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Fields and their Clinical Implications Part VI: The Pain Process and Strategies for Pain Reduction

THE
FIELD
PERSPECTIVE
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HEALING
STRATEGIES
WHICH
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EXPERIENCE

Dora Kunz and Erik Peper

THE PAIN PROCESS

PAIN RELIEF IS ONE OF THE MOST COMMON needs of patients. But what is pain? It is difficult to define because it is a private, subjective experience. Pain may range from an unpleasant bodily experience to mental anguish. It can be searing, dull, sharp like a knife, aching in the joints or chest. It can be sadness and loneliness from the loss of, or rejection by, a loved one. In the extreme, pain can totally fill one's awareness and limit anything the person can do; for that time being, all one's consciousness is pain. It permeates the etheric, mental, and emotional fields.

Even when pain decreases, the person may continue to fear and anticipate its recurrence, a process which increases anxiety, causes exhaustion and may even bring on pain itself. This emotional interaction with pain is especially common when pain limits, interferes with, or inhibits a person's expression or actions, a process which also may lower self-esteem.

In this article we will first describe from an energetic perspective: 1) what pain is, and 2) how pain affects individuals and the people around them; then we will explore 3) healing strategies that the patient, family members, friends, and health professionals can use to reduce pain.

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WHAT IS PAIN

PAIN HAS BEEN CATEGORIZED as acute or chronic, with varying degrees of emotional involvement (Haynes and Gannon, 1981). Acute pain usually occurs with an abrupt onset associated with either physical trauma or disease, such as athletic injury, postoperative pain, or emotional loss. Chronic pain is defined as a pain syndrome which has been present for six or more months and has not responded favorably to treatment. Generally, chronic pain, as well as acute pain, can be divided into two types: benign pain—not associated with a life-threatening disorder—and malignant pain—associated with potentially terminal disease.

HOW PAIN AFFECTS THE FIELDS AND THE NERVOUS SYSTEM

ACUTE PHYSICAL PAIN triggers a sensation at the area of injury and affects the corresponding pain/analgesia area in the brain. When this brain area is activated continuously by chronic pain, it may become hypersensitive and amplify the pain experience. In some extreme cases, almost any sensation will be experienced as pain.

In most cases, emotional disturbances are concurrent with the physical sensation of pain. For example, anxiety, amplified by the anticipation that the pain may be endless or that one will be crippled or limited (a change in self-image), will reduce the energy flow and affect all the fields. The stronger the emotional involvement with pain, the greater the disturbing effect on the emotional field. In addition, a memory of pain or trauma can retrigger this cycle. Such triggering can induce a pain cycle in which pain causes anxiety and thus brings about tension which aggravates the pain which leads to fatigue and may affect the immune system. Energetically, the emotional response affects the solar plexus chakra and thereby *reduces the energy inflow* (Kunz and Peper, 1982, 1983a)

while the physical pain affects all the fields.

The energetic components associated with pain have been commonly reported by practitioners trained in therapeutic touch (Krieger, 1979). These practitioners sense the patient's field by moving their hands above the surface of the skin without actually touching the body. Through this process they experience subtle sensations, and have learned to sense subtle changes such as imbalances, congestion, or decrease of energy flow in the field associated with pain. For example, practitioners may observe in a case of dysmenorrhea (painful menstruation) that the etheric field around the lower abdomen seems congested, enlarged, and sluggish, as if the energy is not flowing through that area and down and out the legs and feet chakras, as is normal. Similarly, with back pain there may appear gaps in energy flow, stagnation, or congestion in the area of pain, and the energy may appear to be reduced beyond this area.

Other energy centers can be involved as well. For example, psychic anguish, sometimes complicated by feelings of guilt or self-punishment, can produce tight feelings around the heart. This constriction and pain in the chest and throat may reduce the energetic vitality and bring about depression. From an energetic perspective, the experiences reflect the heart chakra which is the center of emotional attachment as well as religious and spiritual feelings, while physiologically it is associated with the thymus gland and with respiration. In addition, how people respond to pain will also affect their system. For example, many people resist the limitations induced by pain. Despite severe pain, they may continue to do their jobs by mobilizing their will to do the work and mask their feelings and their pain. This masking causes energy to be expended in two ways: in the efforts of putting on

the mask, and in the efforts of blocking the pain sensations. Both of these are highly draining. Paradoxically, however, in some cases not focusing on the pain but focusing on a constructive task may relax the person and thus increase his or her energy.

