifying your preferences), are experiences that are *personally transformative* (emphases mine).<sup>6</sup>

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<sup>2</sup> L. A. Paul, *Transformative Experience* (Oxford: Oxford University Press, 2014), 1–4.

<sup>3</sup> Ibidem, 3.

<sup>4</sup> Ibidem, 11.

<sup>5</sup> Ibidem, 4.

<sup>6</sup> Ibidem, 10, 11, 16.

These two ways of transformation, I suggest, usually accompany each other. Experiences that we encounter daily give us new information. The information does not only revise our concepts of certain things, but it also changes our attitude towards things.

For instance, when I was two years old, I knew from my parents that I would have a younger sister. Although I am now unable to recall my experience of meeting a sibling for the first time, the pieces of experiences about my sister that I have been having in these decades changed my concept of sisterhood and my attitude towards her both epistemically and personally. As we usually fought over toys while we were young, I did not like her. Sister, for me, was someone who reduces my share of joyfulness. However, this concept and my attitude towards her change when we grew older. I remember that she once bought me a gift after our “two-month cold war.” Since then, my concept of sisterhood altered. I also regretted my behavior and urged myself to love her. This specific experience, I suggest, is a turning point of our relationship. In Paul’s words, this experience is transformative and it is “very important from a personal perspective, for transformative experiences can play a significant role in your life, involving options that, speaking metaphorically, function as crossroads in your path towards self-realization.”<sup>7</sup>

It is emphasized that Paul’s account of transformative experience relates to choice. In other words, it is about whether a person wants to experience something voluntarily, such as choosing to be a parent or not. In the example above, the change of my attitude towards my sister can be seen as a choice when this change is understood as my willingness. Yet, this change could be not related to choice because it is something natural and without involving sophisticated rational judgment. About this difference, I think that they both work. Rather, I emphasize that the example of sisterhood focuses on how the experience significantly transforms me both epistemically and personally. This transformation could not happen to someone who does not have brothers or sisters.<sup>8</sup>

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<sup>7</sup> Ibidem, 17.

<sup>8</sup> Yet, I do not intend to claim that someone who has brothers or sisters might necessarily change like me.

## **“Sufferers Are More Transformative” by Havi Carel and Ian James Kidd**

Based on Paul’s account of transformative experience, Havi Carel and Ian James Kidd currently argue that “suffering experiences can not only be transformative but can be—and often are—potentially more transformative.”<sup>9</sup> Most sufferers are said to be forced to experience different kinds of suffering. The main difference between their account and Paul’s is therefore the issue of choice.

Two points need to be clarified. First, Carel and Kidd carefully distinguish among voluntary, involuntary, and non-voluntary transformative experiences. For example, when a person chooses to be a parent voluntarily, the experience of being a parent is a voluntary transformative experience, which is Paul’s focus.<sup>10</sup> I add that when someone suffers voluntarily, their *experience of suffering* is also voluntarily transformative. For example, when a mother wills to give birth to a baby naturally, her experience of the pain caused by the natural childbirth transforms the mother on a voluntary basis.<sup>11</sup> Non-voluntary transformative experience means that the sufferer (such as a Holocaust survivor) is transformed without choice, while involuntary transformative experience refers to the unintended consequence of the choice that the sufferer makes, such as becoming disabled unintendedly after choosing to save a child.<sup>12</sup>

The second clarification is the meaning of being “more transformative.” Carel and Kidd claim that “[a]n important feature of negative experiences is that they are perhaps much *more* transformative than positive experiences (emphasis original).”<sup>13</sup> This involves another clear distinction that they made regarding positive and negative experiences. According to the distinction of epistemic and personal transformation made by Paul, Carel and Kidd distinguish the followings:

- positive epistemic transformation, positive personal transformation;

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<sup>9</sup> Carel, Kidd, “Suffering as Transformative Experience,” 166.

<sup>10</sup> Ibidem, 167, 171.

<sup>11</sup> Precisely, the difference between being a parent and being a mother giving childbirth naturally is that the person in the latter case bears the great physical pain caused by giving childbirth in a natural way.

<sup>12</sup> Ibidem, 171–172.

<sup>13</sup> Ibidem, 175.

