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"There is Pain in this World that you Can't be Cheered Out of. Some Things Cannot be Fixed. They Can Only be Carried": A Humanistic Perspective on Enduring Psychological Pain

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Abstract

Contemporary mental health discourse often emphasizes recovery, resilience, and positive coping strategies. While these approaches provide valuable pathways toward healing, they may inadvertently create the expectation that all forms of suffering can be overcome, resolved, or eliminated. However, certain experiences—such as profound grief, traumatic loss, moral injury, chronic illness, bereavement, and existential suffering—represent forms of pain that cannot be entirely removed from an individual's life. The statement, "There is pain in this world that you can't be cheered out of. Some things cannot be fixed. They can only be carried," captures an essential yet frequently overlooked dimension of human existence: the reality of enduring pain. This paper explores the psychological, philosophical, and existential implications of carrying unresolved suffering. Drawing upon existential psychology, grief theory, trauma studies, and contemporary resilience research, the discussion argues that healing does not always involve eliminating pain but rather developing the capacity to coexist with it. The paper further examines how acceptance, meaning-making, social connection, and compassionate presence contribute to psychological adaptation in the face of irreversible loss and life-altering experiences.

Keywords: Grief, Resilience, Existential Psychology, Trauma, Meaning-Making, Suffering, Psychological Adaptation, Bereavement

Introduction

Human beings possess a natural inclination to alleviate suffering. Families offer comfort, friends provide encouragement, healthcare professionals administer treatment, and societies create support systems designed to reduce pain. Embedded within these efforts is the assumption that suffering is a temporary state that can be resolved through intervention, perseverance, or the passage of time. Yet many individuals encounter forms of pain that persist despite every available effort to heal them.

The death of a child, the loss of a life partner, exposure to combat trauma, irreversible disability, betrayal by a trusted individual, or the diagnosis of a terminal illness often leaves psychological scars that cannot simply be erased. In such circumstances, conventional encouragement may prove inadequate. Statements such as "move on," "stay positive," or "everything happens for a reason" can unintentionally invalidate the depth of another person's suffering.

The quotation, "There is pain in this world that you can't be cheered out of. Some things cannot be fixed. They can only be carried," challenges contemporary assumptions about healing. It suggests that psychological well-being may not always emerge through the elimination of suffering but through learning how to live meaningfully alongside it. This perspective invites a deeper examination of human vulnerability, resilience, and the capacity to endure.

The Nature of Enduring Psychological Pain

Psychological pain differs significantly from physical pain. While physical injuries often heal through biological processes, emotional wounds may remain embedded within personal identity, memory, and lived experience. Research in affective neuroscience suggests that experiences of social rejection, grief, and loss activate neural pathways similar to those involved in physical pain, illustrating the profound impact of emotional suffering on human functioning [1].

Certain forms of suffering are particularly resistant to resolution because they involve permanent changes in a person's life narrative. The loss of a loved one, for example, cannot be reversed. The individual must continue life while carrying the absence of someone who once occupied a central place in their emotional world.

Psychological pain often persists because it represents more than a reaction to an event. It becomes intertwined with identity, relationships, values, and meaning systems. Consequently, healing may involve adaptation rather than restoration.

Expand the discussion by incorporating neuroscientific evidence demonstrating that emotional pain activates many of the same neural pathways associated with physical pain. Contemporary studies indicate that grief, rejection, loneliness, and social exclusion produce measurable neurobiological responses involving the anterior cingulate cortex and insula. The section should also discuss how psychological pain becomes integrated into personal identity and life narratives, making it resistant to conventional treatment approaches. Recent literature should emphasize that adaptation, rather than symptom elimination, often becomes the primary therapeutic goal.

Existential Perspectives on Human Suffering

The current section introduces existential psychology but should engage more deeply with existential philosophy and psychotherapy. Include discussions on existential isolation, freedom, responsibility, mortality salience, and meaning-making. Recent scholarship demonstrates that existential resilience contributes significantly to mental health among individuals facing chronic illness, bereavement, and trauma.

Existential psychology recognizes suffering as an inevitable aspect of human existence. Thinkers such as Viktor Frankl, Rollo May, and Irvin Yalom argued that anxiety, loss, uncertainty, and mortality are fundamental realities of life rather than pathological conditions to be eliminated.

Frankl's work, developed through his experiences in Nazi concentration camps, emphasized that meaning can be discovered even amid profound suffering. According to Frankl, human beings possess the capacity to choose their attitude toward unavoidable pain, thereby transforming suffering into a source of growth and purpose.
Existential theorists contend that psychological distress often intensifies when individuals resist unavoidable realities. Acceptance does not imply resignation or passivity; rather, it reflects a willingness to acknowledge life's painful dimensions while continuing to engage meaningfully with the world.