HOW PAIN AFFECTS SELF-IMAGE

THE MENTAL IMAGES associated with pain often consist of the possible limitations which a person might face, instead of opportunities for improvement. For example, some patients have mental images or beliefs that nothing can be done, that they will never get well, or that the pain will never leave them. Chronic pain often leaves one exhausted and with a fear of never getting over it. These images become self-suggestions which are repeated hundreds of times. This narrowness and rigidity of the mental image may escalate the anxiety and depression, and limit the potential for growth.

When working with pain patients, who are often hypersensitive, family members and health professionals must be quiet and centered within.

The mental image as related to pain is shaped by many factors. Pain triggers past memories, future expectations, and emotional associations. How one reacts to pain is highly individual and depends upon the person's constitution, beliefs, and perceived implication of the meaning of pain and discomfort.

For example, a minor foot pain may be limited to a momentary physical sensation which gives a transient shock to the system. But if the pain becomes chronic

and interferes with activities such as walking or jogging and is perceived as becoming permanent, then it may affect the person's emotions and self-esteem, leading to frustration and depression.

The person will experience the pain as a *limitation*—a reduction of the ability to perform in some aspects of his or her life. Many other images and associations may be triggered, such as, "I'll never be able to run again"; "I am getting old"; "I'll be like my crippled arthritic father"; "No woman will want me"; or "The pain will recur and I will never get rid of it." Chronic pain often reshapes the self-image so that one perceives oneself as deficient and defective; moreover, many patients feel guilty because they perceive themselves as a burden to others.

The pain experience is highly complex. If the pain is severe, such as the excruciating pain of a dying cancer patient, not only is actual physical pain involved but also emotional grief and loss, i.e., "not being able to see one's children grow up." This emotional component often begins by the *loss of or rejection by* a loved one. The rejection tends to lower self-esteem, since the person interprets it as indicating that he or she is not worth while. This type of pain may persist because the person tends to interpret the experience not just for the moment but to generalize it into the past and future. One may judge oneself harshly for past behavior, thinking something like, "I did something wrong during child rearing and my child will never forgive me." The person anticipates no future change in the relationship. At that moment he or she has forgotten that all feelings are temporary and constantly in flux. This negative perspective of a crisis limits growth and possibilities. Instead of seeing the crisis as the Chinese character in which crisis simultaneously means opportunity, the person only perceives loss.

THE EFFECT OF DECREASED ENERGY IN THE FIELD

COMMON TO ALL PAIN (whether acute or chronic) is a decreased energy level. The reduction of energy in the struggle with pain may affect one's emotional sensitivity as well as sleep patterns. The pain often leaves one emotionally raw and more sensitive to any input such as loud noises or bright lights. At times patients may literally be terrified that if they give in they will totally collapse.

The energy field has less ability to reject other people's feelings. Thus, a minor emotional upset may rapidly become exaggerated. Often irritability, and sometimes social withdrawal are common. PAIN ALMOST AUTOMATICALLY LIMITS THE ABILITY TO PAY ATTENTION TO OTHERS, and to go out to them in one's energy fields. Metaphorically, one's fields tend to turn back in on oneself. At such times the withdrawal is not a regenerative period. Instead, it becomes a kind of self-absorption which also affects sleep simultaneously. Other factors which interfere with restful sleep are:

1. Excessively low energy or exhaustion caused by struggling with the pain.
2. Being turned inward so that the mind is no longer easily distracted by external demands, allowing preconscious guilts and worries to come to awareness ("Why me?" "When will it ever end?").
3. The anticipation that tomorrow will be no better.
4. The worry that tomorrow will be worse because of lack of sleep.

