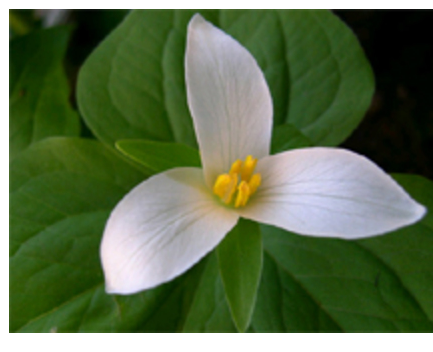


Presencing Issue 56

Touching Pain II



Aversion to pain: The Buddha discovered there are two factors that are the primary sources for suffering; attraction and aversion. We make such a close connection between pain and suffering that, when our body gives us unusual pain signals or discomforts, our first reaction is fear: What does this mean? Is it something really bad? Where did it come from? Who caused it? We automatically assume that we have, or someone else has done something wrong. Thus pain + fear = suffering = punishment = blame. It is very clear that all sentient beings experience pain, but humans are the only ones who mentally connect pain, suffering, blame, and punishment. In most cases of pain we are trying to escape any connection between something we have done wrong and the pain we or someone else is

experiencing. This can also evoke guilt in caregiver when they can't lessen their client's pain, or when it gets worse after a session. Because of this conditioning we all have a natural aversion to pain. From the Buddha's perspective, the very fact of our aversion to pain in itself produces suffering.

But upon closer scrutiny we can break this mental connection between pain and suffering. Probably the first step in breaking this linkage is to recognize the very important role that pain plays in all sentient life. Dr. Paul Brand, hand surgeon, years ago wrote a book called *Pain, the Gift that Nobody Wants*. In his book he describes the importance of bodily pain signals by discussing the very unfortunate condition patients with Hanson's disease (leprosy). They literally "wear out" the usefulness of their bodies because they cannot feel their bodies' pain signals. Thus they keep reinjuring themselves, aborting any chance for normal body healing processes. After directing a research program which produced these findings, Brand devoted much of his professional work towards changing our attitudes towards pain and about our tendency to connect pain with fear, blame, and suffering.

Controlled pain: One factor that Dr. Brand experimented with is that introducing a "controlled or benign pain" is able to reduce or even replace a more pernicious or debilitating painful experience. This approach to pain has been used throughout human history and exists in many modern forms of treatment. For Brand this evidence provoked even more questions about the role of pain in our lives. He gives many case examples in his book of guiding his patients directly into their painful region. He documents how with his guidance the patients' fear and aversion would be lessened. Probably because of his assurance and support as an authority on pain, his case studies do not reflect his clients' associations with blame, guilt or punishment. His patients went through dramatic positive life affirming changes, instead of some kind of therapeutic reconciliation with past events. Those amazing changes are reminiscent of life shifting reports from persons reporting near death experiences.



During our meeting I pointed out that there seemed to be a reliable relationship between going directly towards pain and the very positive life changes his patients reported. He said: "yes, exactly! I'm 84 years old and I don't know if I have the energy for another book in me; but if I do, that is the book I would write." My good friend Dr. Robert Barnes was with me for this interview. He had done his own compilation of case studies on pain while he was on staff at University of Washington Medical Center. We were both very interested in how to approach client pain. In my own work with clients I had noticed some of the same results as Dr. Brand which is why Bob Barnes wanted to accompany me. After our meeting with Dr. Brand, Bob and I had many discussions about the importance of approaching pain directly. As a retired physician and spiritual director, Bob accompanied many physicians through their pains and dying process. I think this is why Dr. Brand was so effective in guiding patients directly into and through their "briar patches" of pain and suffering.

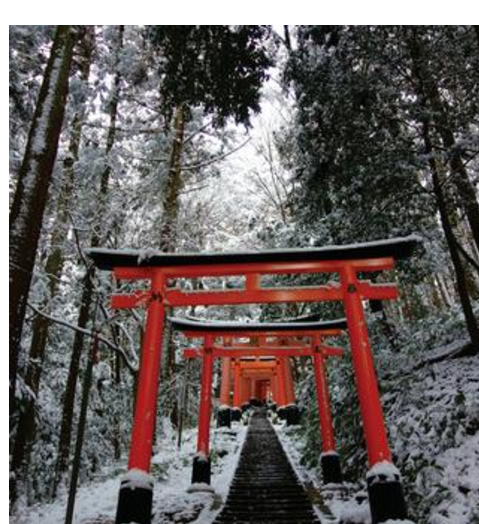


Escaping pain and its implications: Because of our associations between pain, punishment and guilt, our attempts to escape pain are also fraught with those associations. We directly choose escapes that alter our consciousness, perhaps to escape from our mental torture. Drugs and alcohol are popular methods, which seem similar to withdrawing into darkness. The addictive aspects also result in further withdrawal from human interaction and association. Indeed we choose hiding in the shadows rather than directly approaching our pain and its implications. Therapy and hypnosis can also be forms of escape especially if they are centered upon memory-linked story and reframing the past; looking

backward instead of accessing now. Because our minds are so clouded with the fearful implications of pain some choose suicide as another form of escape. Once again, if the Buddha is correct, all of these escape routes create their own forms of suffering.

