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The Pain of Despair: the Suffering of Those who see no Future

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Serena Buzzi
Dipartimento Studi Umanistici, Università di Torino, Italy

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Corresponding author:
serena.buzzi@unito.it

ABSTRACT

Pain is a multidimensional phenomenon that deeply intertwines physical, emotional, and psychological aspects, with despair emerging as a critical element of the experience of suffering. This article explores despair as a defining factor in the perception and endurance of pain, highlighting its impact on the patient's relationship with illness, their sense of self, and the role of the physician. Through an analysis of selected passages from ancient medical texts by Hippocrates, Aretaeus, Galen, and Oribasius, the study examines how despair not only amplifies physical suffering but also challenges the boundaries of medical practice. The article emphasizes the transformative power of hope as a counterforce to despair, serving as a therapeutic tool that can guide both patients and physicians through the most challenging phases of illness. In doing so, it underscores the ethical and emotional dimensions of caregiving, advocating for a holistic approach to medicine that addresses not only the physical symptoms of pain but also the profound emotional suffering that accompanies despair.

Keywords: Pain - Despair - Hope - Healing process - *Iamata* - Ancient medicine- Doctor-patient relationship - Medical ethics

"C'è un'arte di ricevere in faccia le sferzate del dolore che bisogna imparare.
Lasciare che ogni singolo assalto si esaurisca;
un dolore fa sempre singoli assalti - lo fa per mordere più risoluto e concentrato.
E tu, mentre hai i denti piantati del dolore in un punto e inietta qui il suo acido,
ricordati di mostrargli un altro punto e fattici mordere - solleverai il primo.
Un vero dolore è fatto di molti pensieri; ora, di pensieri se ne pensa uno solo alla volta;
sappiti barcamenare tra i molti, e riposerai successivamente i settori indolenziti"[1].

Introduction

Pain as a physical state is widely documented in medical literature for symptomatic, diagnostic, or prognostic purposes. However, this type of pain is often described by the patient, but it is also objectively and rationally described by the physician and thus serves the field of medicine.

A connecting thread across all types of pain—acute, chronic, diffuse, or localized—is the patient's emotional state, which may accompany, cause, lessen, or amplify the pain. This contribution aims to explore the manifestation of patient pain as expressed through their condition of despair. An analysis of the use of the term ἐλπίς (hope) and, specifically, its absence in cases of despair, suggests that the lack of trust in the art (τέχνη) and the possible solutions to the problem make the pain unbearable or, worse, the suffering incurable.

The article examines cases where despair is the source, sustenance, and substance of pain. When the patient is at the center, hope holds an indispensable value, as shown both by the history of medicine and modern studies[2].

The focus here is on pain as a loss of hope, which can assume various nuances of meaning depending on the context.

The first literary occurrence of the Greek term ἐλπίς, or hope, appears in a line from the Odyssey, Ἔτι γὰρ καὶ ἐλπίδος αἶσα: "For hope still remains". This expresses the desire of many hopeful patients to hear these words from their doctor.

The hope for a possible remission or the despair brought on by an incurable disease or unbearable suffering were integral to the pathological state of suffering and could drive patients towards rational medicine or temple medicine, which offered healing through divine intercession, often that of Asclepius[3].

Medical texts, along with the *iamata* texts, mention these two aspects—hope and despair—in different contexts, influenced by the nature and purpose of those writings.

Despair of patients and physicians

The lexicon of suffering was often employed to convey despair[4]; however, the very root of the word ἐλπίς appears in the form ἀφηλπισμένος, used to describe someone who has lost all hope, abandoned entirely[5]. This expression served not only to underscore the intense suffering brought on by the patient's and doctor's mutual despair

over the case, but also to highlight the god who would never forsake those seeking his aid.

Under the impact of pain intensified by despair towards the medical arts, some patients turned to sanctuaries, driven by a different form of hope. A famous case involving the orator Aeschines clearly illustrates this, as he states, suffering from an ulcer on his head, that, although human medicine had failed him, hope rested on the gods:

> Θνητῶν μὲν τέχναις ἀπορούμενος, εἰς δὲ τὸ θεῖον ἐλπίδα πᾶσαν ἔχων.
>
> *Despairing of human art, I place all my hope in divinity*.

Despair as pathological suffering

The psychology of the patient, particularly their attitude toward the progression of their illness, is also considered in medical literature, allowing various forms of analysis. In the Hippocratic Corpus, for instance, a passage in *Epidemics* VI considers hope in its pathological dimension. This excerpt belongs to section 8, where the physician reviews all factors to consider in a case: environment, seasons, age, and, in this case, the patient's mental states.

