

Interreligious Resources for Pain Management: Contributions from Hinduism and Christianity

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Pain is one of the afflictions of the human conditions that all religions speak to. However, the resources of religious traditions for pain management have largely been sidelined with the availability of chemical forms of pain relief. Sparked by a growing interest in the cultural dimension of medicine, empirical studies over the last decades have shown the positive impact that the factor “religion” can have on pain. Focusing on Christianity and Hinduism but also including more general interreligious discourse, this paper makes the case for a wider interreligious discussion on pain and pain management and presents examples of promising interreligious interaction on the topic.

Medical Perspectives on Religion in Pain Management

Joanna Bourke’s *History of Pain* (2014) devotes a whole chapter to religion.¹ She explains how up to the nineteenth century pain management fell largely within the competence of religion. The elimination of pain was not yet possible and patients turned to religion for techniques and narratives that could help them to reframe the experience of pain, to detach themselves from the painful sensation, or to feel in control and at ease despite the pain they experienced. When anaesthesia became available, competence shifted from religion and the suffering person to medicine and the authority of the medical professional. This also meant that pain was reframed in purely negative terms as something that had to be eliminated.

Over the last decades, however, medical researchers and practitioners have developed an increased interest in religion as a factor in pain management.² The *Health Care Providers’ Handbook on Hindu Patients* (2011), issued by the Queensland Health Multicultural Services of the Australian state of Queensland, explains under the header of “pain management” that due to Hindu attitudes to pain, “Hindu patients may not be forthcoming about pain and may prefer to accept it as a means of progressing spiritually.”³ Similarly, a list of guidelines on the Penn Medicine website advises practitioners: “Muslim patients may take suffering with emotional reserve and may hesitate to express the need for pain management. Some may even refuse pain medication if they understand the experience of their pain to be spiritually enriching.”⁴ These guidelines aim to promote sensitivity to religious factors in patients’ choices that might otherwise be perceived by medical staff as running against the best, or at least standard, practices of medical care.

¹ Joanna Bourke, *The Story of Pain: From Prayer to Painkillers* (New York: Oxford University Press, 2014).

² Sarah Coakley and Kay Kaufman Shelemay, eds., *Pain and Its Transformations: The Interface of Biology and Culture* (Cambridge, MA: Harvard University Press, 2007).

³ Queensland Health, *Health Care Providers’ Handbook on Hindu Patients* (Brisbane: Division of the Chief Health Officer, Queensland Health, 2011), https://www.health.qld.gov.au/multicultural/support_tools/hbook-hindu.pdf.

⁴ John Ehman, “Religious Diversity: Practical Points for Health Care Providers,” revised May 8, 2012, http://www.uphs.upenn.edu/pastoral/resed/diversity_points.html.

Going one step further, medical literature has also recognized that “[r]eligion and spiritual practices are among the resources used by patients to cope with chronic pain.”⁵ A study by Noreen Glover-Graf and colleagues on how patients deal with pain found that after taking medication (89 percent), prayer was, at 61 percent, the second most frequent coping strategy.⁶

Arndt Büssing and colleagues stated in their empirical study published in *Pain Medicine* that “[t]he associations between spirituality/religiosity, positive appraisals, and internal adaptive coping strategies indicate that the utilization of spirituality/religiosity goes far beyond fatalistic acceptance, but can be regarded as an active coping process.”⁷ In another study Büssing and colleagues found that among patients suffering from chronic pain, even of those who described themselves as neither spiritual nor religious, 38 percent held a belief in guardian angels, possibly indicating a deep-rooted human tendency to resort to religious or quasi-religious coping mechanisms.⁸

A meta-study on religion, spirituality, and physical health in cancer patients concluded that due to the positive correlation between religion/spirituality and patient-reported physical health, there is a “need for [the] timely and culturally sensitive provision of religious and spiritual support to patients at all stages of the cancer continuum, from diagnosis to end-of-life care.”⁹ A study on the effectiveness of complementary and alternative medicine for dealing with pain in sickle cell anemia found, for example, that prayer was the most common and most effective form of complementary and alternative medicine.¹⁰ Not all studies agree that pain is diminished by religious practice. One study found, for example, that people who attended church reported higher pain intensity but still found that such people scored higher on overall life satisfaction.¹¹ Especially in the face of growing religious diversity, Holly Nelson-Becker and colleagues have written on the importance of taking (inter)religious issues into consideration in end-of-life care.¹² Nevertheless, in 2013 only approximately 0.1 percent of publications on pain management dealt with spirituality.¹³

The frequent use of the term “spirituality or religious faith” shows that many empirical studies do not concentrate on a particular faith community but that the dividing line of the samples tends to lie between those participants who describe themselves as spiritual or religious and those who do not, and that the resources that religion provides for dealing with pain can be found in diverse

⁵ Sarah M. Whitman, “Pain and Suffering as Viewed by the Hindu Religion,” *The Journal of Pain* 8, no. 8 (2007): 607.

