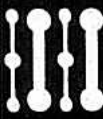


A young woman's husband dies suddenly, leaving her to raise her baby alone. An artist in the prime of his life becomes debilitated by inoperable cancer. A teenage virgin is brutally raped. Bereavement, terminal illness, unspeakable violence—these are only a handful of irrevocable life events that can yield suffering unlike any other, suffering that ultimately cannot be eradicated. There is simply no “making it better” when one has sustained such a trauma to one's being. Such pain can only be endured, not soothed. Such pain is inconsolable.

All of us will eventually encounter some form of inconsolable suffering in our own lives or in the lives of our clients. What happens when this depth of pain crosses the threshold of our treatment room doors, when we sit in a group with the immediacy of inconsolability? Of course reactions are varied, but my experience has often been that when someone shares raw, inconsolable suffering, most everyone in the room becomes uncomfortable. No one—often not even the therapist—knows “what to do.” Why is this so? If inconsolable suffering is so common to the experience of being human, why do we react with such intense discomfort?

I believe that unease in the face of inconsolable emotional pain commonly arises out of a feeling of unbearable helplessness. When we see another in pain, whether we are group members or therapists, it seems to be an instinctive human response to attempt to help, to reflexively move to soothe. When faced with inconsolable suffering, however, we feel impotent to change the conditions of the pain, and therefore we feel helpless at the very moment we are called upon to render aid. In the face of inconsolability, helpers unconsciously feel helpless. When helpers feel helpless in this way, the natural order of things is thrown into chaos, and psychic distress occurs. The need to help is so basic to us that the distress of helplessness, if left unconscious, can be overwhelming, and can cause us to strongly defend against it.

Unfortunately, defenses against helplessness



BEARING WITNESS TO INCONSOLABLE SUFFERING

HELPLESSNESS IN THE HERE AND NOW

by Candyce Ossefort

ness most often twist help into a mockery of soothing: We may anxiously jump in to try to “fix the problem,” offering hope, making suggestions, pointing out positive aspects of the situation. Or we may sit in tense silence—a silence pregnant with unspoken reactions and fears; an awkward, quivering silence very different from an empathically holding stillness. We may fear that sharing our own unseemly reactions is disrespectful to the one who is in pain. Unconsciously terrified of our own very real impotence, we want to avoid stepping into it at all costs.

What happens to the sufferer, then, when others defend against their own helplessness in the face of the inconsolable pain? The defenses against helplessness cut a deep gulf of separation between the sufferer and those who long to help. The sufferer is abandoned, is left alone in the midst of an already black and desperate landscape. Worse than the original pain itself, isolation within inconsolability is the very terrain of hell.

So what do we do? I believe that, as difficult as it may be, we must learn to become conscious of and to bear our wrenching inability to help, to set aside our defenses against it, to step into it. There, we can begin to see that there is nothing to be done. With humble courage, we can empathically resonate with the inconsolable nature of the pain and sit calmly in its midst. In the humility of our helplessness, we join with the sufferer in the pain that simply is. In the joining, the sufferer is no longer isolated. In the joining, the helpless helpers bear some of the weight of the pain, making it easier to hold and facilitat-

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there would be moments when I felt so completely “now” and connected it was almost bliss. I have also experienced this sort of feeling in various spiritual retreats where meditation and a focus on creating “one accord” with each other is the order of the day. It’s in these connected moments, the times when “now” is all there is, that I have found to be the most alive and rewarding in my own life.

As group therapists how do we bring that sense of aliveness and immediacy to our clients? Focusing on the “here and now” is certainly a good start. My group co-leader,

Jeanne Bunker said the other day, “The better I get at living in the now, the better I feel.” We have been working to bring a sense of immediacy into our groups, asking members to be present with their current responses and needs and wants and feelings. By separating from the past (or the future) and bringing member’s attention into the moment we create a space where real contact can be made. I would say that as therapists we must work to attain as immediate an awareness as possible. That is when we’re in reality. That is when we’re in connection. That’s when we’re alive. ■

-- Sikes, continued from page 4

the past), and will never end if the patient doesn’t have the old experience. In SCT the patient has a new experience through boundarying and exploring, and armed with these skills, she is much better equipped to explore transferences and roles in a way that brings profound insight into history as well as a sense of connection to self and others.

Finally, the word immediacy conjures up for me the magic moments in therapy when we are so full of meaning that we are more “awake” than usual. My third point is about this existential level of experience in SCT. The Theory of Living Human Systems, upon which SCT is based, states that systems survive, develop and transform by discriminating and integrating differences. As a subgroup deepens its exploration of any part of the self, the experience becomes more complex. Though subgroup members join each other around similarities, members add nuances and slight differences which other members may then find in themselves. Two or more subgroups that contain a lot of complexity may integrate into a group-as-a-whole exploration. If a subgroup goes deeply enough into exploring, it arrives at the existential level. Even alienated parts of the self, if explored to the bottom, take us to an experience in which we feel connected to everything that exists. Theoretically, one might say that infinite discrimination approaches unity. This fall I

watched an experienced group divide into two subgroups of “nothing matters” and “everything matters” and by the time they reached the bottom, they were the same. Each person contained the experiences of everyone else and it was only a short step to everyone and everything in the universe. ■

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ing the descent into it. In the joining, the pain becomes unstuck, begins to move.

I believe that as therapists it is vital for us to learn to bear our own unease in the face of the helplessness engendered in us by inconsolable suffering, to be humbled by it, to reach an undefended empathic stillness within it. Only when we can open to our own discomfort with equanimity can we invite our clients to explore the anxiety beneath “helpful” suggestions for “fixing” inconsolability. Only then can we make it truly known that an authentic exploration of unspoken reactions within tense silences is not disrespectful of the other’s pain, but is necessary for understanding it.

When we have the courage to do this work—to be immediate and undefended in the midst of inconsolable suffering and the helplessness it creates—a dark and shimmering beauty emerges. Bearing the unbearable together engenders resiliency and compassion. Shared pain moves and breathes. Joined in the utter depths of the human condition, we sense what it means to be fully alive. ■