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The Edmond J. Safra Center
for Ethics



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Institut für Soziologie

The Cohn Institute for the
History and Philosophy of
Science and Ideas



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The Dynamics of Suffering
Critical Perspectives on the Interface of Society, Psyche and Soma
Joint Frankfurt-Tel Aviv Research Workshop
December 14-15th, 2015

Program Overview:

Monday, December 14th:

09:00	Overseas Participants: Leaving the Hotel
09:45-10:15	Coffee
10:15-11:00	Opening Statements
11:00-12:30	Panel 1: Medicine
12:30-14:00	Lunch
14:00-15:30	Panel 2: Psychology (Part 1)
15:30-16:00	Coffee Break
16:00-17:30	Panel 2: Psychology (Part 2)

Tuesday, December 15th:

8:15	Overseas Participants: Leaving the Hotel
08:30-09:00	Coffee
09:00-10:30	Panel 3: Sociology (Part 1)
10:30-11:00	Coffee Break
11:00-12:30	Panel 3: Sociology (Part 2)
12:30-14:00	Lunch
14:00-16:00	Panel 4: Law
16:00-16:30	Coffee Break
16:30-18:00	Concluding Discussion

Monday, December 14th, 2015

10:15-11:00 Opening Statements

José Brunner, Director, Cohn Institute for the History and Philosophy of Science and Ideas and Buchmann Faculty of Law, Tel Aviv University

Ferdinand Sutterlüty, Director, Department of Sociology, Goethe University

Sabine Flick, Department of Sociology, Goethe University

11:00 – 12:30 Panel 1: Medicine

Chair: José Brunner, Director, Cohn Institute for the History and Philosophy of Science and Ideas and Buchman Faculty of Law, Tel Aviv University

The Concept of Psychosomatic Inpatient Treatment

Ute Engelbach, Goethe University-Hospital, Department for Psychosomatic Medicine

Psychosomatic medicine defines a medical perspective that investigates biological, psychological and social influences on the origin, the onset, the course, and the treatment of diseases and functional bodily syndromes. The inpatient treatment is an original technique of multi-methodical psychotherapy substantially involved by the psychoanalytical and group analytical communities. Recently, behavioral methods have been increasingly integrated. Diseases of the following diagnoses groups (ICD-10) are treated in psychosomatic medicine: mood or affective disorders; neurotic, stress-related and somatoform disorders; behavioral syndromes associated with physiological disturbances; and physical factors and disorders of adult personality and behavior. The first phase of inpatient treatment is intended for initial psychodynamic interview and diagnostics. Inside the psychosomatic ward, patients are reestablishing their internalized patterns of object relations with the other patients and the staff. The treatment benefits from the restaging in a multi-person relationship field, by which the group analytical function of the team process plays a special role. Particular importance is placed on the analysis of transference and countertransference processes in a clinical multi-person situation and the resulting necessity of group and teamwork.

The Complexity of Identifying and Evaluating Pain

Ruth Defrin, Tel-Aviv University, Department of Physical Therapy, Sackler Faculty of Medicine

Two fundamental terms are relevant in exploring the concept of suffering from the medical point of view; *nociception* and *pain*. Nociception refers to the physiological processes occurring in the different levels of the pain system following tissue injury (transduction of stimulation energies, conduction of impulses, encoding of

information, etc.). Pain refers to the subjective, complex experience that is usually the consequence of nociception, and is regarded as having sensory, affective and cognitive aspects among which is suffering. Although in many instances nociception leads to pain and suffering, evidence suggest that the relationship between the two phenomena is not straight forward. Furthermore, there are instances in which nociception can occur without pain and instances in which pain can occur without nociception. In contrast to nociception, measuring pain and suffering is a challenge due to lack of objective means as will be discussed.

14:00-15:30 Panel 2: Psychology (Part 1)

Chair: Phil C. Langer, Department of Sociology, Goethe University, Frankfurt

Should We Be Stressed About Stress?