⁶ Noreen M. Glover-Graf et al., “Religious and Spiritual Beliefs and Practices of Persons With Chronic Pain,” *Rehabilitation Counseling Bulletin* 51, no. 1 (2007): 21–33.

⁷ Arndt Büssing et al., “Are Spirituality and Religiosity Resources for Patients with Chronic Pain Conditions?,” *Pain Medicine* 10, no. 20 (2009): 327, doi:10.1111/j.1526-4637.2009.00572.x.

⁸ Arndt Büssing et al., “Do Patients with Chronic Pain Diseases Believe in Guardian Angels: Even in a Secular Society? A Cross-Sectional Study Among German Patients with Chronic Diseases,” *Journal of Religion & Health* 54, no. 1 (2015): 76–86, doi:10.1007/s10943-013-9735-9.

⁹ Heather S. L. Jim et al., “Religion, Spirituality, and Physical Health in Cancer Patients: A Meta-analysis,” *Cancer* 121, no. 21 (2015): 3760–68, doi:10.1002/cncr.29353.

¹⁰ Suvankar Majumdar et al., “The Use and Effectiveness of Complementary and Alternative Medicine for Pain in Sickle Cell Anemia,” *Complementary Therapies in Clinical Practice* 19, no. 4 (2013): 184–187, doi:10.1016/j.ctcp.2013.05.003.

¹¹ Andrzej Basiński et al., “Influence of Religiosity on the Quality of Life and on Pain Intensity in Chronic Pancreatitis Patients After Neurolytic Celiac Plexus Block: Case-Controlled Study,” *Journal of Religion and Health* 52, no. 1 (2013): 276–84, doi:10.1007/s10943-011-9454-z.

¹² Holly Nelson-Becker et al., “Spirituality and Religion in End-of-Life Care Ethics: The Challenge of Interfaith and Cross-Generational Matters,” *The British Journal of Social Work* 45, no. 1 (2013): 104–119, doi:10.1093/bjsw/bct110.

¹³ P. J. Siddall, M. Lovell, and R. MacLeod, “Spirituality: What is Its Role in Pain Medicine?,” *Pain Medicine* 16, no. 1 (2015): 51–60, doi:10.1111/pme.12511.

traditions. On the other hand, researchers emphasize that these resources are not free-floating and cannot be seen in isolation from individual religious traditions. A controlled experimental study by Else-Marie Elmholtz Jegindø and colleagues showed that prayer reduced pain intensity in religious but not in nonreligious participants.¹⁴ As Jessie Dezutter and colleagues have established in their study on prayer as a tool for pain management, “[o]nly when prayer is incorporated in the transcendent meaning system of the patient, it can function as a tool in pain management.”¹⁵

A study by Katja Wiech and colleagues concluded that the contemplation of a religious image can serve to reduce the intensity of pain in followers of the respective religion but not in agnostic subjects. Catholic and agnostic participants with comparable sensitivity to pain were shown an image of Mary (Vergine Annunciata by Sassoferrato) or an image of comparable aesthetic style but without a religious connotation (the Lady with an Ermine by Leonardo da Vinci). The participants were shown one of the two images and then received an electric shock. Brain scans showed that after looking at the image of Mary, Catholics but not agnostics were able to detach themselves from the pain experience and thus experienced the pain as less intense. This led the researchers to conclude that “religious belief might provide a framework that allows individuals to engage known pain-regulatory brain processes.”¹⁶ Wiech clarified that her study did not imply that there was a “God blob in the brain”¹⁷ but that a similar state of mind could also highly likely be achieved by nonreligious persons through mental training strategies.¹⁸

The difficulty for the agnostic patient in achieving similar effects may lie in the search for a suitable system of meaning, the general dislike for which might be part of the reason why the patient considered him- or herself as agnostic in the first place. Also, the nonreligious images that could for the patient carry a similar degree of meaning, belonging, and security—one of the researchers suggests the image of a “mother or father”¹⁹—are highly problematic, because in the absence of a metaphysical narrative they would have to draw on the patient’s own life stories. The experience with one’s own mother, unlike the saintly mother Mary, can, however, range from highly positive to ambiguous to traumatic.

