The relationship between anxiety and pain

Guest: Dr David Hanscom

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[00:00:10] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, co-host of the Anxiety Super Conference. Today I'm speaking with David Hanscom.

David's orthopedic spine surgery practice focused on patients with failed back surgeries. He quit his practice in Seattle, Washington to present his insights into solving chronic pain which evolved from his own battle with it.

His book, *Back in Control*, is associated with an action plan, The DOC Journey, which guides patients in solving mental and physical pain. His latest book, *Do You Really Need Spine Surgery?* is intended for healthcare providers and patients alike to make an informed decision about undergoing spinal surgery.

David Hanscom, thank you for being with us today.

Dr David Hanscom

Thank you, Meagen. I am delighted to be here.

Meagen Gibson

David, since your background is in surgical and pain management, I'd love it if you could tell me what you've learned about the relationship between pain and anxiety.

Dr David Hanscom

It's the same thing. So think about this carefully. What is pain? Pain is a dangerous signal. So, too hot, too cold, too bright, too loud. So the way every living creature evolves is by paying attention to signals from the environment. And you have to protect yourself to actually function the next day.

So we're programmed to function in a range of comfort so we're not walking on hot pavement, we're not walking out in front of traffic. It's all automatic. So if something says danger, either to a person or an individual organ, like too hungry, bladders too full, etc, your body gives us signals saying, look, you better eat otherwise you're going to starve. So they're just signals of danger that create this sensation that we call anxiety.

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So anxiety is a description of a physiological state when your body senses danger. So anxiety is not psychological. It's a sensation generated by your body's response to danger, whatever the danger is. Either on a small scale or a large scale, there's a signal.

So it's really critical that modern medicine can get this right because the data is already there. What I'm saying today is not new news. There are thousands of research papers that say the same thing. Modern medicine is overlooking the data.

So if something threatens any part of your body or you, your body says danger, your body secretes chemistry to allow you to survive. So that's the immune system, it's your metabolism or fuel consumption, muscle tension, heart rate, all those things go up in a fight or flight mode. That sensation is anxiety.

The reason why it's so critical to get this right is because it's a physiological state. When I say physiology, I mean how the body functions. You just imagine a car sitting in the street, if it's not turned on, there's no symptoms. It's how the car runs is the physiology of the car. While the human body is 30 trillion cells. So the physiology is much more complicated than a car.

But the bottom line is anxiety is an automatic physiological survival reaction that is much more powerful than the conscious brain. It's automatic and you can't control it. So it drives a lot of behaviors to cope with it but in and of itself, anxiety is a physiological state. It is not psychological.

I covered a little bit of too much ground there, didn't I?

Meagen Gibson

No, you did great. And I think that's something a lot of people, we have to do a lot of work around. Because the modern take for a long time has been that anxiety is purely a mental illness or a mental disorder that we have to deal with, detached from the body.

And as you've been so well saying, that even if we were going to call it mental illness, which I differ on, but it's not a mental problem, it's a physical problem. Is that what I'm hearing you say?

Dr David Hanscom

Well, deep research shows, not just neuroscience, but in genetics, also in cell biology, is that all chronic disease, mental and physical, actually has the same cause. The same breakdown and regeneration function happens with mental or physical pain. It's the same thing. As one of my friends says, it's all the same suit.

So any threat is a total body response to the threat. If a bear starts running at you, your mind doesn't just say, well, this is a bear, your whole body responds instantly.

So I don't like the word mind-body anymore because it implies a separation. The nervous system is simply a communication center for complex functions. So you take a bacteria, it's one cell. The bacteria can survive on its own if it's put in a petri dish and given the right nutrients.

Dr Lipton is a friend of mine. He's a cell biologist. He points out in the petri dish, if you put in nutrients, the bacteria gravitates to the nutrients. If you put in stress chemicals like adrenaline and cortisol, the

bacteria actually move in the opposite direction. So every cell in your body has a capacity to survive on its own.