Sharon Toker, Recanati Faculty of Management, Tel Aviv University

The scientific debate over the conceptualization of stress has been ongoing since the 1950s'. Still, stress is a leading cause for suffering, with one in four Europeans reporting being stressed at work. Thus, a critical question that health psychologists should ask is, what do lay people mean when they say they are "stressed"? To date, we clearly lack an understanding of the representations lay people hold when referring to stress. The pursuit of answers to these questions is important and timely, because we know that cognitive structures (e.g., representations, mindsets) affect physiological and psychological experiences as well as thoughts, feelings, and behavior. Stress representations may also affect the accuracy of stress measurements (many of which were developed 20-40 years ago), as well as the development and evaluation of interventions. I will review the different conceptualizations of stress and discuss them using multiple points of view (psychological, sociological and physiological).

Patients' Subjective Theories of Their Suffering in the Context of Work

Nora Alsdorf, Sigmund Freud Institute Frankfurt,

Simone Rassmann, Department of Sociology, Goethe University, Frankfurt

Our statement deals with subjective theories of patients from Germany with psychosomatic diseases, which are in one way or another connected to their workplace: What are their explanations for their suffering? How do they describe their suffering? And: What are their ideas of a helpful treatment in a psychosomatic hospital? Can burnout and depression be seen as typical illnesses of current form of capitalism in 21th century? How do patients explain and perceive and cope with their illnesses? How do they describe the situations in which they found out that they cannot continue working and/or in which they decided to go to a doctor? How the does understanding of the patients of mental suffering and physical pain serve to make it treatable or remediable? What are their hopes concerning the treatment in the hospital?

16:00-17:30 Panel 2: Psychology (Part 2)

Chair: Phil C. Langer, Department of Sociology, Goethe University, Frankfurt

Concepts of Social Suffering in Psychotherapy

Sabine Flick, Department of Sociology, Goethe University, Frankfurt

My paper discusses the ways in which psychotherapeutic treatment interprets the suffering of the patients with psycho/somatic illnesses. How and in which ways do therapist in different settings relate to the social? What notion of the social is implicit in this relation? What normative underpinnings can be reconstructed? Given the example of how psychotherapists deal with social suffering in its work-related forms I argue that they transform social suffering into suffering related to the self by re/interpreting the links to society that possibly figure in the patients' subjective theories of illness. The reason for this transformation lies in the logic of the profession necessary to legitimate the claim that the patients' suffering falls within the purview of psychotherapy. Therapists have to disregard 'the social' in this manner since there are no medical diagnostic tools that would explicitly refer to work.

Psychic Disorders Between Genetics, Brain Pathology, Statistical Evidence and Subjective Meaning

Michael Günter, Hospital Stuttgart

There is a large gap between research in psychic disorders which is mainly conducted from a biological perspective and the everyday experience of the psychiatric or psychotherapeutic practitioner who is confronted with the social suffering of his patients and their individual disturbance. Subjective construction of meaning which is embedded in a social context of understanding and biological models are not easily compatible. Furthermore, modern psychotherapeutic technologies are highly specialized interventions. Since they are practice oriented in most cases they do not systematically reflect the social framework to which the patient is submitted. Yet, in the end psychotherapy must lead the patient from being the victim of his social history to being able to become more subject of his own life in relationship to others and in society.

Tuesday, December 15th, 2015

09:00-10:30 Panel 3: Sociology (Part 1)

Chair: Ferdinand Sutterlüty, Director, Department of Sociology, Goethe University

Sense Without Sensation: The Modern Move from Pain to Suffering

Haim Hazan, The Department of Sociology and Anthropology, Tel Aviv University

Pain is both generally universal and uniquely individual. In either case it does not befit the notion of socially constructed subjectivity as a constitutive of the project of modernity. Thus, making sense of pain is turned into assuaging its personal effects, while making sense of that sensation in terms of the cultural category of suffering. That category transforms the unbridled barbarism of inexplicable pain into a disciplined experience securely charged with consensual representations of the tenor of the time. This dynamic enables the politicization of suffering, hence denying pain as a source of meaning. Euthanasia, palliative medicine, epidural, painless executions etc.' are but a few examples for the exile of the sensation from the land of socially endorsed sense.