- negative epistemic transformation, positive personal transformation;
- positive epistemic transformation, negative personal transformation;
- negative epistemic transformation, negative personal transformation.<sup>14</sup>

They claim that experiences of suffering fall into the categories with negative personal transformation. Their example of the person having “positive epistemic and negative personal transformation” is Primo Levi, a Holocaust survivor. According to Carel and Kidd, “Levi himself evaluates his experience, remarkably, at least partially epistemically positively, commenting that ‘in its totality this past has made me richer and surer’ [...]. He was also personally transformed by those experiences, but in ways that were deeply negative.”<sup>15</sup>

Their example of having “both epistemic and personal transformation negative” is the person suffering from dementia. When the patient loses language and memory, s/he “is confused and behaves erratically due to her neurodegenerative impairment. This is also a tragically negative personal transformation of a most radical sort. The past person is gradually erased and the new minimal person is reduced to the remains of the once vibrant person.”<sup>16</sup>

Accordingly, Carel and Kidd claim that someone would perhaps be *more* transformative because s/he has more negative experiences than positive experiences.

### **Patients Nowadays Are Forced to Be Transformed**

Having explained the concepts and the arguments on which this paper is based, the third part of the paper starts with several clarifications. First, I add a distinction of what I call direct sufferer, indirect sufferer, and potential sufferer. Direct sufferers are the patients themselves. The family of the direct sufferers, for example, is the indirect sufferer because a member of the family suffers from an illness.<sup>17</sup> Potential sufferers are the persons who could potentially

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<sup>14</sup> Ibidem, 172.

<sup>15</sup> Ibidem, 173.

<sup>16</sup> Ibidem.

<sup>17</sup> Precisely, if the burden of taking care of the patient is also taken into account, the family suffers from the burden of taking care of sick directly.

be exposed to the illnesses in question. I consider the concept of potential sufferers as well mainly because of the current situation caused by the COVID-19. The role of the potential sufferer could not be neglected since anybody could be infected by the virus in the current pandemic. With such distinction, I will later argue that all kinds of sufferers are coerced to be transformed.

Secondly, I comment on the view of “being more transformative” of Carel and Kidd. I agree that the distinctions they made are useful and clear. However, I have reservations about the use of the term “more transformative.” I propose that the word “more” is used in a comparison. For example, when we say that a cushion makes a wooden chair more comfortable. It means that the cushion is *that* which makes the chair from the state of being less comfortable to the state of being more comfortable. By the same token, suffering experience would be *that* which changes the sufferer. In other words, if we say that a sufferer is more transformative, it means that the suffering changes the sufferer more than the case in which the same person has no experience of suffering.

Suppose that Jane suffers from an illness and therefore she cannot sit an entrance examination of a university. She then has to defer her study. To argue that Jane’s experience of illness is more transformative, a comparison has to be made between the situation in which she is ill and the situation in which she is not. However, how do we know the situation in which Jane is not ill? If Jane was not ill, we can assume that she could sit the examination. But does it follow that her result would be satisfactory and she would be accepted? Or if she passed the examination, she could study in the university and be a successful scholar? It is also possible that she could study in the university but could not graduate with desirable results years later. If she failed the entrance examination, she would need to spend another year preparing the examination again. Indeed, there are many other possibilities that we could not know. Not only the case that all these possibilities do not exist in actuality, it is also the case that the events in each of the possible situations happen causally. In this regard, we have no ground to compare the situations and claim that the experience of the illness transforms Jane *more*. Experiences, as expected, could hardly be accountable by logical deductions. They are dynamic and subject to changes. Therefore, instead of using the term “more transformative,” I suggest using the term “to be coerced to transform” at least in situations of non-voluntarily and involuntarily suffering.

Thirdly, I argue that the personal transformative experiences of the sufferers

are not necessarily negative as suggested by Carel and Kidd. Consider Jane's example again. Suppose that Jane cannot sit the examination and she spends most of her time listening to music when she is staying in the hospital. She enjoys listening to music and singing, and she feels much happier than before. The impact created by music, for Jane, is positively personal transformative. With the *consequence* of being happier is taken into account, it is apparently different from the claim of Carel and Kidd. Yet, if we only consider Jane's *specific* experience of being ill, I do agree that it is negatively personal transformative.

