

Despite all the technology and wizardry of modern medicine pain continues to haunt us. In this dark space we need to investigate the possibility that white-coated medicine has somehow failed us, given us false promises for a curing and we have succumbed to its lure.

We need firstly to strip away illusions that IT will eventually provide for us what we need. That somehow once we have solved this or that problem we will all get this miracle drug that will solve the problem and we will be able to walk away and lead "normal" lives once more.

Once we accept these facts about ourselves, our bodies, our lives our powerlessness over our bodies, we can then move on to examine the pain, the body in pain and the body of pain. We do not live in a vacuum. We live in a cultural ethnic and religious matrix. All around us society, family, friends, church and media impose subtle messages about our bodies and our lives, our health and our pathology. Bringing attention to these forces will go a long way to making us aware of just how much influence is being exerted on us to control our behavior and thinking. Most of this has economic motives from the promise of pain killers to remove pain, to the more subtle messages about our bodies in advertisements and the media.

In our religious world too there are messages about our bodies given over to us from a very early age, based on biblical and later stories and legends about sin and evil, the body and sexuality. I am not concerned about truth statement of such statements more the realization of just how powerful these stories hold us in their grip, just to what extent we buy into them without a deeper reading as we grow older.

The notion of sin and damnation, the idea of the inability to escape fate holds us yet these texts of the expulsion from Eden for example have in fact been re-interpreted by the Church Fathers as well as the Rabbis in non-literal ways too. The notion of an idyllic Eden is one of youth, once lost, cannot be reclaimed, and other interpretations of the Eden myth which do not all hang on sin and punishment, rather growth and understanding, integration of the self and the shadow.

Thus our lives, our pain and our suffering can also be interpreted along classical literal lines but also in nonliteral ways. I am promoting this non-literal non-judgmental approach to our own narratives and lives. In visioning my body I speak of the body as in the 'subtle body' the way the Hindus do. I speak of the imagined body the mediating matrix in which I interpret my sensations. When I am in pain my body is sending me electrical sensations from the brain, however the anguish and suffering I feel associated with the physical sensation of pain is far more complex. The emotional experience of pain is conditioned by all sorts of influences such as cultural conditioning (thus soldiers in the WWI battlefield experienced the pain of amputation only after carrying their comrades-in-arms to safety), ethnic conditioning (thus worshippers in some Muslim practices actually draw blood from their scalps by cutting themselves with knives in an ecstatic ritual), and the personal biographical history of specific patients (those "used to chronic pain react differently to acute illnesses than those new to the experience").

Throughout modernity our visioning of the body is conditioned by cultural views of the body and of illness. Thus certain diseases like consumption were considered of high esthetic value since many composers and poets slowly faded away from this illness as opposed to such "low class" diseases such as venereal disease. In both types of disease pain and death were concomitant yet the cultural investment in each added more or less pain to the experience if we were to go by personal diaries.

Our post-modern world also place hierarchical scales of value on different diseases. AIDS, breast cancer and Alzheimer's all take pride of investment in terms of dollars and publicity in the media. Other diseases fall lower down on the scale with no less a measure of pain associated with them. Fibromyalgia, chronic fatigue syndrome, fibrositis, all are viewed negatively by the medical profession as well as disability judges and others who rate illness. In fact the American Academy of Rheumatology did not even recognize fibromyalgia as an independent illness until 1986 and then only after a grass roots movement of patients had taken their case to a congressional hearing. I am suggesting that cultural values play an important role in the treatment that doctors mete out to their patients and the way patients view their own illnesses.

The way culture views the body and the way we in turn as patients inherit these values has little to do with objective reality. Pain is pain, the same pain in one illness should not be viewed differently to the same pain in another illness. This may all hark back to the notion of illness as sin and punishment. The body as the vehicle for the illness then is to be punished to the sins of the flesh and mortality as the punishment for Original Sin. After the enlightenment these theological ideas were then secularized but persisted into modernity.

