

"Who Has The Worst Pain?"
by Andrea Gambill

During the 28 years I have been interacting with bereaved people, one of the most frequent questions I have been asked is, "Who has the worst pain?" Do bereaved parents suffer more than widows and widowers? Do children whose parents die feel more agony than children who lose a sibling? Is it harder to watch a loved one suffer for a long time before death releases the victim than it is to answer the doorbell or the phone at midnight and suddenly hear the news of tragedy? Is suicide worse than homicide? Is the death of an "older" child more difficult to grieve than the death of a newborn or infant?

If there were one, clear and definitive answer to those questions, grieving could be neatly catalogued and mourners could be organized into convenient categories. Our comforters and caregivers would then be able to select from a predictable menu of helps, and everyone could get "healed" more quickly and efficiently. If only.

But the truth is it makes little difference how our loved ones died, at what ages, or what our relationships were named. The pain of grief is agony no matter how or when it happens.

- Long-term dying is not better or worse than sudden death—it is different.
- Mourning the death of an infant is not better or worse than mourning the death of a teenager—it is different.
- The grief of the widowed is not better or worse than the grief of bereaved parents—it is different.
- Death by homicide is not easier or harder than death by suicide—it is different. And the list goes on and on...

There is no adequate preparation for the loneliness and emptiness that must be squarely faced when we finally come to the realization that we will never again in this life see that one who is so precious to us. In every case the mourning period can be just as painful and difficult for one as it is for another, but the grief needs of the bereaved can be very different.

When the relationship to a loved one was cemented with the permanent "super glue" of devotion and commitment, death causes a ripping apart that leaves the survivor with a devastating and gaping wound, regardless of how the death occurred or what the relationship was named.

However, if the adhesive that formed the relationship bond was simply "pressure sensitive," the separation may involve no more than the sting of tape being quickly pulled off skin. The pain may be sharp but short-lived, regardless of the type of death or the kind of connection. It all depends on how bonded the survivor was to the deceased.

In our society, a "friendship" may not be taken as seriously as a blood relationship; an engagement may not be perceived as importantly as a marriage; the death of a parent may be assumed to be a more deeply felt loss than it truly was to the surviving child or children. And we must never assume that a long-term dying process has fulfilled the "grief quota" of the survivors who loved and lost!

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It's not fair to assume that if mourners have some advance warning that the death is coming, their grieving time is shorter or less intense. We must be careful not to confuse the natural relief that the deceased is finally beyond the reach of suffering with the assumption that the grief of missing them will be abated.

By inadvertently giving our society the message that certain kinds of relationships or certain kinds of experiences are "worse" or "better" than others, the grief support for some survivors may be in danger of being prematurely aborted or even ignored entirely.

Grief is an individual experience and comforters and caregivers must be careful to support the bereaved on a very personal, each-case basis. Mourners feel the pain of grief in direct proportion to their perception of how important the loved one was in their lives, and that value is entirely subjective.

There is really only one criteria that establishes the quality and quantity of mourning: The intensity of grieving is directly related to the intensity of bonding.

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