In the loneliness and darkness of early morning, the pain patient often experiences an increased sensitivity to pain and depression. These experiences are often aggravated by:

1. The anticipation that once again one has to face a hopeless day and continued pain.
2. The automatic experience of muscle

stiffness associated with non-movement during sleep.

3. The difficulty in focusing on anything positive.

THE FIELD EFFECT: FAMILY INTERACTIONS

WHEN ANYONE IN THE FAMILY has pain, it may affect the whole family. A person in pain has a decreased ability to participate in the actual mechanics of living. For example, the person with chronic back pain may not be able to lift heavy objects and walk comfortably. Consequently, other family members tend to take over the tasks previously performed by the patient. This adaptation is a double-edged sword. On one hand, the patient has an opportunity to rest and recover, but on the other, he or she may experience unconscious benefits from the illness. In the process of helping, other family members may learn new skills and responsibilities which they may not want to relinquish when the patient becomes better. In some instances, helping the patient offers a new role of loving care. Yet if the family members must take over too many tasks, and/or if the tasks interfere in their own lives, they tend to become resentful.

The family members may not allow themselves to acknowledge that they are angry at the patient. How can one be angry at a sick person? This non-acknowledgement of feeling may establish a cycle of anger, guilt, and resentment. Consequently, the emotional field of the family member giving care is agitated and may increase the agitation in the patient's emotional field, thereby increasing the pain.

On the other hand, when patients in pain heroically continue with their life as if nothing limits them, the *effort of will* may exhaust them and also reduce their emotional participation in the family. As the patient's energy field exchanges less with the environment, the pain, as well as the anticipation of pain, increases the

exhaustion and anxiety. Thus, the patient in extreme pain tends to become more self-centered and demanding. This process tends to feed on itself and to make situations grow progressively worse instead of tending toward health.

Patients in extreme pain, even though they would like social contact, do not have the strength or energy to respond to others. Family members need to remember that the non-response is not an emotional rejection—the *pain patients are simply exhausted*. Any stimulation may cause pain to increase. This concept is critical while visiting or working with severely sick people.

In overview, from an energetic perspective the pain experience changes energetic processes. The physical and psychic trauma affect not only the etheric and emotional field, but changes the self-image and the energetic relationship between family members and friends. Given this energetic background, the next section focuses upon techniques to reduce pain. This process is complex. For example, in helping pain patients, it is paradoxical that the more strongly one wants patients to do something for their own good, the less likely one is to be successful. It is like a "law of reverse efforts." Important questions arise: "How can we learn detachment from our spouses and our children?" "How can we not feel responsible for the pain of others?" "How can the patient and the caring family members help reduce the pain?"

STRATEGIES FOR PAIN REDUCTION

THE FIELD PERSPECTIVE OF PAIN suggests healing strategies which the patient, health care practitioner, or provider and family members may use to ameliorate the pain experience. Underlying the specific techniques are some critical concepts. Without incorporating these concepts into an all-encompassing matrix, many of the techniques are less useful.

KEY CONCEPTS FOR HEALTH PRACTITIONERS OR FAMILY MEMBERS

TWO IMPORTANT IMPLICATIONS of the field perspective are that we are all interconnected and that within each person there is a healing potential. The energetic field perspective of interconnect-edness is critical because it emphasizes that our emotional and mental fields affect others; the field of the "helper" or "healer" affects the field of the patient. Consequently, when working with pain patients, who are often hypersensitive, family members and health professionals must be quiet and centered within. By developing internal peace and quiet, they can interrupt the circular escalation in which pain triggers anxiety, anxiety triggers anxiety in others, and anxiety increases exhaustion and pain.

Quieting and centering can be learned. The following practices are only a sample of the many possible techniques:

1. Take a deep breath and very gently exhale. Let the air gently flow out while you let your body relax. Now just continue to breathe and on the inhalation say "I AM" and on the exhalation say "RELAXING." Every time your attention drifts, bring it back to the phrase "I am relaxing."
2. For a moment, imagine yourself in a very peaceful place in nature. This is your own personal relaxation place. You could be sitting beneath a tree and listening to the rustling of leaves, sitting at the beach and listening to the rhythmic surf, or sitting next to a waterfall. Just be there for a moment and be part of nature.
3. Think of someone you love or someone who loves you. Just think of this person (it could even be a pet) for a few moments.