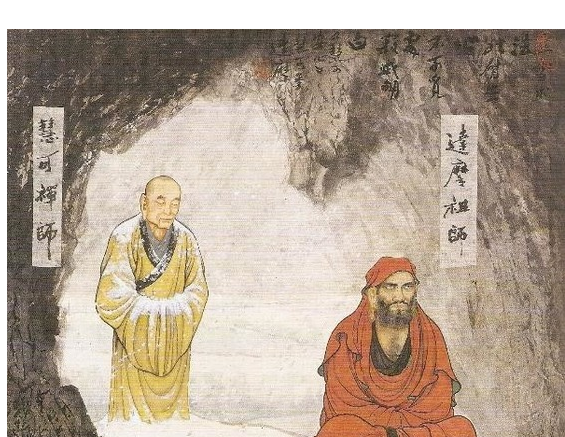
It seems to me that since the sensations of pain are always now, the most effective way to emerge from past story is to find a way to enter pain directly with the assurance of a safe return. Rather than escaping pain we can choose to change our mental associations with pain. One way that has been tried with chronic pain sufferers is to educate them about the physiology of pain, the types of pain signals and their functions in the body. Since chronic pain is often coupled with chronic fear, just knowing more about pain itself can reduce this linkage.

The gateless gate: In touching pain we are turning our direction towards rather than away from pain. As practitioners we are approaching pain with respect and deference. I started this writing by saying that caregiving professionals are expected to remove or reduce our clients' pain. Most of our methods do not directly address the unconscious associations that clients often make with pain. Relieving our clients' pains does not resolve hidden issues like fear, guilt, and punishment. Also, suppressing or removing the client's pain does not necessarily alert the client to activities that created the pain. Those are physical or mental activities that happen away from the sessions. It is frustrating for all care givers to realize that our clients have various situations in their lives that perpetuate much of their suffering. While it is tempting, within our scope of practice, to help our clients address those situations, we are limited ethically from doing so... And yet watch how quickly the practitioner is blamed and rejected if she cannot be successfully



end her client's suffering.

Here is a different scenario. The client and practitioner form a team to mutually explore sources of pain. The client is using proprioceptive and somatic awareness to interact directly with painful parts of her body from inside. At same time the practitioner is using her palpation skills to interact with and monitor the client's painful body parts from outside. They are engaged tactilely through mutual touch. They are engaged verbally and consciously through their willingness to be interactive with one another in the area of pain. As such they are conjoined in the present moment. I cannot prove it just by my words, but I believe this mutual engagement is releasing both persons from their fear laden associations with pain. In that sense much of our accumulated mental conditioning is nullified when we share in presence. So the place we were least likely to go becomes a gateway into new territory. Together we are discarding the baggage of our past conditioning towards pain and starting to explore with newfound freedom; freedom to enter new levels of conscious awareness. Later in this series we will consider some case studies which point towards this direction.



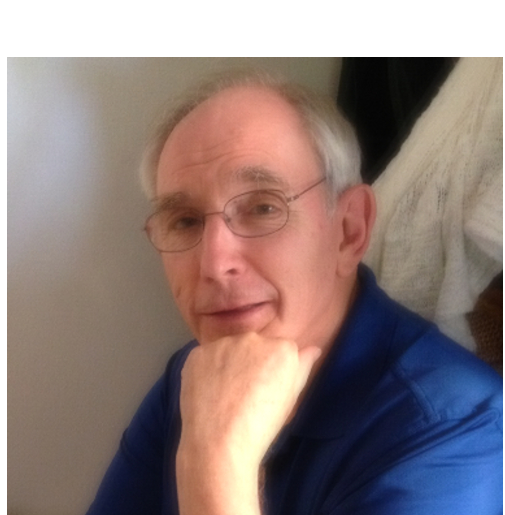
Pain and Presence: So the highlights of this series on touching pain include first, the understanding that pain can be a doorway into presence. We all need to change the conscious and unconscious negative associations we have with pain. We are afraid of pain and feel that our lives are limited or held back by pain... But actually, pain itself can act as an amazing liberator, freeing us from fear, guilt and blame. One day we will realize that we have made a false association connecting pain with suffering, punishment, and our ultimate demise. Perhaps what we are actually afraid of is presence because it means leaving our past-centered mind.

I hope that in these first two Presencing issues on Touching Pain, it is becoming somewhat clear that our pain is not the cause of our suffering. It is what we do with pain that causes our difficulties. Like Dr. Brand, I

believe that, throughout much of our history, have made a direct connection between pain and suffering in someone's life as pure to punish wrongdoing, we also have looked at the arising of pain and suffering in assumptions are not grounded in physical reality, and yet we hold them consciously or as part of our collective unconscious. I aver that by meeting pain directly we can diffuse suffering and enter reality.

"There is no coming to consciousness without pain. People will do anything, no matter how absurd, in order to avoid facing their own Soul. ... One does not become enlightened by imagining figures of light, but by making the darkness conscious." *Attributed to Carl Jung*

More to come. JB

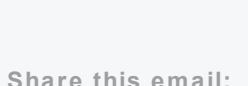


- Open hands
- Open mind
- Open face
- Open heart

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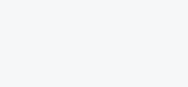
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