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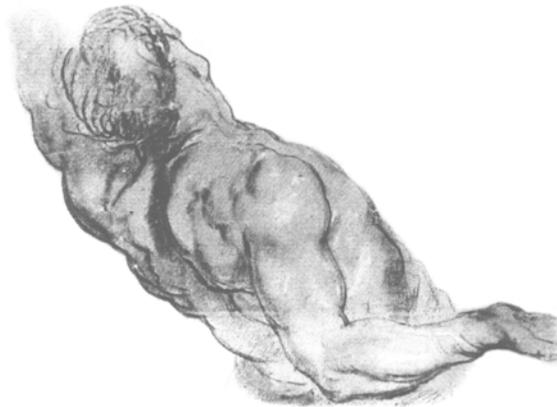


Volume 1 Number 1 2002

The Official Publication of  
THE UNITED STATES ASSOCIATION FOR  
BODY PSYCHOTHERAPY

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*USABP Mission Statement:*

*The USABP believes that integration of the body and mind is essential to effective psychotherapy, and to that end, it's mission is to develop and advance the art, science, and practice of body psychotherapy in a professional ethical, and caring manner in order to promote the health and welfare of humanity. (revised October 1999)*

# The Relative Efficacy of Various Complementary Modalities in the Lives of Patients With Chronic Pain: A Pilot Study

Pamela M. Pettinati, M.D., M.P. H., Ph.D.

## Abstract

The author conducted a singly-blind, randomized, clinical, controlled study of the efficacy of various complementary modalities in the lives of patients with chronic pain. The subjects (N=100) were elderly women religious who were suffering from chronic pain of more than two years' duration. The subjects were randomly divided into five test groups (N=20). Each subject received five sessions of didactic instruction (control group), of Focusing, of Reiki, of Zero Balancing, or of the Rubenfeld Synergy Method™. The subjects were evaluated before and at regular intervals after the interventions utilizing standardized research instruments and interviews with the researcher.

Since the investigator had noted the subjective efficacy of using the Rubenfeld Synergy Method™ in the treatment of patients with chronic pain, she decided to do a singly-blind, randomized clinical controlled trial to discover the patients' degree of improvement with that method and also to delineate, if possible, which component of the Rubenfeld Synergy Method™ was most closely correlated with this efficacy.

## Keywords

Chronic pain - Self-efficacy

## Research Design

The study was a phased study with multiple arms conducted over a period of two years. The subjects were retired Sisters of Notre Dame de Namur who live in two large retirement communities in Massachusetts. They range in age from 40 to 95 years old. They have many common characteristics in that they have lived their lives from teenage years as vowed women religious. They have never married, and all are nulliparous. They have worked in education, social service, and in caring for persons who are poor and on the margins of society. They are prayerful women in the Roman Catholic tradition, who largely define themselves and their worth in terms of fidelity to the vows of poverty, chastity, and obedience, fidelity to prayer and relationship with God, and service within the Church and the religious and civic communities.

The subjects are living in religious communities in large institutional buildings in which they receive whatever help they need to care for themselves and to continue living with quality and a sense of purpose. They are more disabled than persons from the general population, who live alone, but are more independent than those persons who reside in nursing homes. Their meals are prepared for them, and they eat together. Nurses and aides assist them with their medications and therapies, and an activities director facilitates occupational therapy and social interactions.

The investigator, who has worked with various Sisters of Notre Dame de Namur for forty years, explained the study to the Sisters at a large meeting in the institutions and asked for volunteers, who had chronic pain (i.e. continuous pain of over two years' duration), who would receive five sessions with her. There would be no remuneration to the subjects and no fee paid to the investigator. The subjects were free to drop out of the study at any time, although no one who entered the study did so. The subjects signed a consent for research on human subjects and agreed to fill out questionnaires before, and at various times after the completion of their sessions (two weeks, three months, and six months after the last treatment).

During the study, the subjects were allowed to continue their present medications and therapies. They kept regularly scheduled appointments for check ups with doctors and had routine tests such as mammography and colonoscopy. During the course of the study, none of the participants experienced any significant change in medications other than a decrease in pain medications after the completion of certain of the sessions. None of the participants had previously experienced any form of body work other than physical therapy for a short time period.

All of the participants had pain related to osteoarthritis and/or to osteoporosis. Eighty-two percent had back pain; 43% had shoulder pain; and 64% had pain in the extremities. In 30%, the pain involved the lower extremities; in 24% it involved the upper extremities excluding the shoulders; and in 10% it involved both the upper and lower extremities.