I clarify my stance as follows. I propose that the specific experiences of suffering (such as the pain of the mother who voluntarily gives childbirth naturally, the illness that Jane endures non-voluntarily, or the disabilities caused by saving the child on an involuntary basis) for the sufferers are all negatively personal transformative. However, I propose that the consequences of the suffering have to be taken into account for defining personal transformation. The consequences of the experience of suffering could not be neglected, at least entirely. While it is generally believed that sufferings have no intrinsic value, it is also generally believed that they have instrumental values that could usually be seen in the consequences.

Let us consider the roles of consequences of voluntary, involuntary, and non-voluntary suffering. One who chooses to suffer voluntarily aims at a certain goal or tries to satisfy a higher-order desire. The belief "no pain no gain" is a common way of affirming the consequence as either a part of the suffering or a goal of the suffering. For example, a gym player who holds the belief "no pain no gain" commits to the training and successfully develops the muscles. Thus, having trained muscles are the consequence of suffering voluntarily from muscle pain. To clarify, I do not mean that the consequence of voluntary suffering is necessarily positively personal transformative. I only mean that personal transformation for voluntary suffering can be positive. If the gym player could not train the muscles successfully (for instance because of a lack of persistence), the consequence, that is, not having well-trained muscles, is not positively personal transformative.

Suffering involuntarily, such as enduring the disability after saving a child's life, can also lead to a positive personal transformation of the sufferer. The consequence of the suffering, namely, having a child's life saved is precious. This consequence changes the disposition of the sufferer, making the sufferer more virtuous. This, in fact, would be a positive personal transformation. Undeniably, the sufferer could lament the inconvenience caused by the disability. It is also possible that the sufferer would not save the child if she could choose again. I also do not mean that the consequence of involuntary suffering necessarily transforms the sufferer positively. I only intend to show that the consequence of suffering strongly links with the specific experience of suffering. The consequence, therefore, should be taken into account when personal transformation is defined.

Concerning suffering non-voluntarily, the consequence of the suffering varies from case to case. The impact created by music in Jane's case is positively personal transformative. Yet, this happens accidentally and not universally. In other words, if she were not happier after listening to music, her personal transformation would not be positive. Besides, it is also possible that Jane suffers from depression because of her illness. Then, she would become more negatively transformed by the illness.

I clarify that I refer to what actually happens but not the possible consequences. When the sufferer looks back on the experience of suffering, s/he can make a judgment about what has happened. This judgment could be subjective because it is a way of evaluating one's life.

Accordingly, concerning the personal transformation of Primo Levi, I suggest that he was coerced to transform. This is different from the claim of Carel and Kidd (that is, Levi's personal transformation is deeply negative).<sup>18</sup> In addition, I propose that the consequences followed his experience in the concentration camp have to be taken into account as well. Levi himself was a chemist. He could have been a famous chemist in his scientific field if he had not been sent to the camp. He could also have been a chemist who was not known at all. There are other possibilities, which did not become reality. However, he has *actually* been well-known because of his sufferings. Therefore, on the one hand, we are unable to compare "a life of the Levi who had not stayed in the camp (in an imaginative possibility)" with "the life of the Levi after staying in the camp (in the actual

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<sup>18</sup> Carel, Kidd, "Suffering as Transformative Experience," 173.

world)” and claim that the latter is more transformative. On the other hand, the consequences followed Levi’s calamitous experience, such as being well-known, should also be considered when Levi (or someone else) comments on Levi’s personal transformation. I tend to cherish the glory of human dignity that Levi tells us after his deep reflection although he unveils many predicaments of the victims.<sup>19</sup> Such reflection is then part of his positive personal transformation.

In reference to the clarifications above, I will now focus on the transformative experience of patients, that is, the experience of those who suffer non-voluntarily. Illnesses affect patients physically, mentally, or both. My main argument is as follows. With modern medical technologies advancing, many incurable illnesses are now curable and more previously unidentified illnesses become known. While these technologies bring reasonable hope to patients suffering from various illnesses, there are uncertainties that the patients are coerced to bear. Therefore, today’s patients do not only suffer non-voluntarily but they also face the uncertainties. While the patients are forced to transform, the indirect sufferers and the potential sufferers are forced to be transformed as well.

“Modern medical technological advancement” is twofold. First, it refers to the new technologies of knowing an illness, for example, the new technologies of knowing what the COVID-19 is, and the development of tests and vaccination. Second, it refers to the cases in which more precise distinctions of illness or symptoms are made; or more precise descriptions of the effects of medication are given. For example, we now know that physical pain could be caused by stress; new medical terms, such as emotional blackmail, are used to define some phenomena; or anxiety and insomnia are the side effects of some antidepressants.

