

Presencing Issue 60

Touching Pain VI Background



Graduate school: In 1991 I decided to enter the three year Masters degree program in Spiritual Direction at Seattle University. Many of my clients had unusual spiritual experiences during my sessions. I wanted to focus more on those kind of sessions and learn ways to help clients open to their inner lives. The kinds of counseling approaches I had learned before were based upon cathartic techniques like gestalt, re-evaluation counseling, and bio-energetics, in which the practitioner would raise the level of challenge to the client until there is an emotional and or physical release, catharsis, in the body. Early Rolfing, Hellerwork, deep tissue, trigger points were partly based upon this schema. In graduate school I was introduced to Carl Roger's methods of client-centered, body-centered, approaches to counseling and working with pain.

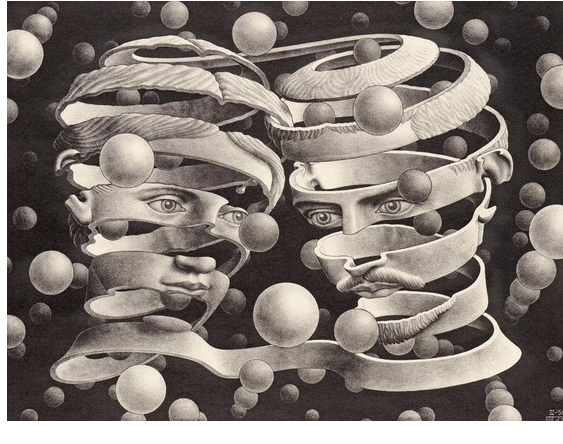
Verbal Interaction: I realized quickly that my patterns of verbal interaction were changing into listening to and reflecting the client's words and experiences rather than projecting my own goals and expectations onto the client. It would take somewhat longer to explore pain with the client; mirroring the clients words and process rather than plunging ahead to remove the pain. I learned to affirm verbally what clients were feeling and to confirm with my hands the somatic changes the client was producing in her own body. These two additions were creating a much deeper understanding of where we could go with Trager. Along the way I had also learned various other bodywork modalities like Craniosacral and Reiki and found that they complimented the non-cathartic approach I was taking. I became highly focused on developing a dependable form of verbal interaction that would empower clients to explore their bodies with curiosity, report their experiences, and notice the effects of their own involvement, during bodywork sessions.

Healing: Another important task I completed while in graduate school was to do a verbatim research report consisting of interviews with 11 different healers, 6 of whom were quite elderly. What inspired me was behavior I had observed in Milton Trager. Perhaps because of the progressive effects of Parkinson's disease, he seemed unhappy, withdrawn, and out of touch. He also was not interested in receiving hands-on care from his own protégés. I started looking at other long-term healers and realized that many were unhappy and had almost no interest in receiving care themselves. It was perplexing to me that those who had spent so much time and energy helping others with their suffering, were seemingly averse to receiving care themselves. Why? Is there a paradox implicit in healing others but not oneself?



Dora Kunz

CareTaking vs. Care Giving: After completing my report, I realized that almost everybody I interviewed viewed healing as the removal of pain from clients. Each had their own special pain relief technique. These elderly healers included Milton Trager, Dora Kunz, Hazel Parcels, William Vlastig, Johnny Moses, and John Sanford. What I noticed was that all but two of them felt that it was their job to remove the pain and suffering of their clients. The same was pretty much true of the younger healers I interviewed. Each of them had some tasks that clients could do on their own, but working on pain was the job of the practitioner. What I was uncovering from my own experiences as a caregiver is that healing is a two-way process and that pain is not just something to get rid of. After finishing graduate school I wrote a series of four articles for the AMTA State and National journals about the differences between care taking and care giving, which ultimately explored why many healers get burned out and feel jaded about their work.



Touching Pain continued: While pain is a normal and necessary part of living life in a body, we somehow equate pain with punishment. In experiencing vipassana meditation over the years, I chose to incur pain as a way to break open the association with guilt and punishment. In the beginning of my vipassana meditation practice I experienced pain more severe than anything I had ever imagined. That pain was prompted in part by the teacher's message at the beginning of the sessions: "You are not to move out of your sitting position for the next hour." Immediately my mind started questioning whether that would be possible. Usually we move our bodies quite often to maintain a responsive relationship

with very tiny signals that promote circulation, relieve compression and emotional stressors. What I inevitably learned, was about changing our relationship to pain, by seeing it as a friendly message rather than some sort of punishment.

