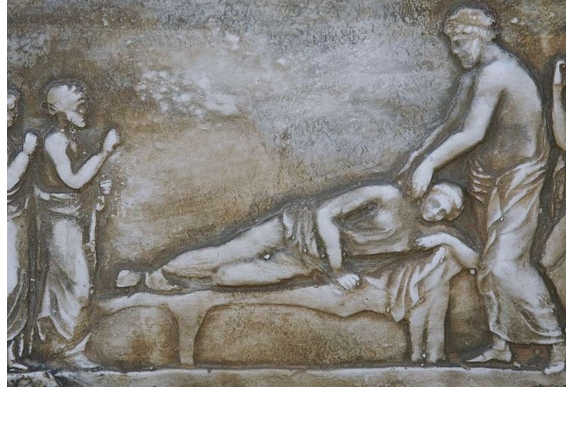
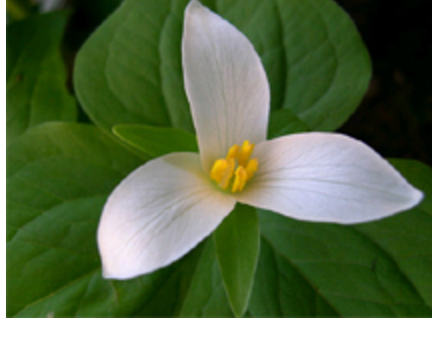




## Presencing Issue 55

### Touching Pain I



**Role of Care Givers:** We presume that a major role of care givers is to eliminate or reduce pain. We have different categories of pain; physical, psychological, emotional, outside source (i.e. sting, bite, communicable disease, other human), inside source (age-related, non-communicable diseases, genetic disorders, stress-related, belief-related), chronic, and acute. Most clients evaluate caregivers and or their methods by session results.... mainly in terms of pain reduction or elimination.

**Expressions of Pain:** We will explore two different categories of pain signals in the body. The first is the pain expressions that accompany the healing of injuries... those pain signals produce a splinting effect on the injured part of the body. Muscles and other connective tissue tighten around the injury and are accompanied with the requisite pain signals which disincline the person towards activities that could produce further or prevent healing. The usefulness of these pain signals is that they indicate that there is an injury or instability in the body and usually where.

The second painful expression involves an association of trauma or blameful link which stimulates the person's memories, usually provoked by other persons' actions or inaction. In other words pain associated with trauma can entail fear, guilt, shame, and blame. Whereas the body is programed to heal injuries directly with no mental interruptions, the imposition of blameful thoughts arrests the bodily healing processes as the mind becomes preoccupied with story... and a cast of characters. We find our minds holding onto past negative associations, looking backwards to apportion guilt rather than healing.

**Pain itself is always now:** The sensory signals or sensations, of pain only occur in the present moment. This is an important consideration because in our minds we concoct stories about the pain(s) we have been experiencing in our bodies. These stories are always referenced to the past. During our normal intake process with clients we are looking for clues to the origins and development of painful body experiences over time. The client's story often takes precedence, for practitioner and client, over the actual painful sensations. Why do we tell stories about our pains as opposed to "telling the pain" as it exists now? Our minds place thinking over feeling; perhaps because it gives us a sense of control over our bodies. This process takes place during almost all intake... it is a past-conditioned mental distortion... we are attempting to recruit one another into story rather than sharing presence by entering the pain together. Ask your client: "What are you feeling now in your body?" and you will find that most clients cannot tell you, at least at the session outset.



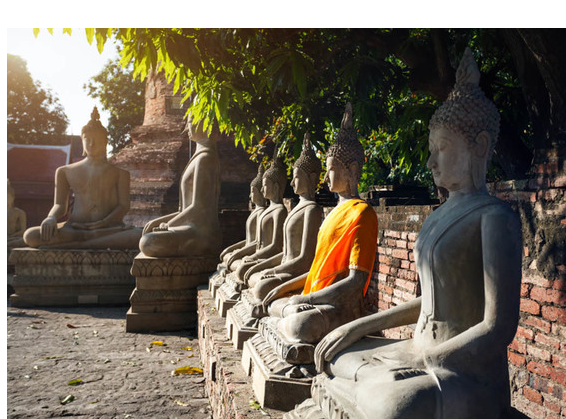
**Converting both minds to Presence:** Here is a startling fact that can change everything in our sessions with clients... If we and our clients approach pain directly with openness, free of story and past associations, the pain can become a doorway into the present moment which subsumes all time and can free the minds of client and practitioner from past conditioning. The doorway of presence opens both persons into unfettered possibility. Why? Because we are entering a realm that is inclusive of all time, all existence, all learning, all Being.