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The nervous system, of course the human body is much more complex, so the nervous system is just that central relay station that coordinates your responses to the environment. So people think pain is, quote, "psychological" or "in your head", well, guess what? Everything is in your brain because it's all connected. It's all the same thing.

So when we use the word stress, we think of some type of psychological construct, it's just a threat and your body responds to it as a unit. Both your physical part of it, the mental part of it, the chemical part of it, the metabolism of fuel consumption. Everything responds as a unit. So that's why I don't like the word mind-body anymore, because it implies a separation. It is not separate.

Meagen Gibson

Would you say it's fair, based on what you're saying, that just like people have different tolerances for pain, people might have different tolerances for discomfort?

If I'm hearing you right, that the nervous system's job is to help us avoid discomfort for our very survival. And our discomfort might have been around hot or cold or a threat from a bear, what not. We've been developed to avoid discomforts because they protect us. And so some people might have just a lower threshold for discomfort and therefore a tendency for higher anxiety.

Dr David Hanscom

That's a great question. So here's the deal. So I have a model called Dynamic Healing. So every living creature takes the circumstances or stresses or the environment, and all this input is coming in at the same time, visual, smell, feel, etc. By the way, humans have language, which is also sensory input.

So your brain is processing all the sensory input, and you have a nervous system itself, which can be calm or hyperactive. So if you have a hyperactive nervous system, it takes less stress to set off a fight or flight response. So you have the input, you have the nervous system, and you have what I call the output, which is the state of the body's physiology.

So if you sense danger, your body goes into fight or flight. So if you can relax, you're on the beach drinking a beer while your body goes into safety physiology, or when you sleep etc, and that's when you regenerate to fight another day.

So fight or flight is necessary for survival. It is how we evolve and how we survive, but you need to go into safety to regenerate your reserves in order to do fight or flight.

The sensation generated when you're in fight or flight is what we call anxiety. It's just a description. Just like we're on the beach drinking a beer, you're relaxed. So relaxed is not a diagnosis, anxiety is not a diagnosis. It is a description.

And so a friend of mine, Dr Steve Porges, and his wife Sue Carter, have taught me a lot about the autonomic nervous system. And we're working hard to get rid of the word anxiety. Just state the word, activated nervous system. You're just activated.

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So if you think about it from a logical standpoint, from an evolutionary standpoint, the creatures that didn't pay attention to the cues didn't survive. So the sensation that we call anxiety becomes more and more repellent, it's intended to be incredibly unpleasant because it forces you to take action.

But here's the catch with humans that my cat doesn't have. So if my cat sees a dog, she just goes crazy. It's unbelievable how badly she acts, or even another cat. And then when the cat or dog disappears, she lays down and takes a nap. Humans have a problem that we develop language and consciousness, so we have lots of benefits from being conscious. Social cooperation, we went to the top of the food chain, but thoughts are a threat that we cannot escape from.

So if you try to suppress your thoughts, it gets even worse. So whether you experience your thoughts, you have that fight or flight response that is unpleasant. We try to suppress disturbing and negative thoughts, the fight or flight response becomes even more intense. So we're all subject as humans to the sensation of anxiety because of our thoughts. We cannot escape our consciousness.

So that's the whole process I've been on for a long time. I thought anxiety was psychological. As a spine surgeon, I developed chronic pain in 1990 driving across a bridge in Seattle, I had a panic attack. So my way I dealt with anxiety was, bring it on. I had a perverse mindset that I could take an unlimited amount of stress and you could not take me down. And guess what? People could. Except my body didn't.

So what happened? I had a panic attack, which is a racing heart, I started to sweat, I felt I was going to pass out. I was on a bridge at 10:00 at night and I thought it was over.

So what's a panic attack? Okay, your heart is racing, you're sweating, you feel like you're going to pass out. That is physiological. So a panic attack is simply also a physiological state but it erupts.

So from that point on I started having multiple panic attacks. I went from having no anxiety, none. I swear to God, I had no anxiety, to having crippling anxiety for 15 solid years. I kept treating that psychologically. I went into counseling and psychotherapy for 15 solid years with talk therapy. And I'm a huge fan of psychological input except it doesn't work if it's just talk therapy.