With these advancements, humans have positive epistemic transformation. Both the medical experts and the public “are learning” from the advancements

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<sup>19</sup> Levi says, “we must not become beasts; that even in this place one can survive, and therefore one must want to survive, to tell the story, to bear witness; and that to survive we must force ourselves to save at least the skeleton, the scaffolding, the form of civilization. We are slaves, deprived of every right, exposed to every insult, condemned to certain death, but we still possess one power, and we must defend it with all our strength for it is the last—the power to refuse our consent. So we must certainly wash our faces without soap in dirty water and dry ourselves on our jackets. We must polish our shoes, not because the regulation states it, but for dignity and propriety. We must walk erect, without dragging our feet, not in homage to Prussian discipline but to remain alive, not to begin to die.” Primo Levi, *If This is a Man*, transl. Stuart Woolf (New York: The Orion Press, 1959), 39.

continuously. That is, transforming from the state of not knowing to the state of knowing; or transforming from the state of being less experienced to the state of being more experienced. However, these advancements are always subject to ongoing improvements through reports of clinical results. While some reports show consistent results, some of them, unfortunately, show something contradictory, such as, the side effects of the antidepressants mentioned previously. This is an example of what I call “uncertainty.” More about the uncertainty will soon be mentioned in part relating to the COVID-19 pandemic. Therefore, while modern medical technologies bring us some reasonable hope, we at the same time are coerced to bear the uncertainties that humans have never met before.<sup>20</sup>

Importantly, I do not mean that modern medical technologies are some “bad” things. The uncertainties seem to be the side-effects of the advanced medical technologies. Therefore, sufferers nowadays do not only suffer non-voluntarily, but they are also forced to be transformed by the uncertainties. The reasonable hope or the desire of getting away from the recently known illness is brought by the modern medical technologies. While life is expected to resume as normal, this hope could be failed. It is, again, not to say that “hope” is then something bad. But since uncertainties and possible failures usually accompany hope, we would be disappointed when our expectations are not fulfilled. This is coherent with what we have seen at the beginning of this paper: “we find ourselves confronted with a brute fact about how little we can know about our futures.”<sup>21</sup>

Besides, do we realize that we are being forced by this uncertainty? Not necessarily, I suggest. By referring to Paul, Carel and Kidd suggest that transformative experience is not always transparent. There is an “intrinsic opacity of transformative experience, the fact that we cannot know in advance what they will be like

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<sup>20</sup> One may query that curability has always been uncertain for patients throughout history. It is thus unclear why there is uncertainty relating to the advancement of medical technologies. I agree with this in a sense that we always do not have full confidence of getting healed. However, the uncertainty brought by the advancement of medical technologies that I am explaining relates to our reliance and hope given to the medical technologies. The reliance and hope can be reasonable, but sometimes not. Perhaps we would overestimate the positive effects brought by the technologies. While we think that we can overcome difficulties with the technologies, there are usually some new problems that could not be solved. It is also possible that we would feel overwhelmed when contradictory clinical results are obtained. Regarding this query, thanks to my friend Jessica of reminding me.

<sup>21</sup> Paul, *Transformative Experience*, 4.

for us, or how they will affect our self-understanding, or even know whether whatever sense we do eventually make of them will be congruent with the sorts of understanding one currently enjoys.”<sup>22</sup>

I suggest that not only is transformative experience opaque, the recently known illnesses themselves are too. The COVID-19 pandemic is an obvious example to illustrate this uncertainty. The knowledge of what the virus is, the ways of infection, the causes, the ways of prevention, and so forth, are opaque. It takes us some time to know, make clear, and transmit reliable information relating to the pandemic. I call these phenomena “the opacity of illness.” Moreover, we face many uncertainties and are disappointed repeatedly. While we were hoping for a normal life after the development of vaccinations, the reality that we are now facing seems to fall short of our expectations. We are now still subject to the opacity of the illness, which is something changeable and yet known.