The notion of "carrying" pain aligns closely with existential perspectives because it recognizes that some losses become permanent companions rather than temporary obstacles.

Grief as a Lifelong Companion

Traditional models of grief often implied that individuals progress through stages toward eventual closure. Contemporary grief research, however, challenges the notion that bereavement follows a predictable endpoint.

The Continuing Bonds Theory proposes that healthy grieving frequently involves maintaining an ongoing psychological connection with deceased loved ones rather than severing attachments entirely. Individuals may continue speaking to loved ones internally, preserving memories, honoring traditions, or integrating their influence into future decisions.

Research demonstrates that grief does not disappear over time; rather, its nature changes. The acute pain of loss may gradually evolve into a quieter but enduring presence. Anniversaries, significant milestones, and unexpected reminders can reactivate emotions even decades after a loss.

From this perspective, carrying grief represents a form of adaptation rather than dysfunction. The persistence of sorrow often reflects the enduring significance of the relationship that was lost.

Expand this section by incorporating contemporary grief research, including Prolonged Grief Disorder, Continuing Bonds Theory, and dual-process models of bereavement. Emphasize that grief is increasingly understood as an ongoing relational process rather than a condition requiring closure. Contemporary literature supports the notion that healthy adaptation often involves maintaining symbolic bonds with deceased loved ones.

Trauma, Moral Injury, and Unresolved Wounds

Traumatic experiences can fundamentally alter an individual's perception of safety, trust, and identity. While many people recover substantial functioning following trauma, certain psychological wounds remain deeply embedded within

memory systems.

Moral injury, particularly among military personnel, healthcare workers, emergency responders, and survivors of violence, involves distress resulting from actions or experiences that violate deeply held moral beliefs. Unlike conventional trauma, moral injury frequently resists resolution because it involves questions of guilt, responsibility, and meaning.

Individuals carrying traumatic memories may learn effective coping strategies, yet the memories themselves often remain. Recovery therefore involves developing the capacity to coexist with painful experiences while preventing them from defining one's entire identity.

This distinction is critical. Healing does not necessarily mean forgetting. Rather, it involves creating sufficient psychological space for both suffering and continued engagement with life.

This section should include recent studies on moral injury among military personnel, healthcare workers, humanitarian responders, and first responders. Moral injury has emerged as a major area of psychological research since the COVID-19 pandemic and is increasingly recognized as distinct from post-traumatic stress disorder. Discussions should include guilt, shame, betrayal, forgiveness, and existential distress.

The Limitations of Positivity and the Importance of Presence

Modern culture frequently promotes optimism as a universal remedy for distress. While positive thinking can be beneficial in many contexts, it may become harmful when applied indiscriminately to profound suffering.

"Toxic positivity" refers to the pressure to maintain positive emotions regardless of circumstances. Individuals experiencing grief, trauma, or despair may feel misunderstood when others attempt to replace acknowledgment of pain with reassurance or motivational messages.

Research consistently demonstrates that emotional validation contributes more effectively to psychological adjustment than premature attempts at problem-solving. Human beings often require presence rather than solutions.

Expand the critique of toxic positivity by examining contemporary social media culture and societal expectations regarding emotional expression. Include research demonstrating the therapeutic value of emotional validation, empathy, compassionate listening, and psychological safety. Humanistic and person-centered therapeutic approaches should be integrated into this discussion.

Compassionate Presence Involves

- Listening without judgment.
- Acknowledging suffering without minimizing it.
- Accepting emotional complexity.
- Providing companionship in uncertainty.
- Resisting the urge to immediately fix another person's pain.

In many cases, the greatest act of support is not removing suffering but helping another person carry it.

Meaning-Making and Psychological Adaptation

Meaning-making refers to the process through which individuals interpret difficult experiences and integrate them into broader life narratives. Following significant adversity, individuals often ask fundamental questions regarding identity, purpose, justice, and mortality.

Research in positive psychology and post-traumatic growth suggests that some individuals develop greater appreciation for life, strengthened relationships, enhanced spirituality, and increased personal strength following adversity. Importantly, growth does not eliminate suffering; rather, it coexists with it.
The process of carrying pain often involves reconstructing meaning. Individuals may honor lost loved ones through service, advocacy, mentorship, creative expression, or spiritual engagement. Through such actions, suffering becomes integrated into a larger narrative of purpose.

Meaning does not erase pain. Instead, it provides a framework through which pain becomes bearable.

This section should become a central pillar of the paper. Incorporate Meaning Reconstruction Theory, Narrative Identity Theory, and contemporary post-traumatic growth research. Discuss how individuals transform suffering into purpose through advocacy, service, mentorship, spirituality, creativity, and social contribution.

