New Dimensions For Humanitarian Care: 
A Project On Mindfulness-Based Pain Management Education

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Apart from the increase and acceleration of humanitarian activity already existing, the center for “humanitarian care with a Buddhist connection”, attached to ECOSOC has expressed an interest in encouraging new dimensions of activity. ECOSOC is concerned with the pain and trauma among displaced asylum seekers and victims of armed conflict. It is in this context, that I present this proposal for ECOSOC, Humanitarian Care, developing a unit for mindfulness-based pain management education. “Living Well With Pain and Illness” is an inspiring, practical guide to living with and managing chronic pain and illness, using “mindfulness” techniques.

THE STORY:

This project has gained worldwide attention through the indefatigable efforts of three ICONS of this new message for dealing with chronic pain—the silent epidemic of our times: Jon Kabat-Zinn, a pioneer; Vidyamala Burch suffering from chronic pain for thirty years, and as a wheel chair user has generated a veritable revolution with mindfulness meditation; Risa Kaparo, a genius for understanding the language of the body, developed the concept of Somatic Intelligence—the art & practice of embodied mindfulness. A work that combines academic insights and therapy: The Body Remembers, Babette Rothschild; The Emergence of Somatic Psychology and Bodymind Therapy, a useful historical analysis.

THE THEORY:

With the emerging new face of the cognitive sciences, the study of consciousness and meditative states acquired scientific status; the emerging paradigm of embodied emotions with strong body-mind linkage emphasized the close relation between physical and emotional pain. Breaking away from Cartesian dualism, today, pain researchers recognize both sensory and emotional features of pain. “When an ordinary person experiences a painful bodily feeling they worry, agonize and feel distraught. Then they feel two types of pain, one physical and one mental. It is as if this person was pierced by an arrow, and then immediately afterwards by a second arrow, and they experience the pain of two arrows” (Kindred Sayings, 36, 6). Touched by painful feelings he finds compulsive distractions in pleasures, drugs or alcohol, and thus the vicious circle works. Pain education helps a person to move out of this vicious circle. The importance of “resilience” rather than “reactivity” has been emphasized in recent neurology (de Silva, 2013, recent publication). Also, see Physical and Emotional Pain”, de Silva, 2015. (ECOSOC: The UN Economic and Social Council; HAS: Humanitarian Affairs Segment).

Expanding the field to Traumatology.

‘Trauma’ which means wound in Greek is often the result of an overwhelming amount of stress that exceeds one’s ability to cope or integrate the emotions involved with an experience. It is also said that trauma victims organize their lives around repetitive patterns of reliving and warding off traumatic memories. Psychological trauma often involves physical trauma.

During recent time, a subject area close to pain management, namely traumatology has come to the center of mental health issues. I do not wish to go into
detail ramifications, but establish the importance of *traumatology*, as a part of humanitarian care. Though psychological trauma refers to a life-threatening, which may cause injury, today, a broader frame of reference covers threats to psychological integrity. The category of post-traumatic disorders (PTSD) has expanded with the increasing numbers coming under the categories of sexual assault, being held in hostage, impact of natural disasters, refugees, asylum seekers, victims of armed conflicts and people thrown off and displaced from their homes—and the new dimensions of physical/emotional pain have widened with a significant social dimension. Thus pain education directed to traumatology and PTSD (Post-traumatic disorder) is an area where the use of mindfulness techniques for managing pain developed by Jon Kabat-Zinn and Vidyamala Burch may be extended. Risa Kaparo offers a more extended method, capable of harnessing for issues in traumatology.

In this context an important factor is the increasing use of mindfulness techniques being used in trauma management. Thus mindfulness techniques are more widely used in pain management and more recently in trauma management, where it may work. PTSD is a new diagnostic category: this category includes combat, sexual and physical assault, being held hostage or imprisoned...torture, natural and man-made disasters, accidents, life threatening illnesses (Rothschild, 2000).

**ECOSOC and Pain and Trauma Management**

ECOSOC is concerned with pain and trauma among displaced asylum seekers and victims of armed conflict. It is against this background that I am presenting a conceptual framework for developing a special unit for counselling for pain management, trauma and PTSD, using the methodology of somatic intelligence developed by Risa Kaparo, as a philosophical and technical background, but bring before the reader, recent accomplishments in the use of mindfulness techniques in the difficult areas of trauma and PTSD management. My presentation of papers on pain management at a recent conferences (de Silva, 2014, 2015) exploring resources in the *Satipatthana* and Western mindfulness-based therapies has given me confidence to me to explore the conceptual framework of trauma and PTSD management. We are fortunate to have two sorts of resources on trauma management, one Asian and the other Western. Within the Second IABU conference, I coordinated a panel on Buddhist Psychotherapy, and one of the illuminating contributions was the article on “culturally sensitive trauma treatment approaches for mass atrocity and civil war in Cambodia” by a research team, Judith Strasser, Southearn Chim and Sopheap Taing. They have been using narrative exposure therapy and is an interesting model which goes beyond being merely shock absorbers to positive meaning making strategies. While this methodology is more culturally conditioned, I shall open up a program in the West that suits ECOSOC especially as the work of Kabat-Zinn, Burch and Kaparo have emerged over the years with great success for pain and trauma.