Trans-generational Transmission of Trauma and the Embodiment of Social Suffering – Conceptual Considerations and Research Perspectives

Phil C. Langer, Department of Sociology, Goethe University, Frankfurt,

Joram Ronel, Technical University, Munich

Our joint workshop contribution is related to the dynamics of trans-generational transmission of trauma and connected to a psychodynamic intervention and research project with Shoah survivors in Munich that starts in February 2016. Hereby, we would like to specifically focus on the concept of embodiment of bio-psycho-social suffering. The contribution reflects our different disciplinary backgrounds (medicine, psychoanalysis, social psychology, literary studies) as well as our common interests (in group dynamic processes and research areas such as HIV related stigma and antisemitism).

Physical Sacrifice and Society – The Case of Living Organ Donations

Hagai Boas, Edmond J. Safra Center for Ethics, Tel Aviv University

There are two contradicting traditions in social thought regarding agency: utilitarians understand social patterns as the aggregated outcome of individuals trying to maximizing their self-welfare, and structural sociologists tend to see individual agency as the outcome of social patterns. Living organ donation is a good case for studying these two traditions. In such cases, people sacrifice one of their vital organs for the

welfare of the other. This extra-ordinary act is conceptualized in academic literature by conjuring images of social ties and individual agency. When intra-familial donations are discussed, the reader encounters explanations about social norms and social structure as motivating the act. When donations between non-related individuals are discussed, the reader encounters accounts that put an emphasis on the possible gains of the giver – from suspecting organ trafficking, to raising doubts about the possibility of pure altruism in a materialistic society. In other words, living organ donations serve as a metonymy of physical sacrifice as a module of social ties.

11:00-12:30 Panel 3: Sociology (Part 2)

Chair: Sabine Flick, Department of Sociology, Goethe University, Frankfurt

Social Dimensions of Health. Examining the Normative Implications of Social Suffering

Armin Hoyer, Charité Hospital, Berlin

Concepts of social suffering are related - explicitly or implicitly - to a certain social dimension of health. Concepts of social health are indeed crucial normative resources in modern public and global health debates. However, the effort to conceptualize a concept of social health that is clearly defined, powerful as a normative resource, and nevertheless resistant against abuse and astrays of various kinds, poses a big challenge for a critical social theory. My talk will sketch a research project that aims at a genealogy of social concepts of health which have been related to concepts of social suffering since the early days of social medicine and public health.

“Right Now, the Disease Doesn’t Exist”: Reflections about "How We Talk about the Body" in Medical Anthropology

Adi Finkelstein, Faculty of Life and Health Sciences, Tal Campus, Lev Academic Center, Jerusalem, The Hadassah-Hebrew University Faculty of Medicine, Jerusalem

In this paper I discuss the medical anthropological discourse about the body. The ethnography deals with the experience of illness among women suffering from long-term pain and fatigue (Fibromyalgia and Chronic Fatigue Syndrome, respectively). I demonstrate how the medical discourse uses the bio-psycho-social model to articulate the understandings of the pain and the fatigue in view of a positivist attitude toward the body while the patients’ suffering is perceived as ambiguous, odd, fundamentally emotional and even unreal. In view of Latour’s article (2004): “How to Talk About the Body? The Normative Dimension of Science Studies,” I demonstrate how medical anthropology has preserved the cultural and political positivism and reductionism towards the body and power as a byproduct the bio-power.

Three Models of Thinking on Social Suffering

Ferdinand Sutterlüty, Director, Department of Sociology, Goethe University, Frankfurt

My contribution will briefly introduce three different models of sociological thinking on social suffering. Hopefully they will also be helpful in developing integrative theoretical frames and research questions. The first model addresses the *normative foundations* of social suffering. It relies on the reconstruction of the constitutive link between internalized norms and social suffering; in addition to that, it also analyzes aggravations of social suffering due to certain normative expectations (example: F. Sutterlüty on riots). The second model focuses on forms of social suffering that may be quite invisible at first glance by investigating phenomena of *reaction formation* on a collective level. This approach not only gives rise to challenging methodological questions, but also uncovers the potentials social suffering may have on the genesis of social structures (example: A. Cohen on delinquent subcultures). The third model, finally, highlights the role of social suffering in *manufacturing political legitimacy*. It is based on recent observations that have identified the emergence of a new mode of producing political legitimacy; the related art of governing by politics of presence is highly dependent on whether or not political representatives or institutions show empathy and compassion with peculiar situations and individual suffering (reference: P. Rosanvallon on democratic legitimacy).