The advantage of religious images for religious patients lies therefore at hand: religious traditions provide shared and relatively stable narratives of meaning, and religious patients can directly tap into these resources for pain management. As religious techniques of pain management

¹⁴ Else-Marie Elmholtz Jegindø et al., “Expectations Contribute to Reduced Pain Levels During Prayer in Highly Religious Participants,” *Journal of Behavioral Medicine* 36, no. 4 (2013): 413–26, doi:10.1007/s10865-012-9438-9.

¹⁵ Jessie Dezutter, Karolina Kryszynska, and Josef Corveleyn, “Religious Factors in Pain Management: A Psychological Perspective,” *Journal of Anesthesia & Clinical Research* 4, no. 1 (2011): 274. There are, however, also accounts of prayer being experienced as beneficial by agnostics or atheists. Kate Fridkis refers in her piece “Letting Atheists Pray, Too” to the healing power of prayer and gives a first-person account of her practice of prayer. Kate Fridkis, “Letting Atheists Pray, Too,” the website of *The Journal of Interreligious Studies*, August 16, 2010, <http://irdialogue.org/articles/letting-atheists-pray-too-by-kate-fridkis/>.

¹⁶ Katja Wiech et al., “An fMRI Study Measuring Analgesia Enhanced by Religion as a Belief System,” *Pain* 139, no. 2 (2009): 467.

¹⁷ Ian Sample, “Religious Belief Can Help Relieve Pain, Say Researchers,” *The Guardian*, October 1, 2008, <https://www.theguardian.com/science/2008/oct/01/medicalresearch.humanbehaviour>.

¹⁸ Büssing et al. also write that “even patients without an explicit interest in spirituality/religiosity can interpret illness as an opportunity to change life, or to reflect upon what is essential in life. This fact has to be taken into account for conventional care. . . .” Büssing et al., “Are Spirituality and Religiosity Resources,” 337.

¹⁹ Alastair Jamieson, “Belief in God ‘really can relieve pain,’” September 28, 2008, *The Telegraph*, <http://www.telegraph.co.uk/news/religion/3096743/Belief-in-God-really-can-relieve-pain.html>.

can be found across different religious traditions, the topic of pain suggests itself for practice-oriented interreligious dialogue.

Pain in Hinduism and Christianity

To provide practical examples for the potential of interreligious dialogue on pain and pain management the following section will discuss some resources for making sense of suffering and dealing with pain that can be found in Hinduism and Christianity.

Hinduism encompasses a variety of traditions. As Anantananda Rambachan has pointed out, far from representing a singular monolith, “[t]oday, the Hindu tradition reflects the rich and complex variation in geography, culture, and language across the Indian subcontinent and in places such as the Caribbean, North America, the United Kingdom, Africa, Malaysia, and Singapore.”²⁰ Due to its limited scope, this article only draws on a small number of the sub-traditions encompassed within the term “Hinduism,” such as the Advaita Vedanta, a non-dualist school of Indian philosophy, which is traditionally counted among the six Hindu systems of philosophy; the work of Bengali Brahmin Rabindranath Tagore, who was the first non-European recipient of the Nobel Prize for Literature; the philosophy of Mohandas Gandhi, whose nonviolent resistance against colonialism was rooted in Hindu tradition but also drew on the resources of other religions; and the Vaishnava tradition, whose spiritual practices tend to center on devotion (bhakti) to Krishna, an incarnation (avatar) of the god Vishnu.