ECOSOC already has a good resource in the National Center for PTSD, where the potential of mindfulness techniques in treating traumatic reactions has been recognized, though more empirical work in testing these innovation need to be done.

**National Center for PTSD**

The national center for PTSD is more directed towards research and education than treatment and well suited for an alliance with the suggested expansion of ECOSOCIAL Humanitarian project. Also there is ample evidence of recognized mindfulness techniques in their recommendations. The potential clinical utility of integrating mindfulness-based exercises in extant PTSD treatment has yet to be examined empirically. However, given the beneficial effects of mindfulness practice on
enhancing emotion regulation as well as decreasing anxiety and depressive symptoms, mindfulness has been increasingly discussed in the context of PTSD and its treatment. The relevant theoretical and empirical literature suggests that mindfulness may serve clinically meaningful functions in alleviating PTSD symptoms (PTSD Overview, Internet).

First let us look at the essence of the mindfulness practice directed towards managing pain (de Silva, 2015). It involves attention to and awareness of the present moment; non-judgmental acceptance. Awareness of the present involves observing thoughts, feelings and sensations, by focusing attention on the current movement. The stance of acceptance and the willingness to experience array of thoughts and emotions without judgment is the preliminary base for therapy.

“Regular mindfulness practice can lead to a greater present centered awareness and nonjudgmental acceptance of potentially distressing cognitive and emotional states as well as trauma-related internal and external triggers. Awareness and acceptance of trauma-related thoughts and feelings may serve as an indirect mechanism of cognitive-affective exposure. This may be especially for individuals with PTSD, as it may help experiential avoidance, reduce arousal and foster emotion regulation... Regular mindfulness practice has also been shown to decrease physiological arousal”. (Notes from the National Centre for PSD).

Part II - Emotions and the Body:

There are several psychotherapeutic orientations, using mindfulness-based interventions. I have developed and practiced mindfulness-based emotion focused therapy (EFT) and as a contribution to the issues outlined above, I shall focus on the emotions and the body relationship in traumatology and PTSD.

“Every emotion is characterized by a discrete pattern of skeletal muscle contraction visible on the face and in body posture (somatic nervous system). Each emotion also feels different in the body. Different patterns of visceral muscle contractions are discernible as body sensations (the internal sense). Those sensations are then transmitted to the brain through the proprioceptive nerves.”(Rothschild, 2000, 56). Thus we see that that on the one hand, the emotion looks to the outsider as facial expression and bodily posture. How it feels on the inside is what we experience. In short an emotion is the interplay of sensory, autonomic and somatic nervous system interpreted within the brain’s cortex. Language, usage and metaphors are illuminating:

- Anger - pain in the neck
- Sadness - I am all choked up
- Disgust - she makes me sick
- Happiness - I could burst
- Fear - I have butterflies in the stomach
- Shame - I can’t look in the eye.

How an Emotion Feels in the Body:
- Anger - muscular tension
- Sadness - wet eyes and lump in the throat
- Disgust - nausea
- Happiness - deep breathing
- Fear - racing heart
- Shame - rising heat in the face.
Anger Behavior:
- Anger - yelling, fighting
- Sadness - crying
- Disgust - turning away
- Happiness - laughing
- Fear - flight, shaking
- Shame - hiding

Facial and Postural Expression:
- Anger - clamped jaw, reddened neck
- Sadness - flowing tears, reddened eyes
- Disgust - wrinkled nose with raised upper lip
- Happiness - smile and bright eyes
- Fear - wide eyes with lifted brows, trembling, blanching
- Shame - blushing averted gaze

Emotions & Trauma:

Anger is the emotion of self-protection and a common response to having been threatened, hurt or scared. If anger becomes chronic in the wake of trauma difficulties emerge. Fear alerts to potential harm and both fear and anxiety are common emotions for PTSD. Joseph Ledoux, an expert on emotions, says that fear is the driving force in several psychological disorders, phobias, anxiety disorders and obsessive-compulsive disorders. Shame is a difficult emotion and individuals with PTSD often are reacting to sexual abuse or rape. But Rothschild says, shame is not all bad, and acceptance is the first step in resolving an unwanted state and seeing shame as positive is the first step to recovery. Compared with anger, fear and shame, grief when handled well may be a great resource for recovery, and it is a positive sign when a client reaches the point that grief arises and healing is possible. In the Buddhist context you begin to realize that loss and grief are part of the human situation (de Silva, 2014). You will also find that shame may have a positive facet. Anger and fear are in-built into the human system.

