

Life Mission Theory VIII: A Theory for Pain

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Abstract

Holistic theory, strongly inspired by integrative, transcultural medicine and psychodynamic theory (Sigmund Freud (1856-1939) and the tradition of psychoanalysis), perceive a person as a whole (a true self) composed of body (with an Id), a mind (with an Ego) and a spirit (with a "Higher Self"). Therefore the will to exist is manifested through body, mind, spirit and heart, and holistic pain theory claim that pain basically arises, when the will to exist is compromised. Pain is thus existential and related to our wholeness as human beings, but this existential pain can be repressed to one of the three partial existential domains, either the spiritual, mental or the physical part (the spirit, mind or body). The reason for refereed pain to body and mind is mostly repression of unbearable pain. Most pains are according to the theory caused by non-organic, informational disturbances, which are caused by internalized and repressed early existential and emotional conflicts. When these old existential issues are solved, and the patient re-discover herself and her purpose of life, and starts living her mission of life and using her great talents for the benefit of the world, most pain evaporates like "small pearls of water in the hot summer sun". In this paper we show how a simple holistic theory of pain leads to effective holistic pain management in the clinic, and sometimes even existential and physical healing of the patient.

Keywords: *Holistic health, life mission theory, pain theory, pain management, sense of coherence, Denmark.*

Introduction

Pain is one of the most troublesome and mysterious phenomena and a frequent reason that brings the patient to consult their physician. Relief of pain is one of the most important functions of the physician. In this paper we suggest that pain is the experience of something going against our will to exist. As this will is originally manifested at a global, existential level, pain is fundamentally an existential experience. If existential pain cannot be overcome, it

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will be suppressed for the individual (most often the small child) to survive.

Pain can shift from our existence to a part of us, which is often felt like a great relief. From a holistic therapeutic point of view this is how we most often escape unbearable, existential pain. Physical pain are from spiritual, mental and existential perspectives only little burdensome to live with. Therefore many patients escape existential pain by trading it in for physical pain; other people accept their pain as spiritual or mental pain. Many patients escape these kinds of pain sometimes by trading it for physical pain, and then, in periods of surplus and good times, trading it back to mental worries or religious sufferings.

Most unfortunately, physical pain is bound to its original existential connotation, which according to most theories for holistic medicine is present in the informational layer of the human being; this irrelevant information appears to be noise to the cells and tissues and is therefore a serious etiological burden for the body. Physical pain therefore often shifts from being "non-anatomical" – i.e. not bound to any specific tissues but freely wandering round in the body - into being "anatomical" i.e. bound to specific tissues and body structures, which are now breaking down under the weight of the disturbing internalized existential pain.

The only way to heal the body and mind and make the pain go away is by supporting the patient in re-assuming existential responsibility and confronting the existential pain. What is needed is an inner search for the patients true self and purpose of life, also called the "life mission". Only by owing, living and practicing this purpose of life, and using all human talents to do good in life can every bit of human pain be truly relieved. But as dead is inevitable, even this sacred blossoming of life is only a temporary joy.

If you search Medline (www.pubmed.gov) you will find hundreds of theories of pain, most of them fairly speculative (1-3). Most of these theories try to explain why pain is so hard to understand. The problem of pain is that it often does not correlate to the patients physical state – like the famous example of phantom pain. On the other hand, sometimes even the most severe destruction of the body, as seen in cancer, is almost non-symptomatic. Very often and very puzzling even the most severe pain has

seemingly no biologic foundation. Physical pain is connected with mental pain, like depression and mental pain is often connected with unsolved relational, spiritual and existential problems, like loving problems, sexual problem, religious problems, working problems etc.

Holistic theory, strongly inspired by integrative medicine and psychodynamic theory (Sigmund Freud (1856-1939) and the tradition of psychoanalysis (4)), sees a person as a wholeness (a true self) composed of body (with an Id), a mind (with an Ego) and a spirit (with a "higher self"). If you agree with this point of view, you also see the person's will to exist as manifested through these dimensions of existence. Holistic pain theory claims that pain basically arises from the will to exist being compromised; pain is thus always existential (related to wholeness or heart), but this pain can be referred further to parts of the human being, either the spiritual, mental or physical part (the spirit, mind, or body). Pud et al (5) has tried to link pain to personality, but such research seems to document that pain is a condition for all human beings, in accordance with the life mission theory (6-12).

In this paper we will see how a holistic theory of pain leads to holistic pain management. We have primarily done research in this field with adult patients. In children, especially if the pain is post-traumatic (i.e. post-surgical) we must for now recommend the methods described by Astuto et al (13), but a holistic approach for pain managing in children focusing on the child's consciousness and interaction with the whole family is under development.

A Holistic Theory for Pain

Interestingly, existential pain seems to be a normal condition of living as children, when our parents, who use conscious powers, brains, and superior physicality, confront us. We lost the first battle of our life to our parents; and the existential pain from the confrontation was repressed for us to align with our parents and survive. This is basically the story of Freud, Jung, Adler, Lowen, Reich, Horney, Rosen, Grof and the other great psychodynamic thinkers of the last century (14-20).

Researchers much less agree upon what happened with the repressed material; to answer this most important question seems to be one of the major research challenges of the present century.

The most simple answer seems to be that the internalized conflict material is kept by the informational system of the organism; it seems that it can be repressed to still deeper levels of existence; and in this "fall" from spirit to body though mind, there seems to be a fall in consciousness, from the clearly seen and aware, to the hardly known and dark.

Responsibility seems to be lost in the process of repression; and the closer the repressed material comes to the body, the more modest is the existential responsibility and spiritual ownership of the repressed material.

The internalized and repressed existential conflicts are thus haunting the human being like an internal ghost (21-27). The pain can move around in the body (28), suddenly appear in dreams, be activated by difficult life events and losses. It can according to holistic medical theory fixate in bodily tissues giving raise to even the most severe diseases like cancer and heart disease, immunological disturbances like autoimmune diseases etc.

It is most disturbing that pain thus can shift from body to mind and from mind to spirit and existence, and vice versa back again (29,30). And often all logic seems to be gone; a huge tumor burden from cancer can be connected with no pain at all; and a most severe pain can have no physiological reason at all.

Holistic Pain Management

A 65 year old woman with breast cancer and metastasis to the skin of her back. This patient was hospitalized at the University Hospital and she received solely palliative care with all hope of her fighting her cancer long gone. She received high doses of morphine, but her pain continued in full strength in spite of the drugs. In the search of a way to help the patient massage on the most painful area of her high back was offered. To the surprise of both patient and physician the pain of the skin disappeared almost completely after only five minutes of kind attention to the skin area.

This is a typical – but almost absurdly powerful reaction – to the human kindness offered patients in holistic therapy. "Holding", the combination of acknowledgment, awareness, respect, physical care and acceptance, is giving patients what they need in order to turn inwards toward their existence and re-find their sense of coherence, and the connection to self and existence that was lost, causing the existential pain, which was then somatised.

The first thing to do to help patients getting rid of chronic pain, anatomical or non-anatomical, is therefore giving holding to the patient (31-34). The next thing is to take the patient back in time into the moment of repression of the existential conflicts most often with father and mother. Interestingly, the processing step is often happening spontaneously, as in the example above, when the patient has the necessary confidence to relax and turn all attention inwards, as in the example above.

A well-spoken and intellectual patient can benefit tremendously from wording his purpose of life and working dedicatedly to putting it – and all the talents hidden in it – into a fruitful and valuable life-practice. Formulating a life-philosophy, writing a whole-life-biography, reading books on existential philosophy and holistic healing can also be of surprising help in managing chronic pain. Most interesting, what alleviates the pain, is also what cures the diseases: taking the informational disturbances out of the organisms informational system (35-37).

In clinical holistic medicine the strategy for managing pain is therefore not coping with the pain, but curing the patient. Cancer, heart disease or how hopeless it looks, is no excuse for not trying to cure the patient; even if this most often is doomed to fail, but much pain can be relieved this way (38-45).

Discussion

In principle, drugs and holistic care can be perfectly combined. As there is only very limited side effects (except from adaptation and dependency) of heroin and morphine, these classical drugs are the drugs of choice when NSAID and similar painkillers are not helpful.

But as pain is most often psychosomatic and caused by internalized existential conflicts, morphine

will often not alleviate the pain, or only help for a short while. The problem of starting with drugs, which is so tempting as they are cheap and most easily disposed, is that they often sedates the patient making holistic healing procedures less efficient, or often not efficient at all. The administration of morphine or heroin can thus be a serious hindrance to healing the patient or to successful pain relief. Less efficient pain-killers are often also sedative, meaning that the patient using these drugs can be deprived of the possibility to heal without getting much pain-relief from the drugs to begin with. This is most unfortunate.

It is therefore recommended that the standard holistic healing procedures of holding and processing are used first, and only if pain cannot be sufficiently alleviated this way, drugs are also used (see list of advanced tools in (45)).

Conclusion

There are many theories of pain. We suggest a simple one: that all pain basically is a manifestation of a compromised will to exist. Breaking a leg is painful for this reason; healing the leg also heals the pain, not because the pain comes from the damaged tissues, as most biologically oriented doctors would like to believe, but because the ability to use the leg is restored. There are C-fibers in the body and pain-provoking substances in the tissue, of cause, but why then, is there often almost no correlation between pain-level and disease level?

Most pains are seemingly caused by non-organic informational disturbances, and these seems to be caused by internalized and repressed existential conflicts; when these old existential issues are solved, and the patient re-discover himself and his sense of coherence, purpose of life, and starts living his mission of life, the pain – being physical, mental, spiritual, or existential – most often evaporates like small pearls of water in the hot summer sun (46-51).

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