Keep in mind that patients are very sensitive. Always approach them while being centered and try to reach out to them on a spiritual level. Even though it

may be unrealized, this inner spiritual potential needs to be mobilized and nurtured so that healing can occur. This implies that, regardless of the pathology, the caring person should focus on the patient's basic spiritual potential and think of him or her as whole.

Reaching outward and nurturing the patient's potential underlies all the techniques to reduce pain suggested in this paper. Whatever the illness may be, the caring professional or family member knows that within that person is a self-healing potential. This approach also implies a gentleness, compassion, and absence of being judgmental. It is in this very gentleness that the healing potential is nurtured, as if the caring is a restful anesthetic under which healing can be mobilized. The moment we force instead of being gentle, the healing potential "tends to withdraw," and we can induce pain instead of alleviating it.

A compassionate approach is the underlying background theme from which the patient, family members and health care providers can apply the different techniques to reduce pain. Before discussing specific strategies, there are further general concepts by which the patient can facilitate health and reduce pain.

CONCEPTS FOR THE PATIENT

1. Control of Thoughts

Patients should learn to control and to direct the focus of their thoughts. This is a powerful self-healing and pain-reducing strategy, since thoughts have corresponding body responses. The mind and emotions can overcome great handicaps. Thoughts that focus upon the pathology or pain often increase the discomfort, while thoughts that focus on something other than the pain tend to reduce the discomfort. If one focuses attention on other activities, the mental field does not reactivate the pain cycle.

Patients may direct their thoughts by using will, curiosity, or desire to gain competence and learn new skills. This refocusing allows the pain-anxiety-exhaustion cycle to attenuate. Laughter energizes the field and even speeds it up, so that emotional attachments are more rapidly ejected out of the field. Obviously, laughing changes the mental focus away from the pain. Norman Cousins (1979) said: "Ten minutes of laughter allowed half an hour of painless sleep."

Almost any experience can be reframed as a learning experience.

However, the more pain there is, the more difficult it is to shift the focus of attention away from it. Family members, health care providers, or even audio tape cassettes can be helpful in engaging the patient's attention. The patient should never be told, "You should think of something besides yourself," which may sound like a put-down. One may inadvertently bring on feelings of guilt because it is hard to think of anything outside oneself when in severe pain.

2. Nurture and Care for Others

A person in pain can often do something, however small, to help nurture or care for someone else. In the process of focusing one's attention through altruistic activities, a person's field is both soothed and energized.

3. Accept "What is" Without Resignation

The patient needs to develop an acceptance of the limitations imposed by the illness for the time being without becoming despondent. Self-acceptance without judgment facilitates healing. In many cases

non-acceptance induces physical bracing and aggravates the pain cycle. Acceptance implies letting go of questions such as "Why?" or "How come me?" Instead, it allows one to focus on the problem at hand: "What is the problem and what skills, tools, or consultants do I need to have or to learn in order to solve the problem?"

Acceptance also allows the patient to know that whatever is, is for *this moment only*. This concept interrupts the pain cycle because the person stops anticipating that the future will always be like the present.

4. Increase Self-control

The experience of control over oneself and the environment reduces despondent resignation, helplessness, and hopelessness for the patient. Taking control activates *will* and allows the experience and enhancement of personal power. Whenever patients participate in making decisions and controlling their environment, symptoms tend to be reduced. When caregivers and family members allow patients to have control they non-verbally communicate respect. Patients with pain may experience some gain of control by directing the nurse or doctor to wait a moment while they relax before an injection or by actively deciding which treatment procedure to use, i.e., chemotherapy, surgery, or both. Sometimes, the patient must choose between being mentally alert with extreme pain or mentally dulled by analgesic medication. Generally, when a patient chooses the treatment, however painful, resentment and blaming are not activated.