> Καὶ τῆς γνώμης· ξύννοια, αὐτὴ καθ᾽ ἑωυτὴν, χωρὶς τῶν ὀργάνων καὶ τῶν πρηγμάτων, ἄχθεται, καὶ ἥδεται, καὶ φοβεῖται, καὶ θαρσέει, καὶ ἐλπίζει, καὶ † ἀδοξέει †, οἷον ἡ Ἱπποθόου οἰκουρὸς *[...]*
>
> *And regarding the mind: anxiety itself, in itself, independent of sensory perceptions and actions; the patient suffers, rejoices, fears, takes courage, hopes, and † despairs †, like the servant of Hippothoos [...]*

Despite the text's obscurity, it's understood that the anxiety afflicting the patient is pathological, being disconnected from reality (αὐτὴ καθ'ἑωυτὴν, χωρὶς τῶν ὀργάνων καὶ τῶν πρηγμάτων), pushing the patient from one extreme emotion to another without reason. Joy and sorrow, fear and courage, hope (ἐλπίζει) and despair (ἀδοξέει) are thus seen as symptoms, revealing a state of overall distress. By evaluating the patient's psychological outlook, the physician can discern what is normal and what is abnormal and what it's not: in the case of the servant of Hippothoos, hope and despair are merely symptoms, emerging not from actual circumstances but from a troubled mental state. They reflect a manifestation of anxiety (ξύννοια) and, therefore, are part of the diagnostic process rather than a direct physiological response to the patient's condition.

Despair as the patient's intimate suffering

Attention to a genuine state of despair in a patient facing an unmanageable illness or an inevitable end is rare but can be found as early as the *Hippocratic Corpus*. The

case of Euryanax's daughter, who suffers a violent fever in *Epidemics* III 2[6], offers the reader observations about the young patient's state of mind, revealing a rare level of intimacy typically unexpressed:

> Αὕτη, ἀρχομένου τοῦ νοσήματος, ἤλγεε φάρυγγα, καὶ διατέλεος ἔρευθος εἶχεν· γαργαρεὼν ἀνεσπασμένος· ῥεύματα πουλλὰ, σμικρὰ, δριμέα· ἔβησσε πέπονα, οὐδὲν ἀνῆγεν· ἀπόσιτος πάντων παρὰ πάντα τὸν χρόνον, οὐδ᾽ ἐπεθύμησε οὐδενός· ἄδιψος, οὐδ᾽ ἔπινε οὐδὲν ἄξιον λόγου· σιγῶσα, οὐδὲν διελέγετο· δυσθυμίη· ἀνελπίστως ἑωυτῆς εἶχεν *(...)*
>
> *From the onset of her illness, she suffered from throat inflammation, which remained constantly red; her uvula was retracted; numerous, thin, sharp discharges; a heavy cough that brought up nothing; she refused all food throughout her illness, showing no desire for anything; she was without thirst, barely drinking; silent, she spoke not a word; in despair, she despaired of herself.*

The reflective structure ("she despaired of herself") is particularly significant, as this time it is not the physician's judgment of the patient, but the patient's own outlook on herself, progressively discouraged by her illness. Her suffering was not only physical, clinically diagnosed and observable, but also deeply personal, invisible to the eye, yet much more profound and acute.
The clinical description is precise, not signal related to vital needs, such as appetite for food and water (ἀπόσιτος, ἄδιψος, οὐδ᾽ ἔπινεν), as well as the will to live, which manifests through desires (οὐδ᾽ ἐπεθύμησεν οὐδενός) and the will to communicate (σιγῶσα, οὐδὲν διελέγετο).

Despair as a desire for death

When pain reaches an unbearable threshold, despair may not only manifest as emotional suffering but also evolve into a longing for death, as seen in the following case of ileus.

> Θεραπεία εἰλεοῦ. Ἐν εἰλεῷ πόνος ἐστὶ ὁ κτείνων ἐπὶ φλεγμονῇ ἐντέρων ἢ ἔντασις καὶ πρῆσις• ὤκιστος ἠδὲ κάκιστος ὄλεθρος. μετεξέτεροι μὲν γὰρ ἀνελπίστως νοσέοντες θάνατον προφανέα μοῦνον ὀρρωδέουσι• οἱ δ᾽ ἐν εἰλεῷ πόνου ὑπερβολῇ θανάτου ἔρανται.
>
> *Treatment for ileus: In ileus, the pain is deadly due to intestinal inflammation or tension and swelling; it brings one of the swiftest and most terrible deaths. Indeed, some, even though they suffer without hope, fear only the arrival of death; but those affected by ileus, due to the extreme intensity of their pain, yearn for death.*