While the Hindu religious tradition accepts the belief in angry supernatural beings that might afflict people unless appeased through appropriate ritual,²¹ on a more philosophical level pain is seen not as a punishment but the consequence of one’s past action. Through the karmic mechanisms of cause and effect, Hinduism can account quite successfully for bad things happening to good people because the pain experienced now might have its cause in the bad deeds of a former life.²² Although traditional views of Hindu society sanction extreme social inequality, all people are considered equal in that they can improve their karmic record, and thus their chances for a better rebirth and ultimately liberation from the cycle of rebirth, by leading a good life appropriate to their place in the world. For someone suffering from chronic pain, this sacred law, called “dharma,” may well consist in bearing his or her pain with mental strength, detachment, and equanimity. The Indian poet and philosopher Rabindranath Tagore, whose writing both drew on literary expectations and transcended them, wrote in one of his best-known poems: “Let me not beg for the stilling of my pain but for the heart to conquer it.” This attitude shifts the focus from pain elimination to the individual’s ability to deal with various forms of pain. The competence for dealing with pain is hereby not obtained from medical practitioners but either through religious teachers or, as in the poem, the individual’s introspection and direct relationship with a personal god. In the poem/prayer by Tagore, the lyrical “I” concludes his or her prayer not with a request for success or strength in adversity but by asking for the ability to surrender: “Grant that I may not be a coward, feeling Your mercy in my success alone; But let me find the grasp of Your hand in my failure.”

²⁰ Anantanand Rambachan, “‘Like a Ripe Fruit Separating Effortlessly from Its Vine,’ Religious Understandings of a Good Death: Hinduism,” in Harold Coward and Kelli I. Stajduhar, eds., *Religious Understandings of a Good Death in Hospice Palliative Care* (Albany: State University of New York Press, 2012), 29.

²¹ Vasile Astărăstoae and Constantin-Iulian Damian, “Between Asuras and Māyā: The Hindu Aetiology of Suffering,” *Analele Științifice ale Universității »Alexandru Ioan Cuza« din Iași. Teologie Ortodoxă*, no. 1 (2015): 97–110, <https://www.cceol.com/search/article-detail?id=281946>.

²² See Gavin D. Flood, *An Introduction to Hinduism* (New York: Cambridge University Press, 1996), 51ff.

While viewing pain as ultimately self-inflicted bears the risk of discouraging a compassionate attitude towards the suffering person, Hinduism has developed a strong ethics of nonviolence that seeks to protect both the other and the purity of one's own soul.²³ Painful states, it is taught, are transitory and even a painful death is not considered the endpoint of a soul's journey or agency. As Farah Godrej has pointed out, the acceptance of possible physical pain was fundamental to Gandhi's nonviolent activism as he sought "to use the body as [a] tool for demonstrating the strength of moral and political convictions in the arena of conflict."²⁴ In the Hindu view, even if the body is bedridden, a person can be detached and unaffected, and, as in the case of Gandhi during his hunger strike, a powerful agent for change. Hindu techniques to achieve control over physical discomfort include meditation, prayer, yogic postures, and breathing exercises. The Hindu religious tradition's understanding of pain "in its interconnections with bodily distress, emotional and mental anguish, spiritual crisis, and familial and social conflict" is also reflected in the holistic ayurvedic treatments that developed from within this culture.²⁵ A recent study has shown the effectiveness of ayurvedic massage (with its combination of relaxation, physical contact, and manual tissue pressure) for patients with lower back pain.²⁶ A review of studies on yogic posture and breathing exercises for headaches also supported the effectiveness of these techniques for dealing with pain.²⁷

Pain in the Hindu traditions is often seen as bearing the potential for spiritual growth, and is actively sought in various ascetic practices that aim to speed up the burning off of karmic defilements. The most famous example of the cultic use of pain and self-mortification is the Thaipusam festival with sometimes "hundreds of kavadi (ritual burden) bearers pierced with skewers and hooks"²⁸ that is celebrated mainly in areas with a Tamil population. The focus here is, however, not on austere spiritual practices but on ecstatic trance and union with the divine.

A typical approach of Hindu philosophy is that "pain simply points to the way the world presents itself to consciousness, like its complement—pleasure."²⁹ The Advaita (non-dualist) Vedanta school particularly emphasizes the nonphysical component of pain. It holds that as part of mundane experience, physical pain is ultimately an illusion (*maya*) that will be overcome once the essential reality of the one-ness of all being (Brahman) is fully realized. As a reaction, Indian culture studied the mental and physical mechanisms of pain and suffering because "[o]ne cannot transcend the phenomenal world of pain without understanding, analysing and transforming how we construct,

²³ On the tradition of nonviolence, see Christopher Key Chapple, *Nonviolence to Animals, Earth, and Self in Asian Traditions* (Albany: State University of New York Press, 1993).