The split between body and soul, once prevalent in medieval thought now got translated into the split between the body and the mind, by Descartes. This in turn influenced modern medicine especially in France and Europe where most of its ideas were developed and tested. In fact the very science of neurology became distinct as a specialty under the directorship of professor Charcot at the Salpetriere in Paris, by culling patients in a mental institution who he thought were suffering from maladies that could be demonstrated in the brain post mortem in patients otherwise diagnosed with mental disorders. To this day all physicians practicing allopathic medicine when confronting a patient in chronic pain make the same judgment, "is this real pain or imagined and psychosomatic?"

How many times are we told that this or that symptom is "in your head" that your complaints, real as they may seem to you do not show up on a Cat Scan or MRI, therefore they do not really exist other than in your mind! That these symptoms are psychosomatic not organic and there is not proof of your symptoms no blood test or pap smear that could justify your complaints?

On the other hand how many of us who do suffer from so called organic proven illness also suffer from the anguish associated with these illnesses and have been told that this is depression!

I am arguing for a resistance to the idea that the mind and the soul and the body are somehow split into 3 categories that do not overlap and whose neat boxes are defined and discreet.

In my experience patients with M.S. a documented-proven illness seen on spinal fluid analysis and MRI as well as on electro-diagnostic testing also affects the mind and the soul and these too need care. Patients with chronic pain need the emotional and human anguish associated with the pain the social consequences, the family and interpersonal issues also to be taken care of, not just the pain itself as if it was isolated from the rest of our lives. Those with ill-defined disorders like fibromyalgia and chronic fatigue syndrome also suffer from guilt associated with family and job, from the rejection of the medical profession who, up until a few years ago refused to recognize these disorders as true syndromes.

We look at the whole patient here; we take into account the social psychological and familial aspects of the disease. We recognize just to what extent the pain is part of the biography of the individual and has a life of its own, much of the time how powerless we are over our illnesses and pain. In

looking at the multi-faceted nature of the illness and the non-rational, non-categorical aspects of the disease, we need to recognize too the interpersonal nature and interaction between the body the personality and the soul of the individual. Much of our treatment centers on re-visioning the illness. This is accomplished by three areas of work.

1)The body. Here we approach the body with a sense of sacredness and respect. The healers, body workers, massage therapists all aim to re-connect the body with the head and mind, to overcome the natural split we have developed as compensation mechanisms to protect us from the real impact of pain and anguish. This often is a painful process of re-covering what had been covered, uncovering then re-placing. During the sessions the patient is asked to go with the flow of feelings that emerge from the bodywork and therapeutic touch. Many times deep emotions will begin to flow out during these sessions. There are specifically designed NOT to be psychotherapy sessions, rather an intuitive approach to the body from the non-thinking areas of the mind. A re-connecting with deeper memories inscribed in the body too painful to be brought to consciousness therefore suppressed.

2) The mind. Deep work is done by the patient between sessions. This work includes journaling, meditation and dieting. Each patient is given a specific diet to meet his or her needs. De-toxification is essential. Our journaling teacher works with patients to develop the necessary skills to begin to express what was hitherto in an unconscious state and to bring to awareness such memories that will eventually surface from the body. Mindfulness will be developed as an essential tool through meditative practices on a daily basis.

3)The soul. Through group work and individual counseling the patient's own spiritual tradition is explored for ways of interpreting their pain through the texts of their own tradition in an effort to discover texts that will assist them in their spiritual healing. These approaches are used consistent with the highest standards of orthodox care which is going on concurrently by the medical staff to ensure that they do their own part towards the healing of the patient. Thus from the outside it might appear that the clinic runs along fairly conventional lines. The usual techniques of modern medicine are employed such as electro-diagnostic tools, state-of-art imaging techniques and an operating room for procedures for the relief of pain. Yet all the while concurrently the patient is meeting us half way with inner work needed to effect a healing.