This Greek passage revisits the nature of physical suffering and the desire for death as an escape from unbearable pain. It specifically addresses acute intestinal pain, which can became so severe that those affected long for death as the only escape.
The term πονῇ ἐντέρων (pain of the intestines) describes intestinal suffering, specifically the agony associated with the digestive system—a vulnerable area susceptible to extreme pain in cases of illness. ἔντασις καὶ πρῆσις represents the conditions of tension

and swelling, typical of excruciating gastrointestinal ailments. These symptoms often indicated severe disorders, such as intestinal obstruction or ileus, which were typically fatal. Death from intestinal pain was both inevitable and extremely painful, as conveyed by the expression ὥκιστος ἠδὲ κάκιστος ὄλεθρος, used by the author to highlight the rapidity and cruelty of the end for those suffering from such severe diseases.

However, there existed a category of individuals, μετεξέτεροι (others), who, although without hope of recovery, feared only the impending death itself (θάνατον προφανέα μοῦνον ὀρρωδέουσι), enduring their pain with resignation. Οἱ δ'ἐνειλεῷ -those who suffered from the specific torment of ileus or intestinal blockage-, due to the πόνου ὑπερβολῇ (extreme pain), no longer saw death as a threat but a necessary release, even going so far as to desire it (θανάτου ἔρανται).

This passage offers a compelling perspective on both suffering and death, suggesting that extreme physical pain can be so overwhelming that it surpasses even the fear of death. Acute abdominal pain, associated with conditions such as intestinal obstruction, was often untreatable and fatal, leading those affected to a state of despair so deep that death appeared preferable. This description hints at a reflection on human dignity and the limits of human endurance. The desire for death in cases of extreme suffering may be interpreted as a manifestation of the human need to escape the humiliation of physical helplessness and to reclaim one's dignity, even in the final moments.

Despair as an insurmountable therapeutic limit

Within the concept of medicine as a perfected art, certain situations inevitably confronted the skilled physician with the necessity to abandon treatment and declare the case hopeless. The semantic category of hope, seemingly unscientific because it pertains solely to the psychological realm, appears as a marker of this boundary -a barrier that seems to unite doctor and patient in the same despair: the physician, aware of his own limitations, and the patient, conscious of his imminent future.

In the *Hippocratic corpus*, attention to hope or despair becomes part of the diagnostic and pathological framework made by the physician, of determining whether to pursue or abandon medical intervention, depending on the likelihood or impossibility of a cure[7].

In Aretaeus[8], for example, we find:

> *Θεραπεία ἐλέφαντος. […]* τί ἂν οὖν εὕροι τις ἐν ἰητρικῇ τοῦδε ἀξιόνικον ἄκος*;* ἀλλὰ γὰρ πάντα χρὴ ξυμφέρειν φάρμακα καὶ δίαιτην καὶ σίδηρα καὶ πῦρ· καὶ τάδε κῆν μὲν ἔτι νεοτόκῳ τῷ πάθεϊ προσβάλῃς, ἐλπὶς ἰήσιος· ἢν δὲ ἐς ἀκμὴν ἥκῃ γενέσιος καὶ ἐν τοῖς σπλάγχνοισι ἑδραῖον ἴζῃ, ποτὶ καὶ ἐς τὰ πρόσωπα προσβάλλῃ, ἀνέλπιστος ὁ νοσέων.
>
> *Treatment for leprosy: […] What effective remedy might one find in medicine for this ailment? Every possible treatment is needed: medicines, diet, surgical tools, even fire. If you intervene*

at the very beginning of the disease, there is hope of healing. But if it reaches its peak, embedding itself in the internal organs and spreading to the face, the patient is beyond hope.

The same approach is seen in Galen and later authors, such as Oribasius, particularly in a text attributed to him, the *Eclogae Medicamentorum*[9], where the term ἐλπίς (hope) appears twice in reference to leprosy[10]:

Ἐλέφας τὸ πάθος, εἰ μὲν ἄρχοιτο, ἐλπὶς ἰάσασθαι, εἰδ' εἰ ἀκμὴν ἥκοι καὶ τῷ προσώπῳ προσβάλοι καὶ τοῖς σπλάγχνοις ἑδράσειεν, ἀνέλπιστος.

The disease of leprosy: if it is in its early stages, there is hope of healing; but if it reaches its height, affects the face, and settles in the internal organs, the case is hopeless.

In both authors, the progression of leprosy is described, suggesting that at the beginning there is a hope for cure, but as the disease advances to affect the face and internal organs, recovery is no longer possible. In a few lines, the antithetical terms ἐλπίς (hope) and ἀνέλπιστος (hopeless) recur.