²⁴ Farah Godrej, "Gandhi's Body: Asceticism, Pain and Suffering in Environmental Political Discourse." Prepared for presentation at the 2010 Conference of the American Political Science Association, Washington, D.C. (September 2–5, 2010), 7, available at <http://ssrn.com/abstract=1669831>.

²⁵ Judy F. Pugh, "Pain in Indian Culture: Conceptual and Clinical Perspectives," in Mario Incayawar and Knox Todd, eds., *Culture, Brain, and Analgesia: Understanding and Managing Pain in Diverse Populations* (New York: Oxford University Press 2013), 41.

²⁶ Syal Kumar, et al., "Effectiveness of Ayurvedic Massage (*Sahacharadi Taila*) in Patients with Chronic Low Back Pain: A Randomized Controlled Trial," *The Journal of Alternative and Complementary Medicine* 23, no. 2 (2017): 109–115, doi:10.1089/acm.2015.0272.

²⁷ Sang-Dol Kim, "Effects of Yoga Exercises for Headaches: A Systematic Review of Randomized Controlled Trials," *Journal of Physical Therapy Science* 27, no. 7 (2015): 2377–80, doi: 10.1589/jpts.27.2377.

²⁸ Carl Vadivella Belle, "Thaipusam in Malaysia: A Hindu Festival Misunderstood?" Ph.D. thesis, School of Social and International Studies, Deakin University, 2004, available at <http://dro.deakin.edu.au/eserv/DU:30023239/belle-thaipusaminmalaysia-2004.pdf>.

²⁹ Ariel Glucklich, *Sacred Pain: Hurting the Body for the Sake of the Soul* (New York: Oxford University Press, 2001), 20.

maintain and identify with the self in pain.”³⁰ Medical practice could thus learn from Hinduism’s differentiated and situational approach that views “pain and suffering as a more complex experience than as a solely negative experience,” as well as from its rich tradition of ayurvedic medicine and meditation techniques.³¹

As with the Hindu tradition, there exists also in Christianity a large number of sub-traditions with differing practices and theologies. In this article, the discussion of Christian attitudes to pain begins with a reference to early Christianity that was influenced by Greek and Roman philosophy, and then draws on Catholicism, which throughout its history and depending on geographical location exhibits also a great internal diversity. The Christian Medical and Dental Associations, part of whose ethical statement will be quoted, is an inter-denominational organization that includes evangelicals but also, for example, Catholics, Anglicans, and Orthodox Christians. The spirituality of Orthodox Christianity is also drawn on for possible parallels to Hindu practices. In terms of Hindu-Christian relations, for future research on shared or differing attitudes to pain and pain management, the Indian Saint Thomas Christians in particular would be an interesting subject, as their interaction with the Hindu tradition in India predates the Christianisation of large parts of Europe.

While Catholicism knows the purification from sin through pain in purgatory, pain in this world is in Christianity usually considered neither a punishment for individual sins nor their direct logical consequence but rather one of many unsatisfactory aspects of life’s reality after the fall.³² Images of suffering martyrs and of Christ in pain, either during crucifixion or the torture that preceded it, are ubiquitous in Christian art and writing. According to Christoph Marksches, early Christians, influenced by Stoic ideals of bearing suffering with equanimity, had downplayed or even denied the pain experienced by Jesus on the cross, some copies of the New Testament leaving out the lines in which the suffering of Jesus was described in graphic terms.³³ During the medieval period the contemplation of the man of sorrows, the crucifixion, and the tools of torture developed into one of the most widely spread spiritual practices.³⁴ While the goal was to facilitate spiritual growth by meditating on God’s sacrifice for the redemption of mankind and thus was of relevance for all believers, such images also served people suffering from painful diseases as a form of pain management. The famous Isenheim Altarpiece of the crucified Christ was commissioned in 1512 by the St. Anthony Monastery near Colmar, which had specialised in the care for patients afflicted by ergotism. Before medical treatment patients were led to contemplate the painting in hope for either a miraculous healing or, by means of identification, a spiritual transcendence and reframing of their pain. Christianity also knows self-mortification like flagellation in repentance of sins and the offering of one’s suffering to God for the benefit of one’s own or other people’s souls. Comparable to the Hindu Thaipusam festival are the ritual crucifixions in the Philippines where young men voluntarily

³⁰ Douglas Allen, “Traditional Philosophies and Gandhi’s Approach to the Self in Pain,” in Siby K. George and P. G. Jung, eds., *Cultural Ontology of the Self in Pain* (New York: Springer, 2016), 114.