PTSD is a new diagnostic category and basically somatic disturbances are at the core of PTSD. The above analysis indicates that understanding the logic of emotions with its somatic roots may open up insights and pathways for recovery. Western therapists have been looking at what is described as “catharsis” as a positive resource in recovery. By re-enacting a repressed event and looking at the emotions in a non-judgmental way, Sigmund Freud opened up the notion of catharsis but Rothschild would find a different interpretation of catharsis in the work of Mark Epstein: “As I have mentioned,

“Epstein feels that the Freudian technique of evenly suspended attention and the bracketing of the critical faculty while listening to the clients, offers a marked resemblance to the Buddha, though there is no evidence that Freud was influenced by the Buddha “(de Silva, 2014, 111). It is this same non-judgmental deep listening that was harnessed by the pioneer Jon Kabat-Zinn for pain management. Thus though Rothschild has presented an exhaustive analysis of the somatic basis of the body in trauma, today, therapy has undergone interesting transformations with the development of mindfulness techniques for pain management (de Silva, 2015). To extend this success to trauma and PTSD and give this idea institutional recognition has been the driving force in writing the present study. In fact, as stated below further research is necessary in this direction.

“Mindfulness-based approaches have been shown to be useful for problems commonly seen in trauma survivors such as anxiety and hyper arousal. Mindfulness
practice has potential to be of benefit to individuals with PTSD, either as a tertiary or a stand-alone treatment. However, before definitive conclusions can be drawn about the efficacy of mindfulness in treatment of PTSD, further basic and applied research is needed” (National PTSD, Report).

Exploring the New Pastures of Somatic Learning

Somatic learning as developed by its best exponent Risa Kaparo, “is not about fixing problems, which perpetuates the same fragmentation from which the problems arose in the first place. The intention of the practice is awakening. Awareness lights up our state of consciousness, the process of thought and feeling (conscious and subconscious) that underlie the problem as they are reflected in the body.” (Kaparo, 2014, 33). It may be described as a kind contemplative therapy, awakening the natural wisdom of embodied mindfulness, sensitive to the vibratory messages in the body. As I have mentioned in my writings, the insight meditation techniques of the conversion of the four elements (air, solidity, fire, water) into refined vibratory patterns, and eventually the experience of the “breath body”, and the calming and subsiding of the bodily dispositions, provides the background to the first states of absorption in insight meditation. Thus the Buddhist contemplative work is even more definite and clear on the path to somatic intelligence. Upper reaches of pain management is a liberation path in Buddhism.

Neuroplasticity

“Recent studies of mindfulness practices reveal that they can result in profound improvements in a range of physiological, mental and interpersonal domains of our lives. Cardiac, endocrine, and immune functions are improved with mindfulness practices. Empathy, compassion, and interpersonal sensitivity seem to be improved. People who come to develop the capacity to pay attention in the present moment without grasping to their inevitable judgments also develop a deeper sense of well-being and what can be considered a form of mental coherence (Siegel, Daniel, 2006).

Interoception and the Sixth Sense

The exteroceptive system is the one that you are most likely to be familiar. It includes the sensory nerves that respond to stimuli emanating from outside the body. The interoceptive is comprised of sensory nerves that respond to stimuli emanating from inside the body. Proprioception includes the kinesthetic sense which enables one to locate all the parts of the body in space, and the internal sense which gives feedback on body such as heart rate, respiration, internal temperature and muscular tension. It is literally how we sense ourselves. Kinesthesia is the feeling of movement derived from all skeletal and muscular structures. Kinesthesia also includes the feeling of pain, our orientation in space, the passage of time, and rhythm. A second source, visceral, consists of the miscellaneous impressions from our internal organs. “The physiological term “proprioception” refers to our ability to sense, evaluate and respond to stimuli sensed by the proprioceptors, actual nerves embedded in our tissues (muscles, joints, and tendons). These constantly communicate with the brain orienting the body to its position, movement and tone. It is our sixth sense. It is of great interest to note that in Buddhist contemplative practice, we speak of consciousness independent of the five senses, a “sixth sense”, anindriyapatibattha vinnana.

Embodied Mindfulness

I have discussed the importance of the concept of embodied emotions in several article (de Silva, 2014a, 2014b). Rick Hanson and Richard Mendius indicate that
embodied mindfulness develops both awareness of one’s own body and empathy towards others.

“Research has shown that the more a person is aware of their own body, the more their insula lights up in an MRI. The more active their insula is, the more empathetic they are to other people, which is the foundation of compassion and loving kindness” (Hansom and Mendius, 2009, quoted, Kaparo, p21).

In conclusion, it may be said that “Somatic learning” involves a Transformative Experience, where back pain becomes a laboratory for deepening presence and the Buddhist contemplative approach offers a path, as far as we wish to traverse. To say that this insight is also my personal experience is a personal note to confirm my point (de Silva, 2015).
References:


