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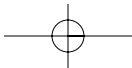
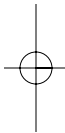
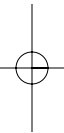
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Section I

Understanding Women in Pain

What the woman in pain wants to know



1

How Can I Stop the Pain?

Lindsey married her high school sweetheart, Brandon. A few months after their honeymoon, Brandon was accepted into the navy and eventually was assigned to submarine duty. He served six months out at sea and six months in port. The first six months of separation were very difficult, but both survived and felt their relationship was stronger than before the separation. Two years later, Brandon returned home and announced to Lindsey that he needed a little space in their relationship to determine whether he had “it” with other women. Brandon said they had married young, so he had not dated much prior to their marriage. Now Brandon wanted to stay married while dating other women.

Lindsey was devastated. Brandon had promised fidelity on their wedding day. Lindsey’s love for Brandon had only grown deeper over the three years of their marriage. And now this? Lindsey was devastated to think she was not enough for Brandon. What had she neglected? In what way should she have given him more? She began to blame herself. The thought of other women in his life was more than

she could bear. The pain became so intense. At times she did not think she could draw her next breath.

Lindsey's words awkwardly tumbled out intermittently between heavy sobs and a flood of tears as she worked to tell me her story. As each sentence seemed to intensify her feelings of emotional pain, she came to the conclusion that somehow she had to find a way to stop the pain. She hurt so much! What could she do to stop the pain? Direct questions exposed thoughts of suicide and even murder. Lindsey did not remember ever feeling this much emotional pain in her life. She quickly remembered her grandfather's suicide as a means of ending his pain when his wife left him.

Lindsey clearly felt out of control. Although thoughts of committing suicide might bring a feeling of control in the immediate, the intensely negative outcome needed to be brought into perspective. Reframing her current situation with expressions of hope would prove to be life-giving. Involving family and close friends was an appropriate next step.

The immediate responses to Lindsey's outbursts included determining whether immediate intervention was needed. Contact information for local crisis intervention resources was close at hand. Listening well—without judgmental responses—was critical. Maintaining a calm demeanor without minimizing Lindsey's emotional pain allowed her to freely express what she was really feeling. Communication with Lindsey needed to be simple and directive. It was helpful to remember that Lindsey's ability to think and plan was likely to be inhibited in the immediate crisis.

Lindsey needed the ongoing support and understanding of those who would provide the safe environment in which she could be honest about her feelings. This in turn would likely enable her to begin the journey of facing the pain in a way that would enhance her ability to understand her own responses and realize this present distress was not endless.

Several issues interplayed with Lindsey's ability to process the emotional pain and eventually move into a place of healing. The essential human need to be loved and accepted had been violated. The level of pain was particularly deep because that violation occurred by someone who not only promised to be loyal, but who expressed love and understanding to her on a very intimate level. It was the first time in her adult life that she had received such understanding and expression of love.

Secondly, the number of losses Lindsey would experience was great. Not only the loss of love, and identity as a wife, but the losses of a future life as mother and grandmother were named. The death of a marriage and the sting of divorce were deeply felt by Lindsey. The loss of a home, a house, vacations, anniversary celebrations, family life—her entire future seemed in peril. Asking Lindsey to list her losses was the beginning of a process of grief and recovery.

Grief is the normal reaction to loss of any kind. The feelings associated with the loss are also normal. The tension lies in the fact that we have been socialized to believe these feelings are abnormal. The feelings associated with loss are some of the most neglected and misunderstood emotions.¹ All relationships are unique. No one can assume they know how another feels, even if they have experienced some aspect of a similar grief.

Yet, can pain be accurately measured or compared? Many would think the grief of losing a mother, wife, and daughter to death in one vehicle accident would be the “worst.” Although that horrific experience was Jerry Sittser’s, he writes that the grief an individual bears is the “worst” to her or him.² Pain, agony, or anguish is defined by the one experiencing the loss. How can one say because you lost only one loved one to death, your pain is less than the pain of one who lost three? Sittser would conclude experiences of severe loss cannot be quantified or compared.