³¹ Sarah M. Whitman, “Pain and Suffering as Viewed by the Hindu Religion,” *The Journal of Pain* 8, no. 8 (2007): 612.

³² Like Hinduism, Christianity has many strands, and a longer and more specialized piece could cite exceptions to all these points.

³³ Christoph Marksches, “Der Schmerz und das Christentum: Symbol für Schmerzbewältigung?,” *Schmerz* 21 (2007): 348.

³⁴ See Richard Harries, *The Passion in Art* (Burlington, VT: Ashgate, 2004).

endure the agony of being nailed to the cross.³⁵ The mystical dimension of pain in Christianity is most prominently expressed by Paul in Colossians 1:24: “Now I rejoice in what I am suffering for you, and I fill up in my flesh what is still lacking in regard to Christ’s afflictions, for the sake of his body, which is the church.”³⁶ At the same time, following the biblical story of the Good Samaritan who cares for the suffering stranger, Christianity counts compassion and support for the person in pain among its most fundamental values. These two aspects of the Christian understanding of pain are reflected in the “Pain Management Ethics Statement” of the Christian Medical and Dental Associations:

Physical pain should be treated by using all effective modalities. However, we understand pain to be an important symptom alerting the patient to a need or a potential problem. Therefore it may not always be appropriate to remove this symptom completely. [...] Spiritual pain may include a sense of isolation from God, fear of death, and feelings of guilt and anger. Management should include an affirmation of God’s enduring love for us and an opportunity for repentance, reconciliation, and acceptance of His offer of eternal life. As Christian physicians and dentists, we desire to address the physical, emotional, social and spiritual pain of our patients in order to more fully reflect the love and compassion of our Lord.³⁷

Although Christianity and Hinduism vary widely from each other and also exhibit a remarkable internal plurality, some common features of dealing with pain can be distilled: both religions have a holistic concept of pain that takes physical, mental, spiritual, and social components into account. Neither religion sees pain in purely negative terms. Both provide narratives to explain how pain fits not only into the greater cosmic order but also give directions on how pain can be transformed for spiritual gain. Both religions know stories of role models that dealt with pain in heroic ways. Both employ the mediation of religious images, prayer, chanting, repetitive language, visualization, and the cultivation of an inner space of the soul where detachment from pain is possible.³⁸ Many of these techniques are commonly referred to not in the context of pain management but of spiritual advancement. For example, the Hesychasm tradition of the Eastern Orthodox Church that uses repetitive recitation of a short Jesus Prayer to withdraw attention from the external world has, in a recent article in the *Journal of Hindu-Christian Studies*, been compared with yogic practices of mental control.³⁹ It would be a fruitful task for interreligious dialogue to discuss how authentic elements of advanced or elite religious practices could serve a wider group of believers in the face of having to deal with pain. Theological developments of a Hindu-Christian dialogue on dealing with pain can already be seen, for example in the statement on the website of the United States Conference of Catholic Bishops, which states about an interreligious meeting of Vaishnava

³⁵ Christoph Wagenseil, “Christliche Körper in Ost und West. Eine Religionsgeschichte des Schmerzes.” Interview with Prof. Dr. Peter J. Bräunlein (August 21, 2013), <http://www.remid.de/blog/2013/08/christliche-koerper-in-ost-und-west-eine-religionsgeschichte-des-schmerzes/>.

³⁶ New International Version, available at <http://biblehub.com/colossians/1-24.htm>, last accessed February 6, 2017.

³⁷ Christian Medical & Dental Associations, “Pain Management Ethics Statement” (April 30, 1993), <http://cmda.org/resources/publication/pain-management-ethics-statement>.

³⁸ Gavin Flood has described this inner space in his comparative study *The Truth Within: A History of Inwardness in Christianity, Hinduism, and Buddhism* (New York: Oxford University Press, 2013).

³⁹ Eiji Hisamatsu and Ramesh Pattni, “Yoga and the Jesus Prayer—A Comparison between Aṣṭāṅga Yoga in the Yoga Sūtras of Patañjali and the Psycho-Physical Method of Hesychasm,” *Journal of Hindu-Christian Studies* 28, Article 7 (2015), <http://dx.doi.org/10.7825/2164-6279.1606>.