Furthermore, we are subject to the opacity of the transformative experience that is based on the opacity of the illness. For example, while we thought that our expectations to the upcoming vaccinations were reasonable, we fail, either intentionally or unthinkingly, to notice our passivity in facing the pandemic. Perhaps, we fail to notice that we need to change, or we are not willing to accept our passivity and fragility. It is also possible that we lack the information to revise the past and estimate the future. With all the questions, worries, and uncertainties, we are coerced to transform individually, collectively, epistemically, personally, and even unwillingly. Not only are the patients coerced to be transformed, but the indirect sufferers and the potential sufferers are also forced to reflect on their lives.

As suggested by Carel and Kidd, the opacity of the transformative experience affect us in a way that we need to make sense of our current situation with the understanding that we have had. For example, based on both the concept of social relations that we originally had and the suggestion of social distancing suggested by some scholars, one may query about the implementation of the social distancing measures. Then, some other people try to balance between our original concepts and the new measurements. This shows that with the opacity of the pandemic, our transformative experience is opaque both epistemically and personally. We might not even realize that we are subject to the situation in which we are forced to be transformed. Or more fundamentally, we need to reflect on how to

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<sup>22</sup> Carel, Kidd, “Suffering as Transformative Experience,” 167.

measure “reasonable hope.”

Although my stance towards uncertainties seems to be quite pessimistic, this is not exactly the case. As I have mentioned, I believe that sufferings have their instrumental values, especially when the consequences of the suffering are considered. On the one hand, the consequences of the pandemic, I suggest, are not yet fully known as the COVID-19 pandemic is still affecting us. On the other hand, even though I make a judgment on how the pandemic affects me on a personal level, I could hardly give a judgment of how the pandemic affects humans collectively. My judgment of how the pandemic affects the whole human race would only be, at most, an opinion.

Now, I bring in the distinction of deciding whether something can be up-to-us or not so as to ease the tension shown. This distinction, which is mentioned by Epictetus, helps form an optimistic view. According to what has just been shown, the whole human race faces the great challenges of the pandemic and is being confused by the kinds of opacity. We lack ground to have some reasonable hope. We are disappointed because what seems to be reasonable fails subsequently. At the same time, we query both the technologies and our previous judgments. However, the old Stoic wisdom of Epictetus, I suggest, helps clarify our situation. At the beginning of his *Handbook*, Epictetus says the follows:

some things are up to us and some are not up to us. Our opinions are up to us, and our impulses, desires, aversions—in short, whatever is our own doing. [...] The things that are up to us are by nature free, unhindered, and unimpeded; the things that are not up to us are weak, enslaved, hindered, not our own. So remember, if you think that things are naturally enslaved are free and that things not your own are your own, you will be thwarted, miserable, and upset. [...] But if you think that only what is yours is yours, and that what is not your own is, just as it is, not your own, then no one will ever coerce you, no one will hinder you, you will blame no one.<sup>23</sup>

The first point to note, I suggest, is to identify that we face both the opacity of the illness and the opacity of the transformative experience. In other words, not only are we confused by the kinds of opacity, we are also perplexed by our conditions. Thus, it is important to know our limitations, including the changeable

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<sup>23</sup> Epictetus, *Handbook of Epictetus*, transl. Nicholas White (Indianapolis: Hackett Publishing Company, 1983), 11.

scenarios, our limitations in facing the scenarios, and our fragility in estimating outcomes. Besides, we should notice that the outcome could be undesirable even though we have updated information because the scenarios and our limitations are not up-to-us. With this understanding, we should not be disappointed by the bad outcome.

The second point relates to the epistemic transformation. As information that we have epistemically is changeable and not up-to-us, revising information we currently have and our goals repeatedly helps us to adapt to the environment. Although we passively respond to the epistemic transformation, it does not follow that the epistemic transformation is necessarily negative. By attaining more information, we can have a positive epistemic transformation, which is essential for regaining our power.

The third point is to control our desires, which relates to personal transformation. By clarifying what is up-to-us and what is not, we can choose what can be done, which will facilitate our positive personal transformation. Before continuing my explanations, I need to specify what I mean by “desires.” In his *Suffering and Virtue*, Michael Brady uses the first two chapters to refine his definition of suffering. His final account of suffering signifies the kind of desire to which I refer. “A subject suffers when and only when she has (i) an unpleasant experience consisting of a sensation S and a desire that S not be occurring, and (ii) an occurrent desire that this unpleasant experience not be occurring.”<sup>24</sup>

Brady’s definition includes an unpleasant experience, a sensation, and two desires. The first desire is not to have the sensation caused by the unpleasant experience and the second desire is not to have the unpleasant experience. About the unpleasantness, Brady thinks that it is “necessary for suffering, although as we also saw it is not sufficient: suffering itself consists in an attitude directed towards negative affect, namely an occurrent desire that the unpleasant experience cease.”<sup>25</sup> Besides, the unpleasantness “might consist of a sensation + a desire that the sensation not be occurring, without a person being aware of this. The content of our attitudes is not always transparent to us, and is often obscure.”<sup>26</sup>

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<sup>24</sup> Michael S. Brady, *Suffering and Virtue* (Oxford: Oxford University Press, 2018), 55.

