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The Meaning of Pain

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My alarm clock doesn't have a particularly pleasant sound, but it does its job; and if it stopped working, I would buy another. The sound of my neighbour's music — *thump thump thump* coming through the floor — is much less obtrusive but still manages to upset me far out of proportion to its volume. Why is this? It seems to depend largely on the interpretation I give to my neighbour's intentions; if I imagine his intentional disrespect, that's the worst. Similarly, I was petrified when someone began pounding on my door in the middle of the night, until I realised that my visitor was more a confused inebriate than a threatening brute. None of these sounds exists for me as merely a fact, a thing; each enters my world clothed in some meaning — and I make the meaning.

Of course I form my interpretations in some sort of collaboration with the world outside myself. These collaborations may be little detective stories, with me as the sleuth. I look for clues, I formulate and reject various possibilities, and eventually I accept some explanation that seems to fit the evidence. This was a particularly conscious process for me in the Case of the Midnight Door-Pounder: Maybe it's the police? No, they'd be shouting 'It's the police, open up!' Maybe it's one of my neighbours, in trouble; no, they'd be shouting too. Maybe it's ... etc. As each possibility occurred to me, the meaning of the pounding changed, and, accordingly, my feelings about the sound.

Pain works the same way. Pain may exist as a naked fact, but it enters our personal world clothed in interpretation and meaning. In turn, the meaning determines our feeling about the pain. Who has not felt the distress of some mysterious ailment, and felt that distress melt away when we found a satisfactory explanation? When we don't understand what's happening, and don't know how to put meaning to it, we still try; we have to. It is exactly this search for meaning that drives the desire for a 'diagnosis'. I had heard that there were people who cared more about their diagnosis than about their ability to function, but that didn't prepare me for client after client wanting to *know* what was wrong with them. Not until I had gone through this process again myself several times did I realise how important this knowledge could feel, what kind of role it played in the cycle of thought: a diagnosis gives our pain meaning, situates it in a context of cause and effect, and most importantly, in a context of *action*. When I know what my pain means, I know what I have to do — I know how to act responsibly.

Now this is a curious line of thought: 'diagnosis', often a naughty word in holistic thinking, has led us somehow to the virtuous word 'responsibility'. I think we often use the word 'diagnosis' to refer to a tightly-focused, somewhat mechanistic and ultimately impoverished way of developing the meaning of pain. It all too often implies a medical model in which our responsibility is forfeited to experts. How can we do better? How can we discover the

meaning of our pain in a richer, fuller way, that makes our own responsibility clear and opens the door to action?

Through thinking about my own difficulties, as well as through working with clients, I have arrived at a few clues or hints about how this might proceed. While they may be obvious to many of my colleagues, I hope that by writing them down I can clarify my own thinking and possibly spark something in others.

But these hints depend on a point of faith. If I believe that pain is only a matter for doctors or pills, then it doesn't make sense to consider other factors, such as what I do with myself, how I move. In the Feldenkrais community we often take for granted the initial step of believing that our own actions may be relevant — but it is still the vital step; all the rest is built on it. Now the hints:

The alarm isn't the fire. In the middle of the night, a man staying in a hotel woke to find the fire alarm in his room screeching. He jumped up and looked around frantically until he found a fire extinguisher. Seizing it, he took careful aim — at the alarm itself! The screeching stopped, he went back to bed and was a cinder by the morning. If this were just a parable about the dangers of treating the symptom and not the underlying problem, it would hardly need saying. But we often assume that the pain and the problem are in the same place, that the pain locates the problem. If I stick a pin in my arm, the pain and the problem are in the same place, but in many other situations the alarm is in a different place than the problem.

Success doesn't complain. Suppose that you share a house with several other people, but you are the only one who ever cleans. So you complain — but who has the problem? Your housemates, succeeding in their sloth, have no reason to complain. But it doesn't necessarily follow that the others 'have the problem'; wouldn't it be more accurate to say that the problem is one of imbalance, and that all have a share in it? The back has twenty-four vertebrae; to move them all with equal effort would be an unusual accomplishment. Most people, through strain and injury, get into the habit of 'freezing' clumps of vertebrae together, and moving the rest. The remaining moving bits, especially just next to the non-moving bits, often do more than their share of work and so complain. Again, what's wanted is a means of sharing the work evenly. This leads to the next clue.

Some problems aren't in one place. Our physical balance in standing is a very concrete example of this; balance is a whole-body phenomenon, and we can't mentally cut pieces off the body and still have good balance. Sometimes I ask students to stand on one leg, then slowly reach one arm out sideways *without changing anything else*. Then I watch them all unconsciously shift their weight in order to maintain their balance as the arm moves out. If I ask, they say that, yes, they followed my instructions completely. Even after I point out the shift of weight, some people can't feel it, and need other steps to learn how. Our bodies know that balance is not located in one place, even when our simple minds pretend otherwise.

Good alarms go off early. My cat hates to travel, so as soon as she hears the jingle of the cat-basket buckles, she disappears. She doesn't wait until I am about to put her in it — that would be too late. But when we think of physical pain, we usually assume that it means damage is already happening. We don't credit the body with as much power of prediction as a cat. If I sprain my ankle, actually tearing tissue, the pain is memorable.

Even after the organic injury has healed, might I not associate that pain with the kind of movement that resulted in the sprain? I have nothing beyond surmise and circumstantial evidence for this, but it seems likely that the body recreates the sense of pain as an early warning, to the best of its ability; linking that pain with the sort of movement that once led to damage. This would explain why some kinds of pain can disappear in an instant, or why the pain associated with a particular position may in fact depend on the movement path by which we approach that position. I suspect that a lot of the pain associated with situations like RSI may be of this sort. This also seems to be an excellent candidate for further research.

Unheeded alarms can get louder. My partner's alarm clock is one of those that makes a soft, delicate beeping at first, then gets progressively louder until it screams like a harpy. Many of my clients tell me stories of chronic or tension-related difficulties that seem to follow this same pattern. The alarm demands action, and if we ignore that demand, it may get more intense and even more easily set off. It *must* do this, if the function of the alarm is to lead to action.

In my own life, I hope to avoid pain or to get rid of it with a measure of finality; I'm sure that my clients feel similarly. Often that doesn't turn out to be possible. But what I can hope for is that I can decipher the meaning of the pain in a way that leads to a fuller context of relationship, to a larger picture of what factors combine to form the pattern that is my 'problem'. My understanding of this pattern shapes how I feel about the pain, and is the basis for my action. With luck, my pain may then be like an alarm clock: When the alarm goes off I know what to do, and the alarm stops; and though I may be irritated by the necessity, I'm still glad to be awake.