Hindus and Catholics:

Both sides of the discussion found among their differences on the nature of God and human beings a number of convergences. Christians and Vaishnava Hindus together emphasize that God wishes to enter into a loving relationship with mankind. Once a human being accepts God’s offer of love, all the circumstances of that person are changed, even if on a material level there is still suffering to be endured.⁴⁰

Towards an Interreligious Approach to Pain Management

While anaesthetics certainly are among the great discoveries of the modern age, a consequence was, as Bourke’s *History of Pain* showed, that the holistic and side-effect free religious means of pain management was pushed into the background. This does not mean that patients receiving today’s state-of-the-art medical care are not given a voice in their choice of pain management but that the religious aspects of pain management are usually not considered. In childbearing, for example, women in Western countries are offered a wide range of methods for pain relief ranging from breathing patterns taught at labour preparation classes to epidurals that result in a pain-free birth. The potential of giving birth as a rite of passage from which the woman can emerge strengthened and matured has however been largely lost in the hospital context and is drawn upon mainly by spiritual but nonreligious segments of the book market.⁴¹ Here interreligious dialogue could seek to rediscover and promote the potential of religious techniques for pain management, not to step back behind the modern achievements of pain control and individual patient-centred medical care but to enable the person affected by pain to reframe the experience in a meaningful way that may also reduce the need for chemical pain relief.⁴² In maternity wards, not only relaxing music, soft light, and a bath tub should be offered as standard means for nonmedical forms of relaxation and pain management, but mothers should also be routinely offered the opportunity to put up devotional objects and images in the birthing room and to find a respectful and accommodating environment for meditation, prayer, and chant.

The case of childbirth can serve also to highlight some of the possible pitfalls of offering religious resources for pain management. When anaesthetics became available during the nineteenth century, their use during surgery was likened to the “slumber of Adam” but their use during labour

⁴⁰ “Vaishnava (Hindu)–Christian Dialogue Discusses Relationship Between God and Suffering” (April 30, 2007), website of the United States Conference of Catholic Bishops, <http://www.usccb.org/news/2007/07-078.cfm>.

⁴¹ For a comparison between traditional views of birthing as a “woman’s battle” and modern control-focused approaches to pain, see Verena Schmid’s book on labour pain. Verena Schmid, *Der Geburtsschmerz: Bedeutung und natürliche Methoden der Schmerzlinderung* (Hippokrates, 2005).

⁴² In “Prayer for a Pain-Free Childbirth,” a Christian woman describes how she felt abandoned by her church’s teaching of the “course of Eve” and therefore practiced spiritual but not religious methods of pain management for her birth. She describes the point during labour where despite all this training she starts to panic and freeze, and how praying with her sister transformed the situation: “I had spent weeks learning to relax amidst the intensity of labor, but what I needed during those terrifying minutes of transition was the ‘peace of God, which transcends all understanding. I beckoned and my sister came near. None of us remember the words she spoke, but we recall the peace that entered the room. Eyes welled with tears. Prayer refocused me when my own strength and preparation fell short. In that moment, my labor became a physical, mental *and* spiritual endeavor; in that moment, my labor became as empowering as I’d hoped.” Monet Moutrie, “Prayer for a Pain-Free Childbirth,” website of onfaith (March 24, 2014), https://www.onfaith.co/onfaith/2014/03/24/prayer-for-a-pain-free-childbirth/31399#disqus_thread (emphasis in original).

was criticised, as the “curse of Eve” was by some taken to mean that women should have to bear the full suffering of childbirth.⁴³ Theological constructions of the duty to suffer and bear one’s lot have been used to take away agency from women and disadvantaged and suppressed groups. Religion-based approaches to dealing with pain should therefore be very sensitive to ensure that they help to extend and not limit the agency of the person in pain and his or her range of choices for pain management. “Traditional” ways of dealing with pain should thereby not be presented as the ideal that is contrasted with “modern” practices. For example, some of the traditional Indian customs surrounding birthing might no longer be perceived as desirable by young Hindu women because they reinforce social hierarchies that put men and older female relatives in a superior position.⁴⁴