Aretaeus emphasizes the necessity of an intense and multifactorial treatment that utilizes very available resource -medicines, diet, surgery, and cauterization (fire). Yet behind this medical prescription lies a human and philosophical concept: ἰήσιος ἐλπίς, the hope of healing, a fragile yet essential condition in therapeutic acts. In both texts, hope is not merely a state of mind or a future outlook but a concrete and decisive medical condition. As long as the disease in its early stages, there exists a "hope for healing" (ἰήσιος ἐλπίς; ἐλπὶς ἰάσασθαι), which makes it legitimate and even necessary to attempt every therapeutic method. This possibility, however thin, justifies the use of all available tools to combat the illness, fueling both the courage of the physician and the determination of the patient. Here, hope becomes the driving force of therapeutic action: the prospect of healing justifies intervention and makes ipotethically sound.

However, hope is depicted as tied to time and the disease's phase. If the illness progresses and reaches its acme — εἰς ἀκμὴν ἥκοι — the stage at which it establishes itself deep within the internal organs and begins to devastate the face, hope vanishes, and healing becomes an illusion. At this stage, when the disease has become an integral part of the body (ἑδραῖον ἴζῃ), the hope of recovery is described as ἀνέλπιστος, without hope.

These examples suggest that hope is not merely an emotion but almost an objective criterion allowing the physician to decide whether to proceed with treatment. When hope dissipates, the physician encounters the limits of medicine, where treatments become futile, even cruel. This boundary is marked by the disease's visible manifestation on the face, symbolizing its complete takeover of the body. At that point, hope is not merely rarefied but becomes a mirage, an irreversible loss that immobilizes the physician in the face of an unsolvable reality.

These passages invite us to reflect on the role of hope in medical practice: it is as much a therapeutic force as a boundary, indicating to the physician when treatment can be pursued and when it must be abandoned. Hope, therefore, is not just an expectation but a criterion for care, a tool to gauge when healing is possible and when it is necessary to let go. When hope fades and the physician stands before the inexorable advance of illness, despair emerges, noting the absence of hope, but as an acknowledgment of an insurmountable limit.

In this context, despair signifies for both patient and physician an acceptance of reality: the disease has ultimately prevailed. Despair becomes a feeling that, while painful, brings a kind of clarity: whenever every attempt has failed, despair marks the point at which the physician cases therapeutic efforts, embracing human mortality with respect and dignity.

Despair as a surrender to be avoided at all costs

In one passage, Galen underscores the importance of acting swiftly and avoiding inaction in the face of serious illness. Even when hope is minimal, intervention is always preferable to passivity, as it offers a possibility, however small, of salvation[11]:

> ἀνίατος μὲν ἐστιν ἡ ξηρότης τῶν στερεῶν σωμάτων, ὠκυτάτη δ᾽ ἐπ᾽ αὐτὴν ὁδὸς τέτμηται ἡ διὰ τῶν ἑκτικῶν πυρετῶν, ἄμεινον εἰς ψυχρὰν δυσκρασίαν μεταστήσαντα τὸν ἄνθρωπον ἔχειν ᾧ θεραπεύσομεν. ὁ μὲν γὰρ τοῦτο πράξας ἀναμαχέσαιτ᾽ ἂν ἐξ ὑστέρου τὴν βλάβην, ὁ δ᾽ ἐπιτρέψας ἰέναι τὴν ἐπὶ θάνατον, ἀνέλπιστον τῷ κάμνοντι τὴν σωτηρίαν εἰργάσατο. ὅσῳ τοίνυν ἄμεινόν ἐστι τοῦ χωρὶς ἐλπίδος ἀπολέσθαι, βεβαίως τὸ σὺν ἐλπίδι χρηστῇ δράσαντας τι καὶ κινδυνεῦσαι, τοσούτῳ τὸ μετὰ μεγάλων βοηθημάτων ἀγωνίσασθαι τοῦ μηδὲν πράξαι βέλτιον, ἐμψύχωμεν οὖν ἅπαντι τρόπῳ τοὺς ἑκτικῶς πυρέσσοντας αὐτίκα, πρὶν προσελθόντας.
>
> *The dryness of the solid tissues is incurable, and the quickest path to it is through consumptive fevers. It would be better, therefore, to shift the patient towards a cold imbalance so that we can treat them more effectively. The one who does so may stave off the damage, while the one who allows the illness to progress towards death deprives the patient of hope for salvation. Hence, it is far better to act with a hope of a favorable outcome, even if the risk is high, than to remain passive and let the patient die without hope. Let us, then, do everything we can to encourage those suffering from consumptive fevers immediately, before they succumb.*

This passage highlights Galen's medical and philosophical approach, rooted in a strong commitment to actively intervening even in the most challenging cases. The "dryness of solid tissues" refers to a severe pathological condition often caused by consumptive or debilitating fevers. This condition, leading to the gradual destruction of the body's vital functions, is considered "incurable" and progresses rapidly towards worsening. However, Galen stresses the importance of acting preventatively, suggesting a shift in the patient's body condition toward a "cold imbalance," where the body is better positioned to respond positively to treatments.

