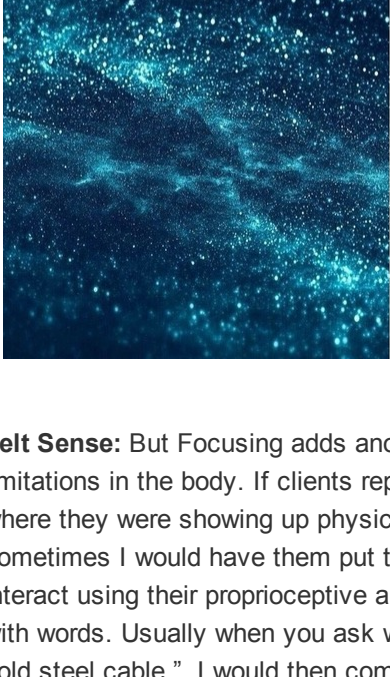
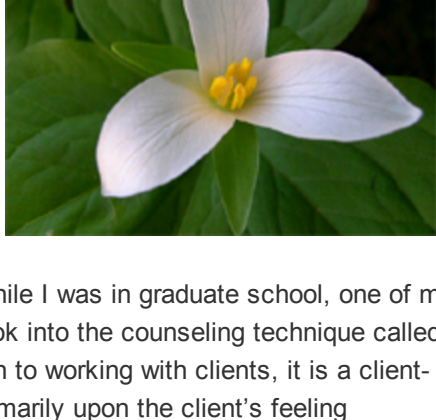




Presencing Issue 61

Touching Pain VII Background Story

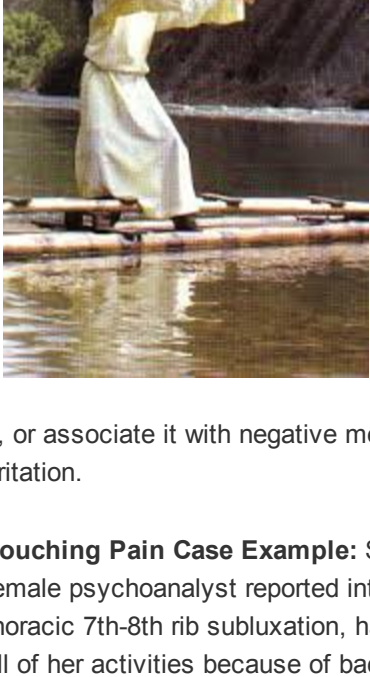


Focusing for Bodyworkers: While I was in graduate school, one of my advisors recommended that I look into the counseling technique called Focusing. Like my own approach to working with clients, it is a client-centered approach and relies primarily upon the client's feeling awareness in her body. I was introduced to the basic technique of Focusing but I preferred my own approach to client awareness. Ten years later I went to an international Focusing convention and learned that non-bodyworkers were trying to combine Focusing with touch. I realized then and there that I wanted to get enough training so that I could evaluate the effects with my own clients. I was already using my own approach called *Table Talking* in which I would verbally take clients directly into painful areas of their bodies and use Rogerian "active listening" while they were verbally exploring what they were feeling. Like Table Talking the client is encouraged to give verbal feedback from her sensory awareness throughout the whole session, from intake to the end in combination with presencing and feeling awareness.

Felt Sense: But Focusing adds another layer to working with discomfort, emotional distress, memories, and limitations in the body. If clients reported any of those symptoms I would ask them to go inside and tell me where they were showing up physically and what they felt like. Sometimes I would put my hands there, sometimes I would have them put their hands there, and as in decompression somatics, I would have them interact using their proprioceptive abilities. But with Focusing we have a much clearer method for working with words. Usually when you ask what the discomfort feels like the client will use a metaphor like "a tough cold steel cable." I would then come in with touch and have the client interact with what she is feeling by touching my hands from inside her discomfort or expanding the area with her inbreath or contracting the area with her outbreath. Her felt sense would change into other words like "warming and softening," or "lighter and more alive."

Interactive Felt Touch: And the advantage of using our hands is that we can feel the changes the client is describing. What I learned from Focusing is that there is a direct correlation between increasing ability to articulate verbally and increased ability to articulate physically. In other words the closer the client comes to describing what she feels in her body, the freer she becomes to movement in that part of her body! And using Focusing is also very helpful when I can't put my hands directly on that part of the body; the genitals, internal abdomen, open wounds, and inside the skull as examples.

Interactive Shifts: What is called a "felt shift" In Focusing, means that the client's verbal and interactive processing has produced a dramatic change in the client's conscious awareness and physicality, usually in the direction of more ease and articulation inside, outside, and in one's inner life. These changes are parallel to the changes Milton Trager was trying to produce, except that they involve much more conscious participation on the part of the client. Trager felt that he was able to pass the feeling of hookup or presencing onto the client by his own awareness. Indeed by keeping the client pain free, letting Trager's own presencing guide the session, and teaching the client to create some of the same sensations by guiding the client into self-movements (Mentastics that were inwardly guided, pain free and effort free). The experience of felt shift is also parallel what is called "tissue response" in Trager, and "insight" in vipassana meditation. In each of those shifts, the client like the meditator experiences a profound shift in his mind and body, and starts to enter a life of presence in which pain is not paired with fear. To me this is the most profound change we can experience in our lives.