5. Allow Mental Images to Change

Often our mental images and beliefs limit our potential. Negative or hopeless self images tend to inhibit healing. Therefore, the patients should explore the implications of their images and attitudes, especially regarding what

they expect of the illness and pain. It is very important to be aware of the mental image. Yet this is a difficult process. One method is for the patients to ask themselves what is the worst thing that could happen or what is the most terrifying. They could draw a picture of their present illness as well as the recuperation process as a strategy to help visualize their mental image. This should be done in their own way, graphically or symbolically, perhaps using music, ceramics, or photographs, since it is important for them to develop their own individual symbolism (for further details see Simonton, Matthews-Simonton, Creighton, 1978; Achterberg, 1985).

Whenever the image implies a status quo or the absence of growth, the person should question this and consider possible changes. For example, "How certain is it that I will remain as I am? Is it only my fear?" Even in the extreme case of malignant pain, growth is possible: dying may offer an opportunity to forgive others, to allow by-gones to be by-gones, to transcend this life and die in peace and dignity.

6. Break the Reward/Pain Cycle

When illness is chronic, patients may unknowingly reward themselves when they are in pain, or they may allow others to reward them. For example, one may take or be given pain medication or receive a massage or special attention when the pain is too excruciating. In many different ways pain behavior may be reinforced, inducing the patient to continue in habitual patterns. Therefore, patients should observe both their thought-processes and what other people do. This observation allows patients to assess whether the illness patterns are being reinforced. In the extreme, this may mean that even medication should be taken by a clock schedule

and not upon the occurrence of pain. Obviously, this does not apply to dying patients.

7. Attitudes to Facilitate Healing

There are a number of attitudes which the patient may develop to facilitate healing. First is a positive frame of mind. Almost any experience can be reframed as a learning experience. Being positive also implies a nonjudgmental attitude, which means letting go of self-righteousness, resentment, and anger, as well as accepting the human condition of pain or disease. Whenever the pain occurs, the person does not say to himself, "It may never go away," but rather say: "At this moment I am in pain."

In addition, whenever patients become aware of unpleasant emotions or tension, they should just say, "At this moment I am feeling. . . ." Present-tense acknowledgement is a major step in interrupting the automatic habit patterns.

By focusing on the *now*, the patient may also become aware of positive changes. Often patients do not dare to acknowledge a decrease of pain in the present because they are afraid that it will reoccur. For example, one woman with a locked ankle did not even notice that her ankle had unlocked and that she could move it. By failure to acknowledge improvements she limited her potential for change.

STRATEGIES TO USE WHEN VISITING A PATIENT

OFTEN WHEN WE VISIT an extremely sick or chronic pain patient, we are unaware of the patient's lack of energy. Ironically, we often barge in with good intentions and ask the worst possible question: "How are you?" A patient who is very sick may not want to talk about the illness. Moreover, the question focuses on the discomfort.

Instead, one should just quietly say "hello," or gently share that it is a pleasure to see the patient. The key is just to

be with him and contact his spiritual self and sense of wholeness. Just sit next to him or even lightly hold his hand. In addition, it is critical to be able to be centered and still within. As one sits next to the patient, one must be able to relax.

One first has to observe the habitual negative thought patterns as they arise; only then is it possible to change those patterns.

If you are anxious or find it difficult to sit down and just be, it may be better not to visit an extremely sick patient. While sitting there, continuously project energy to the person. If he or she is dying, just send soothing energy. After a while, ask if there is anything you can do for him. Ask this in a light-hearted tone without any demands. One should be willing to do anything from cleaning the dishes to getting groceries.

HEALING ATTITUDES FOR THE HEALTH CARE PROVIDER

THERE ARE A NUMBER of attitudes for caregivers that can facilitate the healing process. Many of these are based upon the concept that emotions are contagious and that such feelings as anxiety in the health care provider energetically trigger tension in the patient.