So going back to your question about how people have different pain tolerances, just consider the nervous system. Everybody is programmed by their past. In other words, everything you do today is programmed by your entire past up to this very second.

So if you come from an abusive, chaotic childhood, which I did, your brain is programmed to sense danger all the time. I was hyper vigilant. So it's similar to being a feral cat, which you can't get near this cat, it's on hyper alert all the time, just like I was. And being hyper alert all the time, quote, made me "successful" as a major spine surgeon, except it took me right down the other side. I crashed and burned badly.

So the essence of chronic disease is a sustained exposure to fight or flight chemistry, the physiology of the output. If your nervous system is hyperactive, it takes less stress to set that off. So the essence of healing is minimizing your time in fight or flight and maximizing your time and safety. You can't get rid of fight or flight. You wouldn't survive.

[00:11:37] Meagen Gibson

And you wouldn't want to.

Dr David Hanscom

Well, we want to, I mean, it's very unpleasant.
And we talk about the solutions in a little bit of detail. I can't go into all the details because it's not hard but there are many layers to it. But in principle, the essence of chronic disease is sustained exposure to fight or flight chemistry.

So that means adrenaline. So your heart is racing, your blood vessels are constricted, blood pressure is up, your cortisol is up so you're consuming your own tissues for a fuel supply. So early degenerative arthritis, early Alzheimer's disease, early dementia, because your body is consuming itself to survive.

The immune system, which I actually forgot about, embarrassed to say, is part of the fight or flight response. So your immune cells start consuming your own tissues.

So right from medical school, we saw these horrible disfiguring autoimmune disorders. I can't tell you how bad it can be. Colitis, rheumatoid arthritis, scleroderma, lupus. These are horrible diseases. But nobody ever really told us, well, why do they just happen? They don't just happen. So what's going on? So your immune system is actually attacking your body. So what sets it off is the ongoing threat.

So what happens is that when you're in fight or flight physiology, it turns out that every chronic disease is from exposure to sustained flight or flight that is mental and physical. So it turns out anxiety, depression, bipolar, obsessive compulsive disorder, and even psychosis or schizophrenia are inflammatory metabolic disorders. Turns out that dementia, Parkinson's, cardiac disease, hypertension, obesity are all inflammatory disorders. And that's just a short list.

So those are the diseases, cancer is felt to be chronic stress. My Cardiology mentors 40 years ago, unfortunately I've been at this for a long time. I remember them saying back when I was an intern, first year in Spokane, that they felt that most cardiac disease was due to chronic stress. I'm going, what?

That made no sense to me because I would see these blocked blood vessels, etc, but when your body is in constant stress or constant threat, you actually attack the linings of the blood vessels of your walls. So you get down to the arteries because your blood vessels are being attacked by your immune system.

So what happens, sustained threat physiology translates into diseases, but also symptoms. So when I was going through my chronic pain deal, I had 17 different symptoms, 17 at the same time. My ears were ringing, migraine headaches, back pain, neck pain, skin rashes popping up all over my body. My feet were burning. I had stomach issues. The list just went on and on and on. Again, severe anxiety, severe depression. So they're gone. Every one of them is gone.

So when you use a word of me managing chronic pain, chronic pain is actually solvable. And I think the reason why I've been successful, and I'm not the only one by the way, but I take a surgical approach to non-operative care.

So, for instance, let's take one little issue that started the whole thing for me, sleep. So the research shows that lack of sleep actually causes chronic pain. It causes it. So I always thought that people in

chronic pain can't sleep. And that's partially true, but a great paper out of Israel showed that lack of sleep actually causes chronic pain, and they did not find the reverse causation.

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So I go, okay, I can do that. So again, taking a surgical approach, being very aggressive on sleep. Within 6 weeks I could get anybody to sleep. Usually requires medications, but there's all sorts of other things you can do. And it was surprising that 20% of my people just had the pain disappear just with