A first step for interreligious cooperation on religious resources for pain management would lie in discussing and raising public awareness of the teachings of different religions on pain.⁴⁵ An exemplary event in this regard was the interfaith panel discussion organized by the Baldwin Public Library and the InterFaith Leadership Council of Greater Metropolitan Detroit in April 2015. Speakers from American Baptism, Buddhism, Islam, and Judaism spoke on the topic of “Pain and Healing Across Faith Traditions,” pointing out the complexity of the issue but showing also that religious traditions do not teach resignation in the face of suffering but hope.⁴⁶

The hospice movement is a pioneer with regards to the spiritual and religious dimension of pain management.⁴⁷ In an Interfaith Statement on Palliative Care, Jewish, Muslim, and Christian leaders urged the government of Canada to “[e]nsure that the health care system respects the psychosocial and spiritual needs of patients and their families” and “provide holistic care which includes pain control as well as psychological, spiritual and emotional support.”⁴⁸ In 2015, Ethiopia’s Interreligious Council met with a palliative care delegation “to assist the government to develop palliative care and improve access to controlled medicines for the treatment of pain.”⁴⁹ The group’s discussion ranged from the Christian roots of the hospice movement as care for the pilgrim on the way to the Holy Land to the applicability of the African concept of Ubuntu that was translated by the Buddhist Thich Nhat Hanh as “interbeing,” to practical suggestions on how the country’s network of village mosques and churches could serve to give people in remote areas better access to palliative care and pain medication. At the end of interreligious discussion, one of the participants

⁴³ Rachel Meyer and Sukumar P. Desai, “Accepting Pain Over Comfort: Resistance to the Use of Anesthesia in the Mid-19th Century,” *Journal of Anesthesia History* 1, no. 4 (2015): 115–121.

⁴⁴ Some Indian customs surrounding birthing are described in Ushvendra Kaur Choudhry, “Traditional Practices of Women from India: Pregnancy, Childbirth, and Newborn Care,” *Journal of Obstetric, Gynecologic & Neonatal Nursing* 26, no. 5 (1997): 533–39, doi:10.1111/j.1552-6909.1997.tb02156.x. See also Sheetal Sharma et al., “Dirty and 40 Days in the Wilderness: Eliciting Childbirth and Postnatal Cultural Practices and Beliefs in Nepal,” *BMC Pregnancy and Childbirth* 16 (2016):147, doi:10.1186/s12884-016-0938-4.

⁴⁵ For some more general points about how hospitals are already seeking to adjust to the increasingly multi-religious landscape in the U.S., see “Hospitals in a New Era,” website of the Harvard Pluralism Project, <http://pluralism.org/encounter/todays-challenges/hospitals-in-a-new-era/>, accessed February 7, 2017.

⁴⁶ “Pain and Healing Across Faith Traditions,” interfaith panel discussion organized by the Baldwin Public Library and the InterFaith Leadership Council of Greater Metropolitan Detroit (April 16, 2015), <https://vimeo.com/125290499>.

⁴⁷ See, for example, Harold Coward and Kelli I. Stajduhar, eds., *Religious Understandings of a Good Death in Hospice Palliative Care* (Albany: State University of New York Press, 2012).

⁴⁸ Canadian Conference of Catholic Bishops, “Interfaith Statement on Palliative Care” (June 14, 2016), <http://www.cccb.ca/site/eng/media-room/statements-a-letters/4525-interfaith-statement-on-palliative-care>.

⁴⁹ Katherine Irene Pettus, “Ethiopia’s Interreligious Council Meets with Palliative Care Delegation” (August 26, 2015), website of ehospice, <http://www.ehospice.com/africa/ArticleView/tabid/10701/ArticleId/16543/language/en-GB/Default.aspx>.

concluded: “Our agony, our passion, our hopes are the same, and we are one system of humanity. When you suffer, part of my humanity suffers. When the nose is hit, the eye sheds tears. We are doing the same thing in different ways. This has been a beautiful, human, very deep, and spiritual discussion. We must put our heads and hearts together so that we can accomplish this.”⁵⁰

Conclusion

Before chemical pain relief was available, people turned to religion for ways to cope with pain. Although religious means of pain management have been sidelined, prayer is, after medication, still the second most frequently used means that people choose for dealing with pain. Over the last decades, numerous studies have confirmed that religious techniques like prayer and the contemplation of devotional images can in religious participants lessen the intensity of pain. Using examples from Christianity and Hinduism but drawing also on wider interreligious dialogue, this paper has argued for an interreligious discussion on religious resources for pain management involving leaders and believers but also the broader public and medical professionals.

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⁵⁰ Ibid.