<sup>25</sup> *Ibidem*, 32.

<sup>26</sup> *Ibidem*, 55–56.

For those who know that they are suffering (such as those who are encountering the COVID-19 pandemic), the desire not to have the unpleasant experience is not obscure.<sup>27</sup> For them, the suffering includes four things:

An unpleasant experience (of enduring the pandemic)	<ul style="list-style-type: none"> <li>• Not up-to-us</li> </ul>
A sensation (such as feeling sad)	<ul style="list-style-type: none"> <li>• Not up-to-us because it is a natural</li> </ul>
A desire not to have the sensation (such as a desire not to be sad)	<ul style="list-style-type: none"> <li>• Seems to be up-to-us</li> <li>• Can be obscure</li> </ul>
A desire not to have the unpleasant experience (such as the pandemic)	<ul style="list-style-type: none"> <li>• The content of this desire can be abstract</li> <li>• Can be either up-to-us or not up-to-us</li> </ul>

The table clearly shows that “what we should not be enslaved” (as suggested by Epictetus) are the unpleasant experience and the sensation because they are not up-to-us. The matter at hand, rather, is to deal with our desires. According to Epictetus, our desires are up-to-us. But this understanding, I suggest, should be based on the fact that the content of the desire is something up-to-us. While the sensation of feeling sad is natural, we usually neglect the desire of not to be sad because this desire seems to be a simple response to the sensation. Therefore, I agree with Brady that this desire is not always clear. But it is also not appropriate to say that this desire is something that we can fully control. Therefore, I tend to say that this desire can be controlled by us but it is not an easy task. We need to identify this desire and practise the skill to manage the desire.

Concerning the desire not to have an unpleasant experience, I suggest that it depends on the content of the desire and the extent of our expectation, which could vary greatly. For example, while some people would expect to resume normal life completely, the families of the patients desire for the recovery of their family members. Besides, the attainability of the desire has to be taken into account. For instance, we could reasonably desire to get over the unpleasant experience of a fever by taking appropriate pills. Yet, those who have lost their loved

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<sup>27</sup> Here, I neglect the discussion of which the sufferers do not know that they are suffering.

ones could not fulfil their desire not to have the unpleasant experience by expecting the deceased to live again.

Accordingly, I suggest that the concept of desire mentioned by Epictetus specifically denotes our *attitudes* towards these desires if we agree that desire itself can be opaque or it is dependent on the content of the desire. In other words, after identifying all kinds of opacity, we could be free to take our attitudes. This is a way to liberate ourselves from limitations. The whole human race has been threatened by sufferings and serious illnesses. They hinder us from both defining our life and assigning meanings.<sup>28</sup> Together with the uncertainties mentioned previously, we should be more enthusiastic about facing upcoming uncertainties and adjusting our attitudes towards the changes.

In addition, I do agree that “suffering does not always lead to personal growth”<sup>29</sup> as suggested by Carel and Kidd. Personal growth is a kind of practice developed from repeated errors in our life. It is also emphasized that trying to control our attitudes is both difficult and practical. There is no silver bullet to resolve problems caused by the coercive transformation of non-voluntary sufferings. Yet, positive transformation is something probable when we wish. For example, people who stayed in concentration camps faced utmost difficulties, but they could choose their attitude. In his philosophical work, Viktor Frankl, a Holocaust survivor, tells us:

we who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way.<sup>30</sup>

We could be forced to transform to a large extent. Yet, changing our attitudes (even very unwillingly at the beginning) seems to allow the instrumental values of non-voluntary suffering to reveal.

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<sup>28</sup> Mary Lemmons, “Suffering and Transcendence,” *Suffering and Hope Conference* (University of St. Thomas, November 10-13, 2005), 4, [https://www.stthom.edu/Public/getFile.asp?File\\_Content\\_ID=29](https://www.stthom.edu/Public/getFile.asp?File_Content_ID=29) (accessed 01.06.2021).

