

When Bad Things Happen to Other People

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Prayer or Meditation

Message of Love by the Pretenders/*Metta Sutta*, the Buddha.

Now the reason we're here

Every man every woman

Is to help each other

Take care of each other

Look round the room

Life is unkind

We fall but we keep getting up

Over and over . . .

So when love walks in the room: Everybody Stand up!

And take to mind the wish: May all beings have peaceful hearts. Whatever living beings there may be; whether they are weak or strong, omitting none—those living near and far away— May they all be well!

Even as a mother protects with her life her child, her only child, so with a boundless heart, cherish all living beings; radiating kindness over the entire world:

Spreading upwards to the skies, And downwards to the depths; Outwards and unbounded, Freed from hatred and ill-will.

Keep this pure heart, free from all dogma.

[allow silence]

Reading: Zhuangzi, a Daoist writer from about 300 BC.

Once we get this body, we cling to it, in terror of the end. Sometimes clashing with things, sometimes going along with them, we rush down the course like a galloping steed, and nothing can stop us. Isn't it a pity?

Sweating and laboring until our last day, utterly exhausting ourselves and never knowing where to look for rest.

"I'm not dead yet!" we cry, but what good is that? Our bodies decay, our minds follow—it seems that life is a great sorrow. And human life has always been just this kind of mess. It cannot be that I alone feel lost.

When Bad Things Happen to Other People

Job Slide

If you believe in an all-powerful and perfectly good God, then when really bad things happen, you have the problem of explaining why God would allow this. Is it punishment? Is it some kind of divine instruction? So much ink, and blood, spilled on this.

But no matter what you think about this—or if (like me) you prefer not to bother about it at all—the real-world question remains:

"When those around us suffer loss, tragedy, or trauma, what can WE do, what should we do?"

Because what we do, how we direct our energy—its actually the *only thing* we can ever control.

I first consider the general question: How are we related to the person in pain? I'll then suggest a general approach and give some practical advice on how to help.

We are Kin

{Halifax slide} Joan Halifax, an anthropologist and Zen teacher, was once asked: “What is the dark side of the caring person?” And, being a Zen master and all, she did not miss a beat, responding, “Helping others.” She is not spouting nonsense: the dark side of care is seeing oneself as the savior-helper, reaching down to help the needy *OTHERS*. **Halifax/Glassman slide**

There is this person and there is that person—we are not identical—but no one is really *other*. When I reach out my hands, I touch someone who—*just like me*—has suffered trauma, sorrow, loss, confusion, disappointment, and pain. “Just like me” are magic words. We are *all* in the family that feels pain, bears scars—and *is always vulnerable*, and so afraid.

And because we are social mammals, when we see images of others being hurt, we tend to empathize. The Chinese philosopher Mengzi **[Mengzi slide]** created a famous thought experiment: Imagine walking along a road and seeing a child wobbling on the edge of deep well. Wouldn’t everyone, or almost everyone, feel at least a momentary sense of alarm? **[Well slide]** For Mengzi, this showed that the seeds of loving care are deep in every heart.

But of course: We know, and Mengzi knew, that—in the very next instant—one person might wonder: “Is that there another anchor baby?” “Does that family really belong here?” or think, “Irresponsible parenting, so typical of that sort of people.” And there are other good folk, as in the parable of the Good Samaritan, who make a virtue of caution: “I would like to help, but surely it is safer—more prudent—not to become involved.”

Lab experiments show that seeing a person in another room apparently being given a shock elicits spontaneous feelings of empathy. But get this: those reactions can be muted, or completely blocked, if the subject is told that the victim is of a different political party, or a different religion.

[Gina and Lawrence slide]

In the 2005 film “The Girl in the Café,” Lawrence asks Gina why she was in prison:

Gina: I hurt a man.

Lawrence: Why?

Gina: Because he hurt a child . . . killed a child.

Lawrence: Your child?

Gina: Does it matter whose child?

Not to justify Gina’s vengeful violence, but her question is right: If a child is being hurt, does it matter whose child? Does the child have to present proper immigration papers before we care? Gina is a hero because in a deep and persistent way, she recognizes that *pain is pain*, suffering is suffering, extreme poverty is extreme poverty: regardless of which particular person is feeling it.

Of course, for almost all of us, whose child is hurting absolutely **DOES** matter. And as soon as we have *some marker* of the suffering person as “other,” outside our family, we push the mute button on our spontaneous empathetic response. And sadly, watching my own mind, I can see this reflexive impulse to find some way, any way, to see a person in pain as “other.” Victim-blaming is just one example of this. Watch your own mind and see if this is not true.

[Sister sledge slide] Genetically, spiritually, actually, truly, Sister Sledge is right. We are family. (I got all my sisters with me.) We may find it very convenient to pretend otherwise, because it’s a big family with a heck of a lot of problems. But no matter what we pretend, we *are* a family. Needless misery anywhere in the family affects us, even if we try to bury our heads.