The subjects were randomized into one of five test groups using a Table of Random Numbers. There were a total of 100 subjects with 20 in each group. The subjects were blind in that they did not know the names of any of the therapies. They knew that they would remain fully clothed for all of the sessions, and that the sessions would involve talk, touch, or some combination of both talk and touch. The sessions would be conducted with the investigator seated, and they were allowed to choose whether they would be seated or lie down on a padded, low massage table. Each of the sessions was 30 minutes in length, and each participant received five sessions, once a week for five weeks. The subjects were evaluated using four standardized research instruments: the Health

Status Profile - SF-36 Ô, the McGill-Melzack Pain Questionnaire (MMPQ), the Medical Symptom Check List (MSCL), and the Body Parts Problem Assessment (BPPA). They were also evaluated in interviews with the researcher after completion of the study sessions.

The investigator is a physician and surgeon with over 30 years experience as a clinician and teacher. She is a Reiki Master in the Usui System of Natural Healing, a Certified Focusing Teacher and Trainer, a Certified Zero Balancer, and a Certified Rubenfeld Synergist. For this study, she was blind in analyzing the data, since each subject was identified only by a random number, but obviously, she was not blind in conducting the various sessions with each of the subjects. Her person, presence, competence, and ability are confounding variables to be considered in evaluation of the data.

To acknowledge the Hawthorne and placebo effects, the first Group was a Control Group which received didactic sessions with the investigator. In these sessions, the investigator presented information regarding the etiology and pathophysiology of pain, and information about various methods of responding to pain including self-help, allopathic, and complementary modalities. She answered questions, but did not make diagnoses or specific recommendations.

To parallel the energetic component of the interaction, the second group received Reiki. Reiki, from the Japanese words for universal healing energy, or universal life force, was used as a hands-on channeling of universal healing energy for the highest good of the recipient. The sessions were largely conducted in silence with the subject seated or lying down.

To parallel the verbal component of the interaction, the third group received sessions of Focusing. Eugene Gendlin, a philosopher of experiencing, conducted research on the processes and outcomes of psychotherapy. He found that neither the content of the therapy nor the orientation of the therapist distinguished successful from unsuccessful therapy. Rather, he concluded, it was those clients who spoke in therapy from their own bodily-felt experiencing processes, who were more likely to benefit from therapy than those persons who did not do so. In guiding a person with Focusing, the listener helps her to come into contact with a bodily-felt sense of the issue/problem, to welcome or greet it without judgment, and to sit with it, noting changes, until there is a bodily-felt shift which often gives new insight or perhaps even resolution to the issue/problem.

To parallel the touch component of the interaction, the fourth group received Zero Balancing. Zero Balancing, which was developed by Fritz Smith, is a modality of hands-on therapy in which energy blocks in the client's body are felt by the practitioner's hands and fulcrums applied intentionally to unblock or move the energy along pathways in the body similar to the meridians of acupuncture, as well as through the skeleton and connective tissue. There may be some dialogue during the sessions, but there was no attempt in this study to specifically use "verbal fulcrums."

The fifth group received sessions of the Rubenfeld Synergy Method™. This method, developed by Ilana Rubenfeld, combines the listening hand of the therapist with unique variations of the techniques of Alexander and Feldenkrais, along with verbal therapy derived from the work of Gestalt and other therapies. The listening hand provides contact and connection between the therapist and the client, noting the story which the body tells as well as that which the client articulates. There is an unfolding process of awareness, exploration, experimentation, and integration on all levels of body, mind, emotions, and spirit.

## Results of the Study

The results of this pilot study (two weeks after the completion of the fifth session.) are summarized in Table One. The average age of the participants in the Control group was 74.3 years. They experienced a worsening of their pain with a 12.8% increase in the McGill-Melzack Pain Questionnaire, and an 11.0% increase on the Medical Symptom Check List. They noted an 8.0% increase in problems with body parts (BPPA), and their activities decreased 10.7%. Forty percent described their pain as the same as it was prior to the study, while sixty percent said that it was worse. Their attitudes about themselves and about life in general improved at a level of +2.5 which may reflect either the Hawthorne or placebo effect or simply be related to their interaction with a caring person as teacher.

The average age of the participants in the Focusing group was 73.0 years. Interestingly, they noted an increase of +1.2% on the MMPQ and a decrease of -1.8% on the BPPA indicating that their awareness of their pain was slightly increased, even while they noted a decrease(-14.6%) in symptoms on the MSCL. They increased their activities at a level of +12.3%, and their attitudes improved at a level of +5.8. Forty percent described their pain as the same after the sessions, but sixty percent said that they had improved. These disparities in findings may be attributed to the fact that the use of Focusing heightened their awareness of their pain even while it decreased their symptoms and allowed them to function more actively and fully.