As stated before, underlying the healing attitude is a nonjudgmental attitude, centeredness, a caring for the person's wholeness and a gentle projection of soothing, healing energy to the whole of the person with a continuous intent to do one's best. Often these attitudes may be lacking in health care providers who just think of the limited pathology without regard for the whole person. In

addition, whenever the therapist has a fixed idea about the outcome of the treatment and thus has personal involvement, the patient is pressured to perform accordingly and self-healing is hindered. Obviously, being nonjudgmental is necessary. Whenever patients feel that they are judged for the past, present, or future, they tend to resist and close down.

Practitioners can also apply "therapeutic touch" with the patient. With this learned skill the care giver continuously thinks of the wholeness of the patient and aims at reinforcing the self-healing potential within the person. A major component of therapeutic touch healing is the projection of support while simultaneously sending healing energy to a specific part of the body or to the person in general. In this process one is allowing the higher, healing energy fields to activate and trickle down to allow the healing to occur.

SPECIFIC STRATEGIES TO AMELIORATE PAIN

THE EFFICACY OF pain reduction strategies depends on the intensity of the pain as well as the degree of emotional involvement. Obviously, the proposed strategies are simplifications of a complex approach. Regardless of the strategies used, they are to be applied in the context of the previously described background concepts. In this next section various specific approaches are offered which may help the patient, the family and the health provider to ameliorate different types of pain.

Pain from Emotional Loss

Psychic anguish often makes one feel alone and cut off from the world. Those who have lost a loved one may be able to reduce their own pain by the following methods:

1. Recognizing that it is natural to miss the loved one and that if alive, he or she would want one to be happy. Therefore, one should try to let go of

mourning. From a theosophical perspective, active mourning may hinder a deceased person in the transcending process undergone after death.

2. Send loving thoughts to the deceased and wish him or her well. This should be done for five minutes every day for several days. In imagination send the person healing energy so that he or she may continue to develop in the new life, the new "adventure."
3. Go outward and become involved in altruistic tasks which one can do to enhance the well-being of others. It is in the process of caring for others that one becomes healed oneself.

Family members who are not as directly involved in the loss as the "patient" may be able to reduce patient's pain by:

1. Allowing him or her to share feelings about the loss so that he or she feels less cut off.
2. Involving the person in altruistic activities.
3. Giving therapeutic touch. In this case surround the person with healing energy and soothe the heart and upper chest area. If possible, allow patients to share their sorrow during treatment. All the while let the healing energy flood them.

Malignant Pain and the Dying Patient

For family members as well as health-care providers, there are a number of strategies which may facilitate the reduction of pain and allow patients to die in dignity. In the earlier stages, patients can also actively participate in the healing process, even if they are "conscious" only part of the time. Patients may be able to reduce their own pain by:

1. Focusing externally. This often means making peace, actively saying goodbye, and forgiving others.
2. Upon exhalation, imagining that the pain flows out of the feet. For example, take a gentle breath and when exhaling imagine that the flow of air washes the pain away. Or imagine floating in

the ocean, feeling the cool blue water all around. Feel the rhythmic waves washing through you and observe how the waves and tide move outward.

3. Imagining being surrounded by white light. At the same time, know that you are not the pain and that you are separate from your body—that you are more than just the body.

Family members may be able to reduce the patient's pain by:

1. Giving permission for the patient to go easily and die in peace. Sadly, many family members project the opposite thought: "Please stay here and do not leave me!" This pulls the patient back into the body and may extend the agony. When with the dying patient, one should feel and know inside that it is all right for the person to go. This mental and emotional projection communicates permission to the patient to die.
2. Learning and practicing therapeutic touch. Family members can use this technique to soothe the patient's field gently (Krieger, 1979). In this case, imagine that the healing energy flows through the pain center in the patient's head and out the feet. The aim is to quiet the person, soothe the field and reduce the pain.

Acute Pain

Sudden injury or trauma often sends a person into a state of shock. The pain affects all the fields and at times the person may doubt if it will ever end. However, there are a number of strategies patients and family members can use from an energetic perspective. Patients may be able to reduce their own pain by:

1. Relaxing and focusing their attention away from the pain. They should focus attention outward, allowing the neck and shoulders to relax. Often listening to something humorous or using guided imagery is very helpful.