Loss is loss, whatever the circumstances. All losses are bad, only bad in different ways. No two losses are ever the same. Each loss stands on its own and inflicts a unique kind of pain. What makes each loss so catastrophic is its devastating, cumulative, and irreversible nature.³

Losses, such as moving, starting school, graduation, health changes, financial changes, and empty nest, may result in emotional pain. Grief is the conflicting feelings caused by the end of or change in a familiar pattern of behavior.⁴ Some losses, like graduation, may bring a positive feeling. At the same time, the graduate may realize she will no longer share experiences with classmates and friends at the school from which she is graduating. The uncertainty of her next step in life might add further anxiety and intensify the emotional feelings surrounding graduation. These are

conflicted feelings, feeling both positive and negative feelings simultaneously.

A woman who has been physically abused by her father may have feelings of relief at his death. These positive feelings may generate feelings of guilt because she is feeling positive at a time when others are mourning a loss. Often the negative feelings overtake the positive feelings and the pressing question becomes, "How can I stop the pain?"

Typically the intensely painful feelings override clear thinking in the immediate. Too often a woman in pain may focus on immediate relief of her emotional pain instead of short- and long-term processing that leads to healing. Addictive behaviors may be a default response. Quick and seemingly easy relief is sought. Numbness and altered thinking may skew her reality. It is clear that her *perception* of her reality will be what triggers her emotional response. Her perception is her reality.

A caregiver can begin to enter her perceived reality by encouraging the woman to talk about the situation, about her thoughts and feelings. The memory will linger, but the painful impact may eventually lessen by knowing someone is traveling alongside the woman in pain and is willing to listen to her expressions of excruciating confusion and emotional agony. A caregiver who will be directive when intervention is needed, empathetic when listening is required, and understanding in the journey toward recovery will bring hope in the midst of pain. The care receiver may begin to see that this level of pain is not endless and that she is not powerless in her circumstances. She does have choices and recovery will begin with a series of very small but critical decisions.

Some people tend to avoid the reality of the problem and thus hope to avoid pain. Part of our task is to help them face the pain, but this must be done gradually so they are not overwhelmed. We can create an environment in which they feel safe and comfortable enough to face their situation fully.⁵

Too often well-meaning people or ill-prepared shepherds may hinder this process by giving a woman in pain comments that may be intellectually accurate but do not bring healing to a broken heart. For example, a woman, who after miscarrying a much wanted baby may be physically able to get pregnant again, is not comforted by the words, "Don't feel bad, you're young. You can have another child." Neither is a woman whose hus-

band has just walked out on her comforted by hearing, “Don’t worry, you’ll find a better man next time.” Shepherds who realize “Grief is about a broken heart, not a broken brain”⁶ will more likely respond with words that bring healing to a broken heart.

The caregiver who understands that God’s purpose may unfold in the midst of painful situations will be challenged to communicate this truth appropriately. Although the woman may ask, “How can I stop the pain?” this may not be the most pressing issue. An effective shepherd will have looked deeper into the purpose of pain.

Gabby was born with a rare disorder. She has no ability to feel physical pain. On the surface we may all wish for this. However, the reality is that this inability to experience pain is incredibly destructive to one who feels no consequences of harm done to her body. Young Gabby would bite her tongue and fingers until they bled and “looked like hamburger.” She unknowingly tried to destroy her own eyes before the intervention of doctors to sew her eyelids shut and later her parents insisting she wear eye goggles. Her mother had to check her feet several times a day to see if thorns, glass, or stones may have imbedded themselves and infection might have set in. Gabby could not tell from “feeling pain” whether she had injured her body. So even though her parents tried to watch her every move, little Gabby was literally demolishing her own body.⁷

The result of not feeling physical pain can be self-destruction. Pain is really a gift that no one wants, but none of us can do without. The ability to feel physical pain actually is a God-given means of preserving life.

Because we were created in the image of God we are pro-life—meaning pro my life. When we sense a threat to our existence and well-being, we spontaneously act to protect and preserve our lives . . . we normally adopt defensive, self-protective thinking and behavior patterns when we feel emotionally or relationally threatened and wounded. Emotional pain, like physical pain, draws attention to the fact that something needs to change.⁸

Touching a hot stove sends the message to the brain that says, “Stop! Remove finger from stove immediately.” In a similar way, emotional pain

alerts a woman to the fact that relief should be sought. Relief is seldom as simple or easy as removing one's finger from a stove top. A woman in emotional pain is alerted to finding the source of the pain and like cutting an onion, peeling away the layers of thinking and behavior patterns she has acquired through her lifetime that intensify the painful responses to her immediate circumstances.