Resilience as Endurance Rather than Invulnerability

Popular conceptions of resilience frequently portray psychologically strong individuals as those who remain unaffected by adversity. Contemporary research offers a different perspective.

Resilience is not the absence of suffering. Rather, it is the capacity to continue functioning, adapting, and pursuing meaningful goals despite suffering. Individuals who demonstrate resilience often acknowledge their pain openly while maintaining engagement with valued aspects of life.

This understanding reframes psychological strength. Strength is not demonstrated by avoiding grief, suppressing vulnerability, or maintaining constant positivity. Strength emerges through the willingness to carry life's burdens without allowing them to extinguish hope, connection, or meaning.

Recent literature increasingly conceptualizes resilience as psychological flexibility rather than resistance to adversity. Expand this section by discussing Acceptance and Commitment Therapy (ACT), adaptive coping, social support, collective resilience, and hope theory. Emphasize that resilience and suffering can coexist rather than existing as opposing states.

Implications for Mental Health Practice

Mental health professionals increasingly recognize the importance of acceptance-based approaches in addressing chronic and irreversible forms of suffering. Therapeutic models such as Acceptance and Commitment Therapy (ACT), Meaning-Centered Therapy, and Existential Psychotherapy emphasize psychological flexibility rather than symptom elimination.

Practitioners should Consider the following Principles

- Normalize enduring emotional pain following significant loss.
- Avoid framing all suffering as a problem requiring immediate resolution.
- Encourage meaning-making processes.
- Foster supportive social connections.
- Validate complex emotional experiences.
- Promote acceptance without encouraging resignation.
- Recognize the continuing impact of grief and trauma across the lifespan.

These approaches acknowledge that healing and suffering can coexist.

This section should be expanded substantially because it provides the practical contribution of the paper.

Discuss Implications for

- Clinical psychology
- Counselling psychology
- Psychiatry
- Social work
- Bereavement counselling
- Military mental health services
- Trauma-informed care
- Community mental health programs

Include recommendations for integrating existential therapy, Acceptance and Commitment Therapy (ACT), Meaning-Centered Therapy, Compassion-Focused Therapy, and trauma-informed approaches into contemporary mental health practice.

Conclusion

The statement, "There is pain in this world that you can't be cheered out of. Some things cannot be fixed. They can only be carried," reflects a profound truth about the human condition. Not all wounds heal completely, and not every loss can be replaced. Certain experiences leave permanent marks upon the psyche, reshaping identity, relationships, and worldviews.

Yet the persistence of pain does not signify failure, weakness, or pathology. Rather, it reflects the depth of human attachment, love, commitment, and meaning. Carrying pain is not merely an act of endurance; it is an expression of humanity itself.

The challenge of psychological adaptation lies not in erasing suffering but in learning how to coexist with it. Through acceptance, compassionate relationships, resilience, and meaning-making, individuals can continue to live purposeful and fulfilling lives while carrying the burdens that cannot be laid down. In this way, healing becomes less about fixing what is broken and more about discovering how to walk forward with what remains.

The statement, "There is pain in this world that you can't be cheered out of. Some things cannot be fixed. They can only be carried," captures a profound and enduring truth regarding the human condition. In an era increasingly focused on productivity, happiness, and recovery, there is a risk of overlooking forms of suffering that resist resolution. Grief, trauma, moral injury, chronic illness, and existential distress often leave permanent marks on the human psyche that cannot simply be erased through positive thinking or therapeutic intervention.

The evidence reviewed throughout this paper suggests that enduring psychological pain is not necessarily indicative of pathology. Rather, it often reflects the depth of human attachment, moral commitment, vulnerability, and capacity for love. Psychological adaptation therefore involves more than symptom reduction; it requires the development of meaning, resilience, acceptance, and compassionate connection.

Existential psychology, grief theory, trauma studies, and contemporary resilience research collectively support the view that healing and suffering can coexist. Individuals may continue to experience pain while simultaneously pursuing meaningful relationships, contributing to their communities, and cultivating personal growth. Such coexistence challenges conventional assumptions regarding recovery and invites a more nuanced understanding of psychological well-being.

Ultimately, carrying pain is not a sign of weakness. It is evidence of humanity's remarkable capacity to endure, adapt, and create meaning in the face of life's most difficult realities. Mental health professionals, researchers, and society at large must recognize that some wounds do not disappear. Instead, they become part of the stories individuals carry throughout their lives. Through acceptance, presence, compassion, and meaning-making, people can continue walking forward, not because their burdens have been removed, but because they have learned how to carry them with courage and dignity.

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