<sup>29</sup> Carel, Kidd, “Suffering as Transformative Experience,” 168.

<sup>30</sup> Viktor Frankl, *Man’s Search for Meaning* (New York: Washington Square Press, 1984), 86.

## Conclusion

After explaining the concept of transformative experience suggested by L. A. Paul, this paper has commented on the view of Carel and Kidd. Instead of claiming that experiences of suffering are more transformative, I have proposed that the sufferers, in particular those who suffer non-voluntarily, are coerced to transform. I have also proposed that the personal transformation of sufferers is not necessarily negative.

Moreover, the uncertainties brought by modern medical advancements have been raised and attention has been paid to both the opacity of illness and the opacity of the transformative experience. Lastly, I have affirmed the wisdom of the Stoics, illustrating the importance of deciding whether things could be up-to-us or not. Our desire not to have the sensation caused by the unpleasant experience and not to have the unpleasant experience can vary. Sufferings do not necessarily lead to personal growth either. However, as having been inspired by survivors like Levi and Frankl, we have been reminded to keep our full inner liberty and obtain the values which our sufferings afforded.<sup>31</sup> Although we are unable to know the future nor can we control our fate, we can change our attitudes even when we are coerced to transform.

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<sup>31</sup> Ibidem, 88.

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## Streszczenie

### **Wymuszona współczesna transformacja postaw pacjentów**

Wraz z rozwojem nowoczesnych technologii medycznych postawy pacjentów ulegają obecnie silnym przemianom. Choć wydaje nam się, że te zaawansowane i sprawdzające się technologie przynoszą nam pewną słuszną nadzieję, to jednak istnieją niewiadome, które pacjenci muszą znosić. Jeżeli za przykład weźmiemy pandemię COVID-19, to pacjenci są poddawani wielu niewiadomym spowodowanym przecenianiem pozytywnych rezultatów bieżących badań klinicznych itp. W takiej sytuacji pacjenci nie tylko że cierpią nie z własnej woli, ale też stają przed nowymi wyzwaniem wywoływanymi przez niepewność. Muszą zmieniać własne postawy poprzez refleksję nad swoimi doświadczeniami. Odwołując się do argumentu Havi Carel i Iana Jamesa Kidda, zgodnie z którym doświadczenia związane z cierpieniem są bardziej transformujące, komentuję ten argument i szczegółowo opisuję wymuszoną transformację pacjentów. Na koniec wskazuję, w jaki sposób koncepcja mówiąca o wyjaśnianiu, co należy lub nie należy do nas, pomaga pacjentom w określeniu ich pragnień i zmianie postaw.

Słowa kluczowe: cierpienie, choroba, transformacja, doświadczenie, co zależy od nas

## Zusammenfassung

### **Gegenwartsbezogener Wandel in der Haltung der Patienten**

Mit der Entwicklung moderner medizinischer Technologien unterliegen die Haltungen der Patienten starken Veränderungen. Obwohl es uns scheint, dass diese fortschrittlichen und bewährten Technologien uns eine legitime Hoffnung geben, gibt es Unbekannte, die Patienten ertragen müssen. Wenn wir die COVID-19-Pandemie als Beispiel nehmen, sind Patienten vielen Unbekannten ausgesetzt, die durch Überschätzung der positiven Ergebnisse aktueller klinischer Studien usw. verursacht werden. In einer solchen Situation leiden Patienten nicht nur nicht aus eigenem Willen, sondern stehen auch vor neuen Herausforderungen, die durch Unsicherheit verursacht werden. Sie müssen ihre eigenen Einstellungen ändern, indem sie über ihre Erfahrungen nachdenken. Unter Bezugnahme auf das Argument von Havi Carel und Ian James Kidd, dass die Erfahrung des Leidens transformativer ist, kommentiere ich dieses Argument und beschreibe detailliert die erzwungene Transformation von Patienten. Schließlich weise ich darauf hin, wie das Konzept der Erklärung, was von uns abhängt und was nicht, den Patienten hilft, ihre Wünsche zu bestimmen und Einstellungen zu ändern.

Schlüsselworte: Leid, Krankheit, Transformation, Erfahrung, hängt von uns ab

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