[Make America Great Again slide] And guess what: Rich and powerful people—even Republicans—also suffer trauma, loss, sorrow, disappointment and confusion. They cling desperately to their ideology and their walls, *because they are afraid*. They are afraid because they are vulnerable. And the more walls they build, the more they will be alone. In all of that, they really are “*just like me*.”

A spiritual practice is to think about particular people, one at a time, reflecting on the reality of their pain, fear, trauma, and vulnerability. Their pain is just as real as yours—and it is irrational to think that it should matter less. Think about people you care for, and also those you do not. Don’t regard them as “others” that you are so

kind to care about. Instead, see them *realistically*—which means, see them as *fundamentally just like yourself*. They are your intimate kin.

I am not my sister

When I say things like this, I often get questions about compassion fatigue. Since the last election, everyone I know has learned to ration exposure to news so as to remain informed without becoming paralyzed by depression.

Some heroic people have committed large portions of their lives to caring for those in pain. They work at women's shelters and hospices, at suicide hotlines, emergency rooms, and rape crisis centers. And while some find ways to persist in this work for years, many do not. A recent study, publicized in NYT, finds that 1/4 of nurses have PTSD; in trauma care units, it is almost 50%. No wonder there is a high rate of turnover and burnout. **[Dorothy Still slide]**

The issues here are sensitive and complex, but here are two things to consider: (1) There is an important distinction between empathy and loving care. We naturally feel that spark of empathy when we see suffering. If it hurts our hearts to feel strong empathy for just the people in this room, how can we imagine extending that to all the people? If we break down the boundaries of self and other so as to feel everyone's pain, won't we be emotionally wrecked?

The answer is: yes. We probably will be. The spark of empathy that we feel when seeing another suffer is vital, but for the vast majority of us *it cannot be sustainably extended*. Rather, the spark of empathy starts the fire of commitment: Unlike empathy, **loving care is not mainly a feeling**. It is a dedication to help and also *to become better able to help*, on days when one feels it and days one does not.

Second: I cannot effectively extend loving care to others *unless I care for myself*. Be sure to put the oxygen mask on yourself before putting one on your child. A few times I have cared for dying people—and there were always moments *when I failed* to do what was best. And in every case, this happened *when I had, via false heroism, refused respite or necessary support*.

Jesus says, "Thou shalt love thy neighbor *as thyself*." Rabbi Jesus here assumes that you have a healthy love for yourself. He is not saying, "Since you loathe yourself and feel a deep sense of shame, project that outwards in harmful actions toward others as well."

Do you have a healthy love for yourself? Do you both see and also forgive your own imperfections? Do you genuinely wish well this particular person: you?

Some, without truly loving themselves, try to make themselves lovable, love-worthy, by dedicating themselves to loving someone else. Nowadays we call this "co-dependency" and we understand that this is not the healthiest or happiest way to live.

To become more effective as a caregiver, you have to resolve feelings of shame and know that you are love-worthy. When you genuinely wish well for yourself, then you see taking care of others as a natural extension of that; and you can see that you will fail in your efforts to help others if you do not continue to care for yourself. That is why it takes a village to raise a child. It also takes a community—or a team or a committee—and *not* an heroic individual, to care for the dying and traumatized.

Therefore, as to the question of how we are related to the person in pain, the answer is that *we are not that person*—we need to know that there is a boundary—and yet we are not really *other* than that person. They are just like me. We are family.

How to Help: A General Procedure

[How to Help slide] My suggestions for helping our extended family are as follows:

1. Considering a particular person, form a definite intention to help.
2. Recognize that *you do not know* how to be helpful.
3. Pay attention.
4. Do something responsive.

[Care, shut up, pay attention, get off your ass.]

1. Commit to Helping

Loving care is, as I have said, can be sparked by empathetic feelings, but is not mainly a feeling; it is a commitment. So: form a genuine intention to help. Besides the sense of otherness, another thing that prevents us from truly committing to help is the sense that we don't know how to help—we are not experts in this or that kind problem. And we are almost always right about that. Nonetheless, there is zero chance we will help if we do not commit to trying.

2. Recognize that you don't know what will help

This is another huge hurdle. Many people make it through step one, committing to help, only by telling themselves that they DO know what will help. Because they studied Kubler-Ross in school, or read a book about intimate partner abuse. Or, because they went through something similar and survived, they want to share the life preserver that saved them.

This stance of expertise usually causes problems. We're all in the pain family, but our particular pains and particular ways of coping are as unique as fingerprints and DNA. Remember this: *There is no medicine that helps every sick person.* So we need to face it: Even though we have committed to helping, we don't know how.