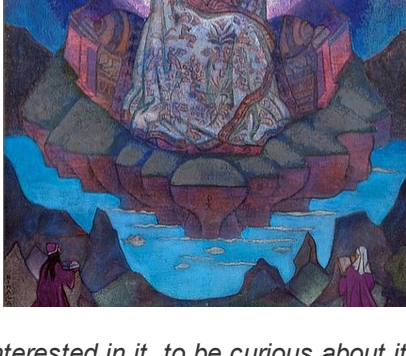
Turning Towards Pain: I wanted a way to take clients into their pain without creating the effects I had experienced in vipassana. It became obvious to me that the thoughts, emotions, and physical sensations are continually reflecting one another. There is a direct connection between what is felt in the body and the activity in the mind. An aspect that occurs with all negative thoughts and emotions is that the body enters a sympathetic state; tissue tightens, breath shortens, body surfaces become cold, and everything is preparing for flight or flight. As this happens the memories and negative reactions of fear are also colliding with the normal thought processes of the mind. To reverse this process I help clients create a proprioceptive interaction with areas of pain; quantifying and qualifying different aspects of the pain. I teach clients who would normally dissociate from their pains, to realize that they can safely access them directly. Clients start to notice how their reactions to pain arise, based upon how they are paying attention inside. The more proprioceptive attention they bring into the pain, instead of trying to avoid

it, or associate it with negative memories, the more they can feel the pure pain signal without fear or irritation.

Touching Pain Case Example: Seventy year old female psychoanalyst reported intolerable pain, left mid-thoracic 7th-8th rib subluxation, had suspended almost all of her activities because of back pain. Specifically the pain was unrelenting while awake, intermittent while asleep. "The pain feels sharp, stabbing, and electrical. In the beginning I felt surprised and confused because it was so deep. As it continued I felt fear and despair and hopeless that it would never go away." For 2 months she had managed her back pain by lying still on a heating pad much of the time except when working with clients. "Simple things like talking, looking to the side, laughing, or adjusting my position would increase the pain; it literally hurt to be with my friends." She had a history of polio as a child, Hashimoto syndrome as an adult, as well as broken right wrist and severed tendon in her left foot. She could feel exactly where the pain was centered in the costovertebral joint.



Treatment: Patient was bolstered in a side lying position, left-side up. She felt some pain in this position at first when she inhaled, but when her left arm and shoulder were retracted and supported she was able to take deeper breaths. The subluxation felt like the 8th rib was folded partly under the 7th. I placed my hands parallel to her ribs and asked her to focus her in-breath into my hands. As she exhaled I compressed the ribs toward her vertebrae, which seemed to help her pain somewhat and soften the connective tissue between the ribs and her vertebrae. I could then gently bring some rocking motion to her torso while torquing the intercostal muscles between her 7th and 8th ribs. Gradually I could feel the ribs repositioning, as she continued to breathe deeper and deeper into her lungs. She reported that her pain was greatly relieved. I said that I could feel her breathing into my hands; expanding her ribcage from inside her body. Later she said that this immediate relief was something she would never forget. I continued to treat the rest of her body in a side lying position, on both sides so that she could feel the range of the change that had occurred.



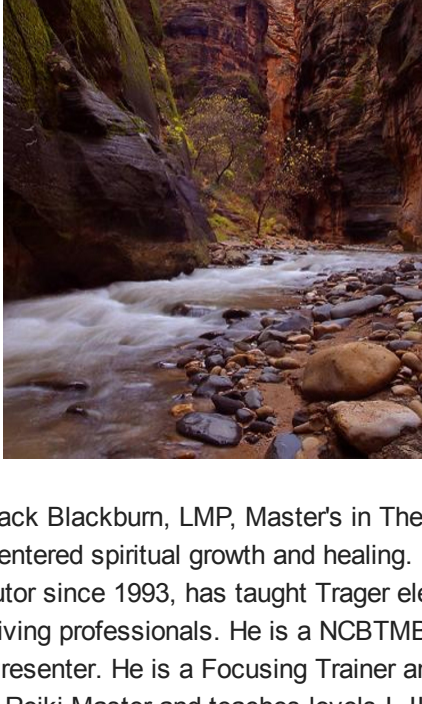
Over time: As we continued to work together over a series of sessions she discovered that her early childhood memories of polio had created unconscious assumptions that she would always suffer in her body; that her rib would remain inflexible and guarded. Once the rib felt more mobile and alive, we could work other body issues that stemmed from her past.

Client Report: She later stated that the relief of the intense pain has shifted her experience of her body. She could then learn to:

"...follow the pain and be curious about it. Pain feels as though it occurs in the context of a larger body, rather than being the focus of the whole body. There is a subtle, but noticeable shift in my perception of my body in space, and some increased interest in taking care of it in a kindly way, as opposed to viewing it as something that only hurts me. Instead of viewing the pain as some sort of psychological or spiritual flaw of mine, [I learned] to simply be

interested in it, to be curious about it. And that is a much gentler way to experience myself."

***New classes start January. Teachers Deane Juhan, Brian Utting, Anastasia Brensick, Jack Blackburn**
As mentioned in the last newsletter, we want to bring other teachers to the Islands & other northern counties. Whom do you want us to bring? Write: jack@presencingsource.com



Open hands

Open mind

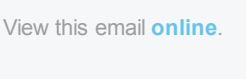
Open face

Open heart

Jack Blackburn, LMP, Master's in Theological Studies, Certified Spiritual Director, specializes in body centered spiritual growth and healing. He has been a Trager® practitioner since 1986. He has been a Trager tutor since 1993, has taught Trager electives classes since 1996, and teaches a variety of classes to care giving professionals. He is a NCBTMB Approved Continuing Education Provider and AMTA National Presenter. He is a Focusing Trainer and teaches Bodywork Focusing classes for professionals. Jack is also a Reiki Master and teaches levels I, II, III and Advanced Reiki for Bodyworkers.

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