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The Special Obligation of the Sufferer

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Abstract

There are a number of inter-personal and intra-personal dynamics which affect/define the role of "sufferer" and that of the other encountering suffering. What follows is discussion regarding the role of each, and the paradoxical obligation of the beleaguered to assist in the management of their suffering through charity toward the other.

Keywords

risk management, loss aversion, reflective and deliberate effort, resilience, post traumatic growth

"The only thing we can be absolutely sure of is that Sisyphus was happy."
~ Rollo May

It is generally the case that when misfortune strikes, say in the form of disease, loss, or similar critical event, those proximate to the sufferer exclaim "If there is anything we can do, just let us/me know."

In such overture are two implications: the first one of conventional, though modest, empathy and the second, an implicit distancing from the object, event, or context of suffering. Stated bluntly, the implicative conversation is that the person or institution has no interest in approximating nor appreciating the unique circumstance of the sufferer, to truly enculturate to their circumstance, nor engage in the reflexive, deliberate, cognitive exertion required; essentially saying,

> "you, the sufferer, do the heavy lifting in sorting through your confusion and dismay and assign me a task. Hence any moral obligation to be a decent person will be satisfied with-

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in myself and these may be an opportunity to actually do something." Yet, who in active grief or suffering can in fact roadmap the situation anyway?

Retreat to this cynical posture however is a bit too convenient. In what follows, the matter is further exploited through reference to the social psychology of risk management (Amundson & Short, 2018), the concept of the wounded healer (Amundson & Ross, 2016), the benefit/discipline of shared suffering (Amundson, Ross, & Campbell, 2018), and finally the special obligation of the sufferer.

Risk Management in Approaching the Suffering of the Other

"Of all renunciation, the most difficult is to renounce the need to be well thought of."
~ Buddha

Risk Management in social relationship is a dynamic enterprise, ultimately grounded in avoiding social pain. There is a robust literature on social pain and the means whereby humans, through risk management protect themselves (Leary, Tambor, Terdal, & Downs, 1995; Murray, Holmes, & Collins, 2006). Amundson and Short (2018), though speaking of this phenomenon in the context of high conflict parenting, post-separation/divorce, nonetheless provide a framework for its explication. Essentially, each person seeks a sense of presence, agency, and reciprocity in the world. This situation is profoundly subjective and expressed existentially as purpose, or meaning, or self-definition relative to others. However, as counterbalance is fear for social pain reflected in disapproval, rejection, censor, shame, critique, or "humiliation" (Amundson & Short, 2018, p. 3). Between these two pales – the desire for roses and fear of the thorns – each person operates. This operation however is governed by internal and external dynamics. These consist of constitutional or biological predisposition, cognitive and socio-emotional competency, shaped by experiential learning through the lifespan and vulnerable periods in the organisms of life. All this, however, is also governed by sociocultural context which defines honor and shame, agency, and humiliation (Appiah, 2010).

Hence in the subjective sense discussed above, an individual operates under their own sociometer (Leary & Baumeister, 2000; Leary et al., 1995; MacDonald & Leary, 2005). Some are more risk tolerant, some more risk avoidant; some more associative/affiliative; some more dissociative/restrained. This calibration related to social encounter, while historically located in the individual, is also contextual and immediate: essentially the question: "what here/now, with these people and this event, in my current most immediate state of mind, might/ought I do?" As practical organisms, human beings often resort to a particular heuristic or the tried and true. It is even argued that such response is outside of conscious control or the immediacy of the given.

I watched a busy urban couple clearly on a mission of their own purpose/intent walk through the path of a disabled individual negotiating the sidewalk in a wheelchair, a sort of hypo-cognition blinding them to an experience perhaps outside of any regalities in their life.

This phenomenon has been spoken of by Appiah in his book *Experiments in Ethics* (2008); the classic good Samaritan/theologian encounter where personal expediency overrides virtuous opportunity. Again, risk management, and especially loss avoidance (Kahneman, 2011) favors restraint, obliviousness, avoidance, or inhibition in the face of the anomalous. Loss aversion, the possibility I will make a mistake, do something wrong or error underscore the "if there is any-

thing I can do" response to suffering. Better do nothing says this social psychological imperative than fuck it up; and it is without precedence that fuck up exists.

In one of my first encounters with loss, a child of an acquaintance was killed in a tragic accident and the parents in hospital as result of the collision. They were to be released and return home in 10 – 14 days and two friends, closer to them than I, elected to visit their home and pack up the room of the deceased child under the auspices of sparing them any undue, renewed, or exacerbated grief. You can appreciate how this turned out.

