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The Meaning of Pain

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What does pain *mean*? We think of it as an alarm of some sort, but does that help us understand its meaning? Let's take one of the simplest alarms — an alarm clock. Mine doesn't have a particularly pleasant sound, but it does its job; and if it stopped working I would buy another. My relationship to the alarm clock is functional; the alarm goes off, alerting me to the fact that I need to do something. I know what action is required — I have to get up. And having got up, I know how to shut off the alarm. You could say that the *meaning* of the alarm is summed up by the action I have to take, and that seems pretty straightforward. But many of the alarms that populate our lives are not nearly so straightforward. We often don't know what they mean, what action to take. Worst of all, we often don't know how to turn the alarm off.

Another example: the sound of my neighbour's music — *thump thump thump* coming through the floor — may not be very obtrusive, but manages to upset me far out of proportion to its volume. Why is this? Maybe it has something to do with the interpretation I give to my neighbour's intentions. If it's a simple accident, I only have to go downstairs and ask him to turn it down. But if I think it expresses his intentional disrespect, that's a different kettle of fish. In another situation recently, I woke up in the middle of the night to the sound of someone pounding on my door. I was petrified — until I realised that my visitor was a confused inebriate rather than a threatening brute. In both of these examples, the sounds don't exist for me as merely a naked fact; each enters my world clothed in some meaning — and I make the meaning.

Of course I form my interpretations in collaboration with the world outside myself. Each time, however quick and unconscious, it's a little detective story with me as the sleuth. I look for clues, formulate and reject various possibilities, and eventually accept an explanation that seems to fit the evidence. I was particularly conscious of this process 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 something as well, and this is just really loud knocking. Maybe it's ... etc. As each possibility occurred to me, the *meaning* of the pounding changed, and, accordingly, my feelings about the sound changed as well. Isn't it always like that? Observation leads to interpretation leads to feeling, each step following on automatically. I can sometimes bring the steps into my consciousness, but that's usually later, when there's time for a moment of reflection on what happened. Or what's still happening.

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 symptom, but then felt that distress melt away as soon as 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 inextricably human search for meaning that drives our 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 the number of people coming to see me, wanting more than anything else to *know* what was wrong with them. Not until I had felt this myself several times did I realise how important such 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 physical challenges, as well as through working with clients, I have arrived at a few clues or hints about how this might proceed. While some may be obvious, the picture they reveal as a whole may have some useful and unexpected consequences. But these hints depend on a point of faith. If I believe that pain is only a matter for doctors or pills, then I may disregard 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 can be relevant — but it is still the vital step, and all the rest is built on it. Now the hints:

The alarm isn't the fire. In the middle of the night, a man woke in his hotel room to the screeching of the fire alarm. He jumped up and looked frantically around 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 morning. If this were just a parable about the dangers of treating the symptom rather than 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 indeed in the same place, but in many other situations the alarm is in a different place than the problem. This sounds easy, but it requires diligence. Nerve pain that originates (in some sense) at the point that the nerve exits from the spinal canal can feel as though it actually takes place in the lower leg. A friend who has lived with exactly this situation for years still looks at his leg, expecting to see flames or needles or something dramatic *right there*, though he knows there won't be anything to see. But when the alarm doesn't tell us where the problem is, how do we find it?

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, successful in their sloth, have no reason to complain. But it doesn't necessarily follow that they either '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? For example, some-

one came to see me about a difficulty. When she tilted her head to the right, it hurt on the right side of her neck. As I looked and felt, it seemed to me that she was pretty invested in tilting her head the other way. So invested that she couldn't stop doing it — she didn't stop contracting the muscles that would tilt her head to the left, whatever else she wanted to do. And when she did try to tilt her head to the right, the muscles on the right side weren't succeeding, and consequently they complained. The muscles on the left were succeeding in keeping her head more to the left, and had no reason to complain. What was missing was a balanced way of sharing the work.

Another example: the back has twenty-four vertebrae; to move them all with perfectly 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 moving bits, especially those just next to 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 to the side. If I ask, they say they followed my instructions completely. Even after I point out the shift of weight, many people can't feel it, and need more guidance before they can feel what they've already been doing all the time. Our bodies know that balance is not located in one place, even when our simple (conscious) minds pretend otherwise.

Balance is the quintessential holistic movement quality. It's obviously absurd to talk about the balance of parts; the whole of myself is in balance, or I am falling. And this isn't isolated to moments when I am thinking about balancing; just about everything I do in life is accompanied by the need to stay upright, without falling. All my standing, sitting, walking, running, reaching, and even singing and laughing, are done while staying upright — while balancing. The way in which this balance is achieved, moment by moment, can be a significant ingredient or even primary ingredient in any problematic situation. So where is the problem? Just like the balance of work in a shared household, the 'problem' might not be located in one place, but might be a pattern of distribution of work over the whole self.

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. She's learned to anticipate the dreaded basket, through noticing something that happens beforehand. But when we think of physical pain, we usually assume that it means damage is happening *at that moment*. We don't credit ourselves with as much power of prediction as a cat. But what might we notice beforehand that could give us advance warning? It's got to be something about the movement. If I sprain my ankle, actually tearing tissue, the pain is memorable. Is it not plausible that my brain can remember that pain and associate it with the specific movement at the moment of the sprain, even long after the organic injury has healed? Is it not plausible that the brain can even recreate the sense of pain as an early warning, producing it in response to the once-damaging movement? This could explain why some kinds of pain can reappear (or disappear) in an instant. Many times I have heard someone say "I rested my ankle/wrist/shoulder for a month, but as soon as I started to use it again, the pain came back!" When we've had

enough resting time for organic healing to be complete, but the pain response is immediate, without enough movement to actually produce new damage, we have to suspect another mechanism.

There is one big problem with this idea, though: it sounds as though I am saying that such pain is all in the mind. And I am *almost* saying that. A more sophisticated version would be that the boundary, between pain resulting from actual damage occurring at the moment and pain that is mentally constructed as an alarm, is a fluid boundary. Clarifying the boundary requires discrimination and judgment. The advantage offered by this recognition is that we can be a bit braver about exploring. When we judge that a specific instance of pain may lean toward a mentally-constructed alarm, we can be less afraid of experimentation leading to new damage. But of course, judgment is required, and the next hint looks at the other side of the balance.

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 may even become easier to set off in the future. It must be like this, if the function of the alarm is to lead to action. We may see it easily in emotional situations: my friend does me wrong, then we make up. But if the same situation starts to happen again, my suspicions are instantly aroused with full strength. The organism forgives but doesn't forget; if bad habits of movement hurt me once, then any threat of the same habits can set off the alarm full blast.

Pain can depend on my idea of what is possible. This is the most conjectural of my hints, supported only by my own experience and a few anecdotes from others. It seems that I can proceed for a long time, even years, with a certain habit of movement — not a terrible habit but not perfect — without any difficulty. But as soon as I learn a better way of moving, there's no going back: the old way now hurts. This would be an alarm that is relative to my knowledge and ability. After all, what's the point of an alarm if I don't know of anything better? As I say, I don't have any proof of this at all, though the idea seems interesting and accords with my own experience.

I hope that these hints, taken together, may be of use in understanding what pain may be trying to tell us — what action is being asked of us. In my own life, I hope to avoid pain or to get rid of it completely; 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 really function as simply as an alarm clock: When the alarm goes off I know what to do and then the alarm stops; and though I may be irritated by the necessity, I'm still glad to be awake.