And even though we know we don't know how, we still are committed.

3. Pay Attention

By opening ourselves to the situation, making ourselves vulnerable in our inability to know just what the person feels or needs, we bear witness. It takes courage to be with pain and sorrow. Not to lock it out or deny it. Rather, and only if the person is willing, just sit with them and be comfortable with silence. Or create a chance for them to tell the story. A person wounded by trauma and pain often feels alone, cut off from the world. Ask what they are feeling, and how their feelings are changing hour-to-hour or day to day. Be, in whatever way you can, *present with them* as a witness to what they are going through.

A competent listener gives full and open attention, which is to human hearts what light and water are to all growing things. But it is quite hard to *just* pay attention, not deflecting back to yourself, not over-eagerly, frantically, volunteering solutions.

The pain of life is unsolvable; it becomes bearable, workable, when we are not alone.

4. Do something responsive

By knowing that we don't know, we create a space for seeing, learning, attuning ourselves. Paying attention, seeing the situation clearly, something may come to you out of the blue.

Maybe you can think of experiences you have had where, just by being fully present with someone, a moment arose when without thinking, or without thinking much, you just said or did something that responded to their need. You say something you did not know you knew. Maybe it fits with what the rulebook says, maybe not. These moments are social magic; *they cannot be produced by any formula.* And we cannot count on them. Sometimes what feels to us like an inspired response is mistimed or mis-attuned. And sometimes we find that despite our intentions, *we are not able to help* or even that our presence seems counter-productive.

Research shows that those who sincerely try to help others are **themselves** the ones most reliably benefited by these efforts. We might help others, we might not; we can try to be more effective as helpers; meanwhile *our efforts will always help at least one person!*

Some No-Rule Rules [No Rule Rules slide]

I think what I have described is an ideal general approach, but here are some concrete, practical guidelines:

1. It is *not about you*. Ultimately, it is not about anyone in particular—we're all in the same boat—but right in this moment it is about caring for that person, not comparing it to the oh-so-similar experiences that you or your family have had. So probably don't do that unless they ask.
2. For the person who just had their legs amputated, or lost their eyesight, there is no bright side. Some day maybe there will be, and maybe there won't. It is not up to you to point out that rain brings rainbows or that one can make lemonade out of lemons, or that they will not doubt learn and grow through this loss,

etc. Are you being real with them, as they are, in that moment? Or is your search for the “bright side” really your effort to comfort yourself?

3. Don’t bring up religion. Unless you are both part of a strong religious community that shares the same, clear ideas about death, this is much more likely to cause harm than to help. And even if you are part of such a community, don’t think dogma is an adequate response. So probably don’t say: “God wanted him up in heaven” or “You’ll see her again someday.” Rabbi Kushner emphasized the harm this causes in his book, *When Bad Things Happen to Good People*.
4. Let people feel their feelings. Really. When people suffer grievous loss, it is natural that (at least some of the time) they feel awful. Being with them, you feel some of that pain. So suck it up. If you say, “Crying isn’t going to help,” or “you’ll get over it,” or “you have to move on with your life,” there is a good chance that you are expressing your own discomfort at witnessing natural pain. You act out of fear, instead of modeling courage. And: you invalidate their feelings.

INSTEAD: [INSTEAD slide]

1. Acknowledge the loss with words. Minimally, say, “I am sorry, I can’t imagine how hard this is for you.”
2. If someone has died, talk about your (positive) memories of that particular person. If it feels true, say what that person meant to you and how you will miss that person. This breaks down a grieving person’s sense of isolation.
3. Rather than say, “whatever you need me to do, please let me know,”—which assigns the person in pain the job of giving you some way to feel like a good person—instead take responsibility for thinking of something that you could actually do to help; then take the initiative and do it. How and whether this actually works of course depends on your relationship with the person, your own abilities, and the nature of the loss.
4. Remember: *You can’t control outcomes*. You can’t solve this. You can choose to take a chance on loving care.

Conclusion {last slide}

We help others because, whether *they* see it or not, *we can see* our intimate kinship with them. It is worth learning current “best practices” for conceptualizing and responding to situations where we intend to help—and nowadays part of that training is learning to drop any inflated stance of expertise. Motivated by loving care that is well rooted in healthy self-care, approach each suffering person with an open heart and an open presence.

Some sources

[“What to Say”](#) by David Pogue

Being with Dying by Joan Halifax

[“For Nurses, Trauma Comes with the Job”](#) by Emelie Le Beau Lucchesi

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others
by Laura van Dernoot Lipsky, with Connie Burk

Attachment in Psychotherapy by David Wallin

[Kariniya Metta Sutta](#)

Chuang tzu’s Basic Writings tr. by Burton Watson

A Buddhist Grief Observed by Guy Newland

Novice to Master by Soko Morinaga