2. Reminding themselves that the pain is for this moment only and that the sensations will wax and wane.

3. Imagining floating in the ocean surrounded by cool, soothing water, feeling the waves washing through and receding to the distant horizon of the ocean.

4. Imagining a light above them and letting this light shine right through them.

5. Imagining that they are mobilizing their own healing potential. For example, while lying or sitting, they should first relax, and then gently turn attention to the area of pain and then imagine it healing. They could invent a visualization by which the body is healing itself, such as good cells destroying bad cells. (For more detail see Simonton, Matthews-Simonton, and Creighton, 1975.)

Family members may be able to reduce patients' pain by:

1. Practicing therapeutic touch. Imagine a blue healing energy going through the patient. Be sure the energy goes out the person's feet. Always think of the flow of energy as being balanced throughout the body. Pain can sometimes be reduced by directing energy to the pain center in the brain. One can project a cone of blue through the top of the head into the hypothalamus. This is to quiet and slow down the pain center. But one must be gentle.

2. Distracting the person's attention from the pain and listening gently to their fears.

3. Working with the person to change their self-image. Have them describe their perceived limitations and develop more open-ended options.

Besides the strategies described for malignant, emotional, and acute pain, the following general strategies may allow patients to reduce their own pain by:

1. Relaxing and allowing themselves to regenerate. It is important deliberately to relax from time to time so that the exhaustion does not build up. The relaxation techniques can vary from taking a few deep breaths to alternately tightening and letting go of the neck and shoulder muscles. For example:

Raise your shoulders to your ears without tightening your neck. Continue to breathe and feel the extra tension in the shoulders, gently hold the tension for a moment . . . Now relax and exhale while allowing the shoulders to drop.

2. Meditating for short periods (about two minutes) a few times during the day. The aim is to feel oneself as a whole person and to think of being connected to a spiritual field.
3. Thinking of themselves as separate from the pain. The fact that one can observe the pain means that the person is not the same as the pain. Patients can imagine that they are outside the body and should see the painful body part from that vantage point or see the medical procedures being done. Remember that you are not just your body!
4. Reminding themselves that every day is a new day. Especially in the morning upon waking patients should remind themselves to relax as they lie in bed. Then they should take a deep breath and as they stand up know that *today is a new day*. Another way to phrase this is that "health and illness wax and wane, and even the intensity of pain varies."
5. Changing self-image and visualizing new possibilities. Each time they think about and visualize the past negative image, they should change it to a positive one, or at least challenge that negative image. Is it an "absolute reality"? One first has to observe the habitual negative thought patterns as

they arise; only then is it possible to change those patterns. For example, each time one blames someone or explodes in anger and resentment, he or she could ask: "What am I doing to contribute to this situation and how can I change myself?" This process may seem boring and one may resist it, since it is more comfortable to continue in habitual negative behavior.

Patients can also change their self-image by reframing the pain experience. For some it may help to remind themselves each time they feel the pain that God put them in this world to help others; to be a productive role model; that they are working out their karma instead of being punished; or that even this pain can be a learning experience. Change in framing the experience has transformed the lives of many people. Even during horrendous times such as detention in concentration camps, people have discovered ways to grow and unlock compassion, which changed their experience into a productive one.

6. Organizing or joining patient support groups. This allows one to go outward and engage in mutual support.

Family members may be able to reduce patients' pain by:

1. Doing therapeutic touch, thereby energizing and balancing the field of the patient. At times actual touch is one of the best distraction techniques, as well as being comforting and healing. Before touching patients, always check with them to find out what feels comfortable, and then touch the body gently.
2. Observing the person's illness pattern. The patient's irritability is not a personal attack but it is part of the pain-anxiety cycle. One can handle the patient better by knowing when to expect difficult times.

The pain that one experiences comes from the total composite of all aspects of

that unique person. These may include the actual sensory pain signal, emotional reactions, expectancies, memories, beliefs, attitudes and outside social influences. The energetic perspective can

contribute to some helpful strategies to reduce suffering at different levels so that patients need not be overwhelmed by the experience of pain. □

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