Interactive Somatic Awareness: The client finds it easier and easier to feel into her body as she follows the touch and words of the practitioner. Here is an exercise to try with a colleague. Let the client feel into her body and find a place that is painful. Now have her close eyes so she can focus. Place your hands softly on that part of her body. First feel the texture of any clothing fabric. Next feel the tissue tonus, the temperature, the breath pulse, and heart pulse. Next ask your partner to feel comparable sensations coming from your hands; weight, tonus, temperature, shape. Now ask your colleague to fill both of your hands with her breath. Notice what you feel coming into your hands including any tissue changes. Next ask your partner to fill only your right hand with her breath. Notice what you feel and ask her to do the same. Do not give her a clue about which is your right hand. Then have her shift her breath to your left hand and notice what each of you feels. Finally ask her to feel from inside her body where she felt the pain and touch your hands as lightly as possible with the surface of that part of her body... noticing again what each of you feel. Now remove your hands, close your eyes, and ask her with eyes still closed, to feel what is left over in that body part. First she will feel no pain, next she will probably still feel your hands there along with warming and softening of the tissue. Notice what is left over in your hands. You will probably feel warmth and softness and a leftover feeling of her joining you.

Anatomy Trains: An example of how this can work in a session comes when we want to release the sacral tubercle ligament, which is part of Tom Meyer's Anatomy Trains - superficial back line, and can feel more like a bone than a ligament when it is in guarding mode. Tap the ligament area very lightly and then gently touch the surface and ask your client to barely touch your fingers lightly as with a feather from inside that ligament. You will feel the tightness melt, she will feel the same along with warming and releases down her leg.



Curiosity vs. Fear: Since that time I have practiced the same thing with many clients who were in fear and pain. Together we have been able to arouse the clients' curiosity so that they could investigate the relationship between the pain and fear. A very important question is: Why do we experience fear when we experience certain kinds of pain? Also what is the connection between our thoughts and emotions and how they feel in our bodies? This is a take-off from what Milton was teaching with hookup. "You are always working on the mind of the client." He believed that when you bring yourself into the present moment (hookup), fear goes away and many new possibilities of treatment start to show up both in the practitioner and the client. I talk about this consciously with my clients because I believe that it is fundamental that clients desire the opportunity to learn from their own body awareness. There is much more depth of content available when their randomly ordered thinking becomes attentive. I call this approach "client centered somatics."



Positional release: In 2003 I was fortunate to buy an excellent positional release book called Positional Release Technique from a Dynamic Systems Perspective author Denise Deig. I started using the book in my side lying classes especially for the rotator cuffs, subscapularis, hip joints, QLS, and costal vertebral joints. In 2006 I began bringing the author, Denise Deig, to Seattle so that I and other local practitioners could become fully aware of her different applications for muscles and joints. What was really fun for me was that when I added these techniques to my other approaches I could understand why I had not felt comfortable with the pushy-resist-me approaches to Reflex Response I had learned in Trager.

Example: My client had 4th stage Parkinson's. Though not paralysed he was quite stiff with pain and could not easily move his extremities. I started with his left arm and shoulder. I noticed that he was anteriorly rotated. First I put him in side lying position so that his arm and shoulder were uppermost. I tucked a pillow in his armpit so

that the head of the humerus and ac joint had some extra space. By supporting and moving his forearm using gentle Trager movements, I could slowly reposition the whole arm, which could naturally retract. This gradually felt better to him, which he gestured. Then I gently lifted his arm so that more of the weight came directly into his rotator cuff and by extension into the shoulder girdle. When his arm was in this position he took deeper breaths and his shoulder joints naturally decompressed. I then used Trager movements to affirm that he was freer and out of pain. I then used similar combinations of Trager, positional release, and verbal support to work on most of the rest of his body. At the end of the session he was relaxed, and could move his extremities, head and neck. The positional release techniques for muscles and joints were particularly helpful.

New classes as of January. Teachers: Deane Juhan, Brian Utting, Anastasia Brensick, Jack Blackburn. Other teachers Anastasia and I would like to bring to our 4 Northern counties: Michael Hamm, Dave Campbell, Loren Christman, Richard Polishuk, Aubrey Lesicki, Gwen Crowell. Others you would like? Write to me at: jackpresence@gmail.com



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

Parkinson's Patient Japan

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