Galen presents a framework in which inaction becomes the patient's worst enemy, comparable to surrendering to the illness itself. He defends the importance of risking treatment with hope (σὺν ἐλπίδι χρηστῇ), choosing to act even if there is a chance of failure. This perspective reflects a call for physicians not to give up in the face of a challenging case but to explore solutions, even when the likelihood of success is low. If allowed to progress unchecked, the illness robs the patient of any hope for recovery; better, then, to intervene, as the risk is justified by the possibility of salvation.

A noteworthy aspect is the value placed on hope: Galen considers not only the physical efficacy of treatments but also the psychological role of hope in healing. Acting "with hope" also fosters the patient's determination to fight against the illness. This humanistic perspective is advanced for its time and reflects a vision of medicine as a holistic care of both body and soul, acknowledging the importance of the patient's confidence and inner strength.

Finally, the passage expresses a view of medical ethics in which the physician's duty is to confront illness with every available means. Galen encourages his colleagues to "do everything possible" for patients suffering from consumptive fever, urging them to "struggle with every resource" before the condition worsens beyond hope. This call to action illustrates a model of an engaged and responsible physician, aware of the weight of their decisions and the value of human life.

In this text, Galen portrays a vision of medicine that is dynamic and engaged, where intervention is not only technical but imbued with human value. Healing thus manifests as both skill in physical treatment and the ability to inspire hope, working decisively even under the most desperate circumstances. This approach is a significant reflection of Galen's legacy, where ethics, competence, and care for the patient coexist in harmony.

Despair as a condition due to physician negligence

In Aretaeus, again concerning leprosy, there is a passage that reads[12]:

> *ἥδε ἐστὶ ἡ ξυνὴ θανάτου καὶ τοῦ πάθεος αἰτίη. ἀτὰρ οὐδὲ ἴσχει τέκμαρ οὐδὲν ἡ ἀρχὴ τῆς νούσου μέγα, οὐδέ τι ξενοπρεπὲς κακὸν τὸν ἄνθρωπον ἐπιφοιτῇ· οὐδὲ ἐπὶ ταῖσι ἐπιπολῇσι τοῦ σκήνεος φαντάζεται, ὡς ἰδεῖν τε εὐθὺς καὶ ἀρχομένῳ ἀρῆξαι· ἀλλὰ τοῖς σπλάγχνοισι ἐμφωλεῦσαν ὅκως ἀΐδηλον πῦρ ἤδη τύφεται καὶ τῶν εἴσω κρατήσαν ἀὖθίς ποτε ἐπιπολαίως ἐξάπτεται, τὰ πολλὰ μὲν ὅκως ἀπὸ σκοπιῆς τοῦ προσώπου ἀρχόμενον τηλεφανὲς πῦρ κακόν. μετεξετέροισι δὲ ἀπὸ τοῦ ἄκρου ἀγκῶνος, γούνατος, κονδύλων χειρῶν τε καὶ ποδῶν. τῇδε καὶ ἀνέλπιστοι οἱ ἄνθρωποι, ὅτι περ ὁ ἰητρὸς οὐ πρὸς τὰς ἀρχὰς τὰς ἀσθενεστάτας τοῦ πάθεος τῇ τέχνῃ χρέεται, ῥαθυμίῃ καὶ ἀγνοίῃ τῶν καμνόντων τῆς ξυμφορῆς.*
>
> *This is the common cause of death and suffering. But at the onset of the disease, no clear sign appears, nor does any extraordinary ailment affect the person; nor does it manifest superficially on the body, such that it could be immediately seen and treated from the*

> *beginning. Instead, it lodges within the internal organs like an invisible fire, beginning to burn there and, after taking hold within, sometimes re-emerges on the surface. Often it starts in the face, appearing as a visible evil; in others, it begins at the elbow, knee, or joints of the hands and feet. In this way, people become hopeless, as the physician, through negligence and ignorance of the severity of the patient's condition, does not apply his art from the earliest and mildest signs of the disease.*

This passage examines the insidious nature of the disease, using a rich metaphorical language to express its hidden origin and late manifestation, while criticizing the physician's behavior for not intervening early and thus leaving the patient without hope. This description serves as a reflection on the physician's inability to recognize the initial signs—a critical skill for any medical practitioner—and on the dangers associated with late intervention.