There are three dependable ways to use pain in order to enter NOW: the first is to approach pain from a perspective of curiosity; exploring (touching into) the pain in as many ways as possible, without our usual presuppositions. Secondly, applying measurement: What kind of pain; where is located; it feels like? What shape(s)? Does it evoke any metaphor or analogy? Interaction: the third presencing approach involves different kinds of interaction... what happens when the practitioner gently touches the painful region, or uses tactile stimulation such as light tapping, or when the client expands and contracts the painful region by directing breath; what happens when the client touches the painful region from inside her body, or reaches from the pain in order to make contact with the practitioner's hands? Another form of interaction happens when the client uses her sensory vocabulary to describe the painful area; this can include inner visual cues as well as metaphorical descriptions i.e. "burning hot like lava." The closer the client can match her sensory descriptions to her pain, the more the painful area becomes an entrée into deeper self-awareness. Surprisingly, these interactions create complimentary effects in the practitioner... This mutual sharing can produce change, insight, and healing for both persons.

**Mind escapes into story:** It is usually the case that our minds try to escape from direct apprehension of a painful body part by reverting to a story about the pain. This could be because at the moment when we are with a practitioner we cannot feel the pain. But after hundreds and hundreds of client sessions I am persuaded that reverting to a story about the pain, puts the experience in the past and attempts to solve the problem using "cause and effect reasoning." Since so much of our thinking processes are based on the very strong linear belief that everything we experience derives from the past. We need to uncover the reason for our suffering in order to produce a solution that undoes the causation. Like solving a crime, the implication is that the clues are hidden. Since this is the same approach we all use for almost every dilemma we face, practitioners are also pre-conditioned to companion this kind of search. In fact the practitioner has a whole repertoire of past sessions to plug into this search.



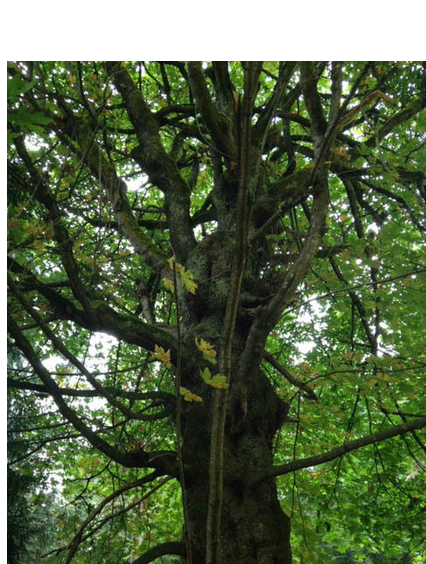
So in one way the practitioner and client share the same conditioning. As such they can be mutually supporting one another into the backward search for evidence. Perhaps the major mental conditioning we all ascribe to is that the past has created the present. And this conditioning gives us a false sense of control over our bodies and our lives. We thus mistakenly develop a backward way of living based on acquired experience, replete with rules, guidelines, judgments, fears, and continual self-conscious (conscience) tracking in order to avoid suffering.



**Turning towards our Pain:** Pain is uncomfortable and so we are inclined to pull away from it. When pain is being inflicted with the intention to cause suffering it is natural that we want to escape. But if we look objectively at pain signals we can make some clear observations. First, pain is a neutral event in the body; there is no connection with intent to harm or cause suffering. Pain is a message, that we need to heed and perhaps alter something we are doing... otherwise there could be consequences like further injury, instability, or greater pain. Most pain signals are short lived; connected with bodily needs, and most of our responses are automatic

and unconscious. But when the pain becomes conscious it is usually because we cannot easily adjust to the pain. For instance, when an adult tells a child to sit still or there will be punishment. The child's inclination to move becomes identified with self-punishment. In order to escape that suffering the child may fall asleep, thus quieting his conflicted mind and avoiding any blame from the adult. For adults sitting still in a lengthy meditation can become its own form of torture. Thoughts, emotions, and memories often produce their own kinds of physical discomfort and the intense urge to move or alter our body position. Some of us tend to fall asleep or withdraw into a hazy mindset which is very awkward and can become embarrassing thus producing even more discomfort.

It takes some time and experimentation to change our approach by focusing our awareness into the pain. This seemingly perverse change of focus uses pain to open the door of presence and new realms of consciousness. However, if the purpose is to get rid of the pain that door of presence will not open, ultimately resulting in adding frustration to the pain, thus prolonging the suffering. Another way to encounter the pain is with curiosity... i.e. what does this pain consist of? What elements can I discern? Does it evoke memories, images; and what is happening now in this body part? Since the sensations of pain are always now, this turning towards the pain, brings the mind into the present moment. Curiosity itself is an action of presencing and openness to whatever occurs. Touching can also be an act of curiosity and presence. Our bodies are replete both inside and outside with touch sensors. So now we have three ways to make contact with pain: sensorily, curiously, and interactively. When we apply these tools, what happens to our mind? What effects do we notice?



Open hands

Open mind

Open face

Open heart

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