Perhaps the caregiver's job is to help women understand the message or purpose of pain. Too often the shepherd herself feels a discomfort with the pain of another and instinctively joins the help-seeker in finding ways to cover up the sensation. This is more likely to occur if the shepherd's pattern of dealing with her own pain is to simply find a quick relief.

Pain may send a message that life as it is, is not working. The status quo has become painful enough to reconsider. It is the continual uninterrupted pain that comes as a consequence of an alcoholic's decision to medicate his pain through drinking that breaks through his *modus operandi*. Family and friends clearly communicate the pain they have experienced as a consequence of his decision to drink. If the alcoholic hears their pain and the pain he feels as a result is *greater* than the pain that precipitates his *modus operandi* then he is likely to stop and reconsider his choices. This opens the door to make life work better.

Pain also tells a woman that she is not as much in control as she had thought. Pain that is not easily dismissed or relieved sends a message that it is bigger than the person bearing the pain. Once she sees that her attempts to relieve the pain are futile, she may be tempted to think less of herself or even shame herself. The next step of asking someone to help is prefaced by her own admission that *she needs help* and is inadequate in her independence. Some stay stuck in this stage until the pain becomes so intolerable that they are finally willing to give up their fierce self-sufficiency for the sake of relief.

Pain takes on a lot of faces. Antonyms for *pain*⁹ are joy and delight.¹⁰ This is quite telling. Often when loved family members or friends experience emotional pain, those observing spontaneously attempt to change their emotional suffering to joy or delight. Additional efforts may include changing the subject, telling a joke, or suggesting a trip to the mall. Our human instincts—unless trained otherwise—tend to trigger such responses.

Life is filled with pain. In the midst of pain is it possible to feel joy or delight? True joy and delight are found in the hope we have in the presence of Jesus—now and in eternity. Jesus endured the cross “for the joy set before him” (Hebrews 12:2). We have that same hope.

The understanding of a “present” shepherd is often what a woman in pain really needs. Pain is a part of life. For the believer in Christ the understanding that human suffering brings opportunity to become more like Christ provides a foundational strength. For the unbeliever the pain of life may be a catalyst to begin seeking God. Compassion, support, and understanding from another are among the greatest gifts a shepherd can provide. A woman in pain needs someone to walk alongside her in the pain, someone who will bring the hope of Jesus Christ.

In this chapter’s opening story, Brandon’s decision ultimately proved to be one that dissolved their marriage. Lindsey would discover that although the immediate circumstance of Brandon’s unfaithfulness was reason enough to experience myriad painful emotions, Lindsey also would uncover several other major losses in her life that had not been fully grieved. In fact, even the death of her grandfather was hushed and not talked about in her family. The messages she received from her family were (1) Don’t feel bad, (2) Don’t talk about it, (3) Pretend it didn’t happen, and (4) Be happy for others. As Lindsey looked back on the losses in her life, she realized this is how she approached each of them. However, no matter how hard she tried, she was not able to keep the unspoken family rules in her most recent loss. She felt horrible and could not pretend this was not happening any more than she could act happy. At times she was afraid she would never quit crying.

What Lindsey did not realize was the way in which we grieve our first loss, unless we have had intervention, will be the way we experience each subsequent loss.¹¹ The emotions Lindsey allowed herself to express were in essence a collection of feelings that she had stored away from previous losses in life. It was time to begin peeling back the layers and revisit that first experience of grief. A helpful process for Lindsey was to ask in each loss she had listed, what do you wish had been different, more or better?¹² enabling Lindsey to communicate messages that brought completion to each loss. Lindsey came to realize that she could not change the actions of

others, but she could take responsibility for her current reaction to what happened in the past. This realization opened the door for Lindsey to identify her choices and respond by making small but important decisions that eventually led her to a place of resolve and wholeness.

Lindsey would acknowledge the value of a shepherd expressing hope, especially when Lindsey saw none. Extreme and long-term pain can result in a feeling of despair. This may lead to an absence of hope. No matter the extent of the pain, hope is a key ingredient that is needed. When pain is extensive, the clear meaning can diminish or seem obscure. The purpose may be lost in the dailyness of simply trying to cope. Henri Nouwen affirms that the hope we as “wounded healers” bring is the truth that the wound “which causes us to suffer now, will be revealed to us later as the place where God intimated his new creation.”¹³

Often women on painful journeys similar to Lindsey’s ask, “When will life be normal again?” The next chapter will take us further in exploring this aspect of understanding a woman in pain.