In another, a woman suffering from a neuromuscular degenerative disease, stumbled in the hallway of the hospital, and was set upon by the good intentions of those who began to offer assistance, beleaguering her with questions about consciousness and any reason she fell, asking for her to acquiesce to wheel chair assistance, and so on. When all the patient had wanted to do was demonstrate for as long as she could as much capacity as remained to manage herself. In this case, the simple dignity of getting herself up from the floor.

Hence then, loss avoidance, empirically supported and existentially anchored, seems to be the best policy for most. But what of those who do transcend hypo-cognition, risk aversion, and a neutral, non-engaged sociometric posture? What do we know, and can be said of this cohort? Initially, they bring a modest sense of patience to the anomalous/challenging. This serves as foundation for cognitive exertion demonstrated through reflective and deliberate practice (Amundson, 2017). While beyond the actual interest of this article these skills to think and think hard and think about one's thoughts are associated with the goals of sympathy, empathy, and effective encounter with suffering.

Wounding and its Benefits

"There are two kinds of people; those who are scared and those who are scared and keep going."
~ A. Adler

In a series of articles, Amundson and Ross (2017, 2018) spoke of the role of professional suffering in the life of the clinical psychologist. This exposure to moral injury (Jinkerson, 2013) or in a more sterile clinical term vicarious traumatization (McCann & Pearlman, 1990), is the necessary cost/inconvenience of exposure to human suffering. The challenge in the consulting room, and please begin to let this generalize to the central issue with this article, is that there are two potential responses. The first is browning out. Unlike burn-out where both inside the skin and outside the skin symptoms become too much to bear or endure by oneself or others, browning out is a clinical state of mind where a professional goes to work in order to go home. There is role and well-established practice, and restriction in range or application of clinical skills, an automaticity of sorts. A second response however is found in a quote by Carl Jung:

> The doctor is only effective when he himself is affected. Only the wounded physician heals… The analyst must go on learning endlessly…it is his own hurt that gives the measure of his power to heal. (Stevens, 1994, p. 110)

Let us not be too dramatic in this sense however. By wound or effective, it is best to think of cognitive exertion: the reflective and deliberate effort to, as already stated, think and think about such thinking. This capacity is not a static skill acquired but a skill acquired and continually

remade in the context of the person, their experiences, their growth, and maturity. In the career of Milton Erikson, a renowned psychotherapist, it was said he was continually remaking himself and his therapy. When queried about why/how he always seemed to be able to do something different, case to case, it is alleged his reply was "of course, it would be boring otherwise."

This capacity to sustain the effort (i.e., wound/effort) associated with reflective and deliberate effort, is worth considering relative to potential personal benefit.

Clinical Practice/Proximity to Suffering as Sadhana

"When I stand before thee at the days end,
thou shall see my scars and know that I had wounds and also my healing."
~ Rabindranath Tagore

Amundson, Ross, and Campbell (2018) applied the Hindu concept of Sadhana to the disciplined exercise described above as reflective and deliberate cognitive exertion (R/DCE). The word itself translates into "a means of accomplishing something." In burrowing into this "something" and the word itself, it is stated:

> Everything can be Sadhana. The way you eat, the way you sit, the way you breathe, the way you conduct your body, mind, and your energies and emotions…Sadhana does not mean any specific kind of activity, Sadhana means using everything as a tool for your wellbeing. (https://isha.sadhguru.org/blog/yoga-meditation/demystifying-yoga/the-what-why-of-sadhana)

Managing the encounter clinically or in any other aspect of one's life through not only our R/DCE is associated with wellbeing; that things go better with thoughtful attention, patience, and diligence. This can be seen as a discipline; a practiced attitude or posture which, as above, opens us to wounding (i.e., conceptual discomfort) and the vicissitudes of any encounter with the other, but also skillful management of ourselves in the world, and self-development.

What does this sense of attending to the suffering of another have to do with the special responsibility of the sufferer? While presented as blueprint for the design of interaction with someone in distress, it is also an emphasis upon the obligations of the sufferer to others, to those who might be involved in their distress. While empirical evidence for the failure of the "if there is anything I can do" posture is not necessary – Google the term and the public forum provides multiple anecdotal/qualitative examples of its fail, - empirical evidence does exist for its fail to the beleaguered in assisting in their distress management (Nordal, 2011), and an opposite obligation emerges.

The Special Responsibility of the Sufferer

"I know you are tired but come, this is the way."
~ Rumi

It is difficult to say to someone suffering that you have a responsibility to assist others in feeling comfortable with your situation. Initially this feels absolutely contrary to the conventional sense of others making you – the sufferer – feel comfortable. The paradoxical position spoken of here

is situated between the metaphoric and the literal. Yes, there is a literal pursuit of comfort promotion and it is situated in a metaphoric sense of what "comfort" is about.

