Witness To Suffering: Maybe That's Enough

By Dr. Steve K.D. Eichel

We've all been there.

We've all had clients who, despite our best efforts, despite all our advanced training and all the well-constructed, empirically-supported interventions, don't seem to be "going anywhere." Some of us have had these clients for years and years…they come in, they are involved, they are talkative, yet by any objective measure they don't seem to improve. There are some psychologists who would call such work a waste of time, money and energy at best, and unethical at worst. I have heard therapists refer to such long-term, seemingly fruitless work as grounds for licensing board action. And of course, insurance companies hate it, and can even refuse to reimburse for it.

In 33 years of independent practice, I have been "fortunate" to have had "only" one active client commit suicide. "Frank" (not his real name) was a patient with the worst chronic pain I have ever heard of. He had been on disability for over a decade, and received a dozen diagnoses for the pervasive pain that wracked his entire body, but especially his neck, head and upper torso. Frank's pain was resistant to all known medical pain interventions, including two trials of experimental week-long ketamine-induced comas in Mexico (illegal in the U.S.) that were, in theory, supposed to "re-set" his nervous system. Although he occasionally experienced some temporary relief, it did not take much--exiting from a car, for example--to set the pain cascade back in motion. When I saw him, every psychological intervention I could think of--from couples therapy to EMDR to hypnosis to mindfulness meditation--did not seem to result in any long-term benefit, and often not even temporary relief for the duration of our sessions. Eventually Frank became home-bound, and we conducted therapy via Skype or the telephone. Frank was a self-pay patient, and once or twice I told him that I felt guilty for collecting his fee when there was no discernible gain from him meeting and talking with me. He steadfastly refused to terminate treatment.

Frank weathered a series of periods in which he expressed serious suicidal thoughts and fantasies. He would typically call me for an emergency session during these times, and I was able to talk him through those moments and convince him to not give up hope. Sometimes he would only agree to stay alive for another day--and sometimes for only another hour or two. He refused hospitalization, and understandably so. He begged me not to commit him involuntarily. Hospitals only seemed to exacerbate his pain--even driving to his pain docs would often result in a descent into excruciating pain. Eventually unable to afford or tolerate trips to Mexico, he turned to an experimental but shorter-term (one or two days) experimental ketamine program at a Philadelphia hospital; however his last attempt at this treatment was a disaster. He was able--with the support of his pain docs and his entire treatment team--to illegally procure marijuana, and for a few months it seemed to help a little but eventually even cannabis failed him. Those of us with any training in the treatment of psychophysiological disorders understand the difference between pain and suffering. Frank was in constant pain, and he suffered. He had a loving, caring and loyal wife and two highly understanding adult children, and one of the best support systems (both locally and via the internet) I had ever encountered in a patient, and yet he suffered.

The only intervention that seemed to help--or at least, did not harm--was for me to listen to him, to share thoughts on politics or recent movies, or to discuss civil war books, his one remaining hobby (he was once an accomplished amateur musician and an active swimmer). Sometimes he was able to watch comedies--he was intelligent, and had a penchant for the complex humor of films by the Coen brothers--and I would watch these films too, and we would briefly share our amusement as we recalled the characters and plots. For the last year of his life, these were brief reprieves.

Mostly, I was his witness. A somewhat expensive, professional witness.

I eventually received a call from Frank's wife one evening. Much to her surprise (because it involved driving, which he generally could not do), Frank had agreed to meet her for lunch at a local diner before attempting a brief swim at a local Y. His wife was thrilled…perhaps her husband was feeling a bit better! They met for lunch, and then they drove their separate ways. Only Frank never went to the Y. He had planned his suicide carefully. He instead drove to a motel some 100 miles away, checked in under an alias and paid for his room in cash so as to not leave traceable credit card information, took enough saved pain meds to ensure a fast, efficient death, laid down in his bed and died. His body was found the next morning by the cleaning staff and police were alerted. Of course, his wife had reported him missing and as

his therapist I had alerted the authorities that this was not your usual middle-aged husband disappearing for a night of freedom or debauchery, but was likely a suicide attempt. So they had been actively looking for him.

Following his death, I imagined a pack of malpractice attorneys telling me to make sure my notes were in order and to not have any discussions with anyone in his family…the usual inhumane but sadly understandable "risk management" procedure. But I had a relationship with Frank's family, and when I received an invitation to his memorial service and funeral the week following his death, with only the briefest hesitation, I attended.

As I made my way through the receiving line, I was brought to tears by his family's reaction to my presence. One by one, they thanked me profusely for having worked with Frank, for having been truly "with" him the last two years of his existence in this life. His wife and children hugged me. Friends and supportive acquaintances I had never met or talked with, but who knew me from their talks with Frank, made sured to shake my hand. They asked me what I needed, what could they do to alleviate MY pain and anguish. As I write this, I am again experiencing the loss of this wonderful, suffering man, this (as my people say) true "mensch."

The power of witnessing. Few behavioral health insurers will ever understand it, let alone pay for it. It is not empirically-validated. I doubt I will find it described as a valuable intervention in any CBT manuals. Yet sometimes that's all we can do, all we can be. Sometimes, in the ultimate scheme of things, that's enough.