**Table One: The Relative Efficacy of Various Complementary Modalities in the Lives of Patients with Chronic Pain: A Pilot Study**

Group	McGill/Metzack	BPPA	MSCL	Activities	Attitudes	Subjective Perception of Pain
Control N=20	+12.8%	+8.0%	+11.0%	-10.7%	+2.5	40% remain same 60% become worse
Reiki N=20	-12.8%	-5.2%	-3.8%	+8.8%	+2.9	70% remain same 30% improved
Focusing N=20	+1.2%	-1.8%	-14.6%	+12.3%	+5.8	60% remain same 40% improved
Zero Balancing N=20	-20.4%	-16.7%	-19.7%	+18.6%	+5.0	40% remain same 60% improve
Rubinfeld Synergy Method N=20	-38.8%	-38.2%	-40.2%	+26.4%	+7.9	10% remain same 90% improved

The average age of the participants in the Reiki group was 78.4 years. They experienced decreased pain as evidenced by a reduction of -12.8% on the MMPQ, -5.2% on the BPPA, and -3.8% on the MSCL. Accordingly, they increased their activities +8.8%, and their attitudes improved at a level of +2.9%. Subjectively, seventy percent described their pain as the same at the end of the sessions, while thirty percent said that the pain had improved.

The average age of the participants in the Zero Balancing group was 76.7 years. They experienced a decrease in their pain of -20.4% on the MMPQ, -16.7% on the BPPA, and -19.7% on the MSCL. Their activities increased +18.6%, and their attitudes improved at a level of +5.0. Subjectively, at the end of the sessions, forty percent rated their pain as the same, and sixty percent as improved.

The average age of the participants in the group receiving sessions of the Rubinfeld Synergy Method™ was 81.2 years. Two weeks after the last session, they reported that their pain had decreased -38.8% on the MMPQ, -38.2% on the BPPA, and -40.2% on the MSCL. Their activities increased +26.4%, and their attitudes improved at a level of +7.9. Only two individuals (10.0%) reported their pain as the same, while 90.0% reported that their pain had improved.

It is significant to note that there was less than a ten percent variation in these findings in the follow-up evaluations at three months and six months even though no participant received any additional therapy beyond the five sessions involved in the study.

The most significant improvements were seen in the participants who received either sessions of Zero Balancing or of the Rubinfeld Synergy Method™. These findings may indicate that modalities which involve touch are more efficacious than those which involve only energy or talk in the treatment of elderly women with chronic pain. The dramatic improvement noted with the Rubinfeld Synergy Method™ may be attributed to the manner in which this particular method combines the elements of contact, exploration, awareness, touch, movement, and verbal dialogue. The degree to which the person with chronic pain feels received, heard, and accepted may be a significant factor, for often as patients, they feel that their bodies have betrayed or failed them, or that they are constantly at war with the enemy body.

As a pilot study, these data obviously need to be examined critically and additional studies need to be done to see if the results can be replicated. Additional practitioners in each discipline need to be involved and a more diverse research population included in the analysis.

#### References

- Barnett, Libby and Maggie Chambers. Reiki Energy Medicine, Rochester VT., Healing Arts Press 1996.  
 Cornell, Ann W. The Power of Focusing, New Harbinger Publications, Oakland, 1996.  
 Gendlin, Eugene. Focusing, New York, Bantam, 1981.  
 Rubinfeld, Ilana. The Listening Hand, New York, Bantam, 2000.  
 Smith, Fritz F. Inner Bridges, Humanics New Age, Atlanta, 1986.

#### Biography

**Pamela Pettinati**, M.D., M.P.H., Ph.D. is the former Chief of Plastic, Reconstructive, and Maxillofacial Surgery, St. Elizabeth's Medical Center of Boston. She is the former Director of the Section of Alternative Medicine and Complementary Therapies of the Department of Medicine, St. Elizabeth's Medical Center Boston. She is the former Associate Clinical Professor of medicine and Surgery, Tufts University School of Medicine. She can be reached at [pettiferg@aol.com](mailto:pettiferg@aol.com), or at 705 Cambridge Street, Brighton, MA 02135

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The Official Publication of the  
USABP

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Jacqueline A. Carleton, Ph.D.

Editor

USA Body Psychotherapy Journal

115 East 92<sup>nd</sup>. Street #2A

New York, NY 10128

212.987.4969

[jacarletonphd@gmail.com](mailto:jacarletonphd@gmail.com)