There is no given as to what will bring relief to the sufferer: there are no stages to grief/loss (Moules, 1998; Moules, Simonson, Prins, Angus, & Bell, 2004; Neimeyer, 2001), only unique phenomenology experience. If one persists in presence (i.e., R/DCE) belabored above, the sufferer will make it clear what comfort means. Comfort here does not imply repose, nor ease, it instead implies letting people know where and how to stand, intentionally or implicitly.

An elderly woman in the last stages of cancer made it clear that the role of any would be comforter was be patient with her enduring complaint regarding not only the unfairness of her status, but the failure of the world and others to be all as she expected.

Another patient, suffering decline associated with a terminal neuromotor condition, when asked by an acquaintance of her status, and upon declaring she had stopped working, was congratulated upon her retirement. Polite, quiet response was the patient's way of helping the thoughtless acquaintance to feel "comfortable:" the patient had loved her work and had used it as way to keep herself alive and vital.

An elderly patient progressively losing sight, consistently and enduringly expressed gratitude for contact and conversation with family and friends.

With each, a "comfort" sociometer is set, by intent or not; whether endurance with complaint, deferred conversation/discussion, or genuine repose in the presence of a person truly grateful. Beyond this, however, is a more engaged role for the sufferer to actively create a context of comfort; to appreciate the capacities of each individual interacting with their grief/loss/suffering. Such proposal is, however, not without controversy, and timing.

When initially gripped by the inertia inherent in emergent grief or shock (Moules & Amundson 1997), a sufferer is most likely to take to ground. This refers to either literal quiet dissociation or activity and associative yet avoidant response. However, each sufferer – my illness, my loss of a loved one – will wrestle with the phenomenon of their circumstance, coming to their own "comfort" with their circumstance.

There is the iconic story of the family of a 9/11 victim, who had slept in the morning of the attack and hence went into work and was there to his fate. Normally he would have been in and out of the building before the time of its destruction. Initially the family blamed themselves for not having awakened him, however with time they came to the position that this circumstance really gave them/him extra time on that day to spend with them on that day.

It is this resolve which can empower the sufferer to empower others: to face the ability or inability of another to deal with you. As with the scenario above of the "can no longer work" celebratory miscue by an acquaintance, the sufferer deferred further conversation and allowed agreeable diffusion, appreciating that such was the lesser of several bad choices, for further engagement. In a similar sufferer as comforter scenario, a young man assigned to a wheel chair would, when observed by children, engage in wheelchair theater (i.e., rotations and movements), which entertained and released tension. This capacity to appreciate the burden of the other –

what to do/say/make of the encounter – brings to the sufferer agency in their plight. It is as well an assignment of meaning and healing upon oneself.

The irony of the admonition that "it is your job to help others relate to you" is that it requires ongoing obligation to relate to oneself. The degree to which we can set others at ease is the degree to which we can be at ease with ourselves. In the examples above, complaint and even avoidance, to some extent, reflect ill ease in the sufferer. Nonetheless, gracefulness with maladroit or invasive pursuit by others also reflects our metaphor of comfort. It is achievement of coherence within the individual context of the sufferer/helper moment: what with this person, at this moment are the right reasons/potentials for one or another response? This striving by the sufferer is the striving within themselves to make of the situation the best it might be. Is this not the lesson from the vast literature on coping?

Duan, Guo, and Gan (2015) and Walsh, Morrison, Conway, Rogers, Sullivan, and Groarke (2018) outlined the features associated with resilience and post-traumatic growth (PTG) relative to suffering; their relationship each to the other and their differences. Resilience is the inherent ability of the person to manage trauma or related event. It differs in quality or even quantity, person to person. Resilience is reflected in forbearance, endurance and self-maintenance in the face of adversity. Individuals so loaded, predispositionally, manage the challenges of suffering better (Zerach, Solomon, Cohen, & Ein-Dor (2013). For the sufferer, assisting others in relational management increases resilience, like increasing your strength in order to assist others in carrying their load.

PTG however is of a different sort. It is re-evaluation and re-positioning of oneself within the context of one's life through ever deepening reflective encounter with suffering. It is the apocryphal statement that something has "changed my life forever"; that "I will never be the same" and so on. The term apocryphal is used because in the face of the dire or imminent often such statements are uttered, only to fall short, once tragedy is averted. Nonetheless, true PTG does occur and true PTG is accompanied by increased feelings of authority and genuineness relative to one's inner experience and in the context of one's life. I believe this might be the essence of accepting and benefiting from the special obligation of the sufferer, and the skill in assisting others in the management of their plight.

And this perhaps takes us back to the beginning and the oft heard, "if there is anything I can do" which we might translate into "please embrace your special obligation and find solace in helping me, the other, with my suffering, and in so doing, you and I will benefit."

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