14:00 – 16:00 Panel 4: Law

Chair: Shai Lavi, Director, Edmond J. Safra Center for Ethics, Tel Aviv University

The Damaged Body in Bodily Injury Claims – A Universal Problem, Individual Disorder, or Social Construction?

Adi Yucht, Tel-Aviv University Faculty of Law, Edmond J. Safra Center for Ethics

As a legal scholar, my presentation focuses on the far-reaching and most influential area of law known as bodily injury claims. Bodily injury law regulates instances of both physical damage to a person's body and the physical pain and mental suffering followed by it. The plaintiff's body is "brought to trial" in bodily injury claims, and is treated as requiring classification as proper/improper and reparable/irreparable in order to determine the appropriate legal remedy.

The presentation looks into ways in which bodily damages (and the physical pain and mental suffering embedded in them) are understood and constructed in the legal practice of filing bodily injury claims. Are bodily damages understood as a universal problem? Are they interpreted as an individual issue? Or are they simply socially constructed? The discussion in these questions will be conducted through concrete examples from a specific empirical field of bodily injury claims, in relation to sex-

defining organs (i.e., the female breasts, the male chest, the genitalia and the reproductive system). Among the causes of damages to sex-defining organs included in my discussion are failed plastic surgeries, negligent diagnosis and/or treatment of medical problems or diseases (e.g., breast cancer or cervical cancer), negligently-performed childbirths and/or abortions, traffic accidents, and failed circumcisions.

The Social Dimensions of the Pain of Discrimination

Yofi Tirosh, Buchmann Faculty of Law, Tel Aviv University

For law, pain and suffering are inherently social. The legal system is designed to differentiate between pain and suffering that are unjustly inflicted by another from the ones with regard to which no social actor can be implicated. When it comes to discrimination, the social dimensions of pain and suffering are particularly dominant, for the harmful behavior is grounded in bigoted social stances and in unequal social structure. Yet antidiscrimination law fails to produce a robust account of the social aspects of discrimination: it focuses on personal responsibility, treats discrimination events as insulated from one another, and offers remedies that rarely reach beyond the individual plaintiff. I would like to explore how a richer understanding discrimination as a social pain could be incorporated into law's *modus operandi*.

Pain and Suffering in (Torts) Law – The Disability Studies Perspective

Neta Ziv, The Israel Affordable Housing Center and the Housing, Community, Law Clinic at Tel Aviv University Faculty of Law

Disability studies – under which disability is considered a social construct rather than a physical/medical condition alone, embodies an ambivalent approach to pain and suffering. Pain and suffering strongly represent "the personal tragedy model", under which disability was understood as a negative life condition. This condition, under the "medical", "individual" or "tragedy" model, constituted a justification for intervention, either to relieve the disabled person from suffering, help him overcome it or accept it. DS challenged this conception. Various lines of thought strove to understand disability as largely an outcome of a social construct under which prejudice, stereotypes, an idealized vision of a perfect body and an unaccommodated environment cause disability, and take part in constructing the personal experience of living with a disability. The affirmative model of disability took a step further, claiming that physical impairment too is a social construct, and that people can live whole and happy lives with a physical or mental impairment.

DS, however, finds itself in direct tension with various bodies of law, especially torts. The social vision of disability and torts law's basic rationales seem to stand in contrast. Torts - based on theories of corrective justice and deterrence - assume that disability is a product of an identifiable individual fault, which ought to be compensated based on "damages". As a result, torts compensation includes (in addition to health-related

costs) general compensation for "pain and suffering", which are calculated against certain benchmarks, and provide incentives to describe life with a disability as a reality entailing significant loss. In the area of "wrongful life" claims, tort law assumes that a life with a disability is worse than death. Courts are required to assess the suffering entailed in living with a disability, for both the disabled person and caregivers. Given these tensions, DS advocates turn to alternative policies for compensation, namely no fault systems and social insurance – as they mitigate (although do not negate altogether), the affiliation between disability and suffering.

16:30 – 18:00 Concluding Discussion

José Brunner, Director, Cohn Institute for the History and Philosophy of Science and Ideas, Tel Aviv University

Ferdinand Sutterlüty, Director, Department of Sociology, Goethe University

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