The disease here is represented as an "invisible fire" that lodges in the internal organs, a powerful metaphor highlighting its latent danger: it is a hidden illness that grows unseen until it erupts outwardly, manifesting only when it is beyond control. The image of "fire" conveys not only the patient's physical suffering but also the destructive force of the illness, which corrodes internally until it spreads externally. This contrast between its hidden origin and subsequent visible manifestation suggests a progressive and deceptive condition, a silent enemy that strikes from within and gives no clear warning until the situation is critical.

The critique of the physician is central. The author emphasizes that the physician's "negligence" and "ignorance" regarding the illness result in a missed opportunity for early intervention and, consequently, a condemnation for the patient. The lack of early action indeed leads the patient to a state of despair. The author suggests that a good physician should possess a clinical sensitivity to recognize subtle, mild signs that characterize the disease at an early stage before it manifests visibly and devastatingly. Medical responsibility is thus placed under a critical lens: true medical skill is demonstrated in detecting the subtle indicators that foreshadow the patient's worsening condition.

The expression "common cause of death and suffering" seems to summarize a bitter realization: death and illness often result from a lack of attention to the initial details of pathology. Implicit in this statement is a call for a vigilant practice of medicine, capable of preventing the progression of disease through careful observation and early intervention, qualities portrayed here as essential for a competent physician.

In summary, this passage highlights the difficulty and responsibility involved in understanding the often deceptive nature of illness and denounces the incapacity or indolence that can lead to a delayed diagnosis. The reflection thus becomes a reminder of the centrality of observation and timely intervention in medical practice, essential qualities for avoiding leaving the patient at the mercy of a compromised and desperate condition.

Conclusion

Despair, as an intimate expression of the patient's pain, rarely finds space in aretalogical or medical texts and is often included not because it is worthy of attention in itself as a true manifestation of suffering on which to intervene, but as an element used to enhance the author's communicative effectiveness.

In the *Iamata*, the pathological condition described evokes the despair that must have belonged to the patient due to their state, followed by their hope for healing through divine intervention. The aim was to emphasize that the sick person had no other option but to sinking into physical pain and fall into despair, finding hope only in the intervention of a god, such as Asclepius.

This article has explored how despair, in all its nuances, is an essential and complex component of the experience of pain, profoundly influencing the relationship between patient, illness, and physician.

First, we have seen how despair is not only an emotional response of the patient but sometimes a shared awareness with the physician of a limit reached -a condition that makes pain more acute and hope more fragile. In certain cases, it is a symptom of the illness itself, revealing a pathological state of mind that can push the patient into a vortex of negative emotions, ranging from anxiety to resignation, regardless of the clinical reality. This requires the physician not only to treat but also to recognize and alleviate the psychological burden of suffering.

In other cases, despair takes on a more intimate form, with the patient gradually abandoning hope and even the will to live. Here, the loss of hope is not only a response to physical pain but a descent into the isolation of illness -a suffering that, is not addressed by the physician, risks remaining invisible.

When the pain is unbearable, despair can transform into a desire for death, as a plea for relief and dignity in the face of extreme suffering. This condition highlights the necessity for the physician, despite the challenges, to act with empathy, ready to alleviate physical pain and restore inner peace.

The boundary between hope and despair also marks an objective limit in medical practice: the physician may face the impossibility of cure, a moment when the mutual awareness of both physician and patient of an inevitable fate compels them to accompany suffering with respect and humanity. Even more distressing is the despair that arises from medical negligence, that despair which surfaces when the patient feels abandoned because the physician has failed to recognize the early signs of the illness. This leads to a loss of trust and adds a moral and psychological weight to the physical pain.

Finally, this work invites reflection on the ethics and courage of the physician, as highlighted by Galen, who considers passivity in the face of suffering unacceptable. Even when hopes are minimal, intervention remains an obligation, as maintaining hope is part of the healing process itself.

In summary, this article aims to show that the role of the physician extends beyond the body, encompassing a holistic care of the person, where listening, sensitivity, and hope become essential therapeutic elements. Pain, from this perspective, is far more than a physical symptom: it is a dimension that requires the physician not only to offer treatments but also presence and humanity.

The patient's voice emerges as a fragile pulse, almost smothered under layers of words, yet persistent in its lament, in its call for help to heal and survive. Behind every request for hope, however, lies the shadow of despair afflicting those facing severe illness. This despair is an ancient sentiment that has accompanied ill since time immemorial, manifesting through the ages like a constant, dark echo. It is a silent torment that appears when hope falters, when every attempt at healing seems shattered against an unyielding reality. And it is precisely in these moments of absolute despair that pain becomes truly insurmountable, transforming into an affliction that appears unresolvable and beyond redemption.

Today, much is emphasized about resilience and how important it is for overcoming crises, facing setbacks, and healing. Yet resilience also arises, perhaps most of all, from an awareness of one's fragility and from having brushed against that despair which makes suffering so profound. As Giuseppe Pasta noted in 1793[13], "*Il vero coraggio è l'arte di saper soffrire, né ad un ammalato si può desiderar di meglio*". He added: "*Infatti, comunque alcuni lo pensino, io sono di parere che sia sempre tratto prudenziale e proficuo dalla parte del malato il non mai disperare del suo incomodo, anzi il sostentarlo sempre nell'intima opinione di averne a scampare; è tratto del pari laudevole del medico il tener l'ammalato fiancheggiato di tal principio, anzi l'inspirarglielo, se estinto in lui fosse giammai*"[14].

These words underscore how, for the patient, keeping hope alive is an essential act of resistance against despair—a resistance that the physician must support and nurture by all means possible.

Thus, the great importance of dialogue and the relationship with the physician emerges, capable of treating and alleviating pain with every communicative tool, whether authoritative or persuasive[15].

In this sense, the dialogue and relationship between patient and physician assume crucial importance. They are not merely tools to support the patient in treatment but true bastions against despair, that sentiment that risks depriving those who suffer of any possibility of seeing beyond the pain. It is in this connection that hope can continue to shine, even in the presence of the deepest despair, transforming every suffering into a potential for resilience and renewal, giving the patient a new strength with which to face the difficult path of healing.

As stated by A. Debru, the principle "*primum non nocere*" can be enriched with the notion of hope or despair: to hope to be helpful, on the part of the doctor, is also to be helpful by increasing the patient's hope of survival and healing, without leading them to despair[16].

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1. Pavese C, Il mestiere di vivere. Diario 1935-1950. Torino: Il Saggiatore; 1982. p. 179. I dedicate this short article to Raffaella, who, in these past months, has taught me the true meaning of pain and suffering.
2. Fabrizio Benedetti, professor of Human Physiology and Neurophysiology at the University of Turin and one of the world's leading experts on the placebo effect (L'effetto placebo. Breve viaggio tra mente e corpo, Carocci, second edition 2018), has stated that words activate the same biochemical pathways as drugs like morphine and aspirin. In his book La speranza è un farmaco (Mondadori 2018), he offers a revolutionary approach to illness and healing, highlighting the importance of positive verbal suggestions for their power to alter the brain and the entire body.
3. For a deeper insight into the relationship between manifestations of patients' hope and their appeal to rational and irrational medicine, see Ferracci E, Expression de l'espoir et du désespoir des patients dans les iamata et dans le Corpus hippocratique. In: Buzzi S, Boudon-Millot V (eds), Guérison, religion et raison: De la médecine hippocratique aux neurosciences. Paris: 2017. pp. 55-73.
4. τ[οῦ δεξ]ιοῦ ὤμου χ[οιραδίσ]κους κα[ταλαβό]ντος καὶ σύμ[παντο]ς ἀπὸ σ[τυγερᾶς ν]όσου ἀφορήτου [δόντος] ἀ[λ]γηδόνας· ὁ [θε]ὸς ἐκέλευσέν με π[ροσ]καρτερεῖν κ[αὶ ἔδ]ωκεν θεραπείαν.("[When] my right shoulder had contracted small ulcers and was suffering from a dreadful illness that inflicted unbearable pain upon me, the god ordered me to endure patiently and provided a cure").
   In this text, the vocabulary reflects a pathology similar to that found in classical medical texts -χοἰραδίσκους (small ulcers), ἀλγηδόνας (pains), θεραπείαν (cure) - yet the adjective ἀφόρητος ("impossible to bear") is rare in the Hippocratic Corpus, where it appears only twice: once in Letter 11, in a non-medical context, and in the Critical Days, in reference to "unbearable fevers". Hippocratic or Galenic medical writings more frequently use the common compound δύσφορος, which implies difficulty, rather than impossibility, in enduring the pain of illness. While δύσφορος is marked by its technical usage, ἀφόρητος conveys a more emotional and even dramatic tone.
   The impossibility of enduring pain also appears in the case of Diophantos of Sphettos, afflicted with painful gout: οὐ γάρ τις ἐπιχθονίων βροτῶν τοιῶνδε πόροι λύσινὰ λγέων ("None of the mortals on earth could bring relief to such suffering"). The expression of suffering draws on the vocabulary and style of tragedy. The phrase τοιῶνδε… ἀλγέων refers to a profound, intimate pain. Thanks to the god, however, Diophantos finds himself healed: ἰάθεὶς Διόφαντος ἀνίατον κακὸν ἕλκος ("Cured, Diophantos is freed from an incurable wound"). The text, written in the first person, subtly conveys the patient's voice, presenting their case in a concise yet effective retrospective chronology: the previous despair and the joy of present healing are contained within the brief sequence juxtaposing ἀνίατον κακὸν ἕλκος ("the incurable wound") with the participle ἰάθεὶς ("healed").

5. In the Iamata of the Tiber Island, appears the formulaic expression ἀφηλπισμένῳ, meaning "in whom Hope is lost": Λουκίῳ πλευριτικῷ καὶ ἀφηλπισμένῳ ὑπὸ παντὸς ἀνθρώπου ("Lucius had pleurisy, and everyone had lost hope"); αἷμα ἀναφέροντι Ἰουλιανῷ ἀφηλπισμένῳ ὑπὸ παντὸς ἀνθρώπου ("Julianus was losing blood, and everyone had lost hope").This suggests a category of patients "abandoned" by medicine, for whom the physicians could do nothing more, as indicated by the formulaic and enumerative nature of the dative ἀφηλπισμένῳ.
6. Cfr. Hipp., Epid. III 2, 6, 20 Littré and also Gal., In Hipp. lib. epid. III comment. XVIIa 591, 5 Kühn.
7. The treatise Prognostics is representative of the various nuances in the use of ἐλπίς (hope), displaying a different approach to the patient's condition. For example, take an excerpt from chapter XIX:Προσέχειν οὖν δεῖ τὸν νόον τοῖσιν ἄλλοισι σημείοισιν, ὡς ἤν τι καὶ τῶν ἄλλων σημείων ἐπιφαίνηται πονηρὸν, ἀνέλπιστος ὁ ἄνθρωπος· ἢν δὲ, ἀναΐσσοντος τοῦ νοσήματος ὡς πρὸς τὰς φρένας, τἆλλα σημεῖα μὴ πονηρὰ ἐπιγίγνηται, ἔμπυον ἔσεσθαι τοῦτον πολλαὶ ἐλπίδες. ("Attention must also be paid to the other signs, considering that if any of the other signs turn out to be negative, the case is hopeless. Conversely, if other negative signs do not appear as the disease approaches the diaphragm, there is much hope that this person may develop an abscess").
   The mentions of "hopelessness" and "hope" here are part of a precise medical procedure detailed in the treatise Prognostics, aimed at establishing the fundamental elements for an accurate prognosis. The textual context is that of a logical and analytical process from which the patient is excluded: it is the physician who determines the possibility of hope for recovery. The hypothetical structure ὡς ἤν / ἤν conditions this possibility: the presence or absence of therapeutic intervention—implied in the term ἀνέλπιστος (hopeless)—depends on the physical reasoning based on the signs (σημείοισιν) that the physician must know how to read and interpret. Here, there is no psychological or rhetorical connotation in the use of ἀνέλπιστος and ἐλπίδες; the semantic field of ἐλπίς is limited to the evocation of a possible -or impossible- future.
8. Aret., De curat. diut. morb. II 13, 2 Hude.
9. On the uncertain authorship of the Eclogae, cfr. Buzzi S, Oribasio epitomatore di se stesso? Analisi del metodo compilatorio nelle Eclogae medicamentorum. In: Boudon-Millot V, Ieraci Bio AM, Jouanna J, Roselli A (eds), Per l'ecdotica dei testi medici greci. VII Colloquio. Napoli: 2017. pp. 231-246.
10. Ps.Orib. Ecl. 76 1, 2 Raeder.
11. Gal., De meth. med. X 720, 11 Khün.
12. Aret., De caus. et sign. diut. morb. II 13, 10-11 Hude.
13. Pasta G, Del coraggio nelle malattie. Trattati di Giuseppe Pasta, Protofisico di Bergamo. Pavia: Stamperia di Baldassarre Comini;1793, p. V.
14. Ibid., p. 42.
15. Cfr. Grimaudo S, ὅρμος. Ricerche di Storia Antica 2014;6:35-47.
16. Cfr. Debru A, Il tempo delle aspettative nell'Antichità. Rivista per le Medical Humanities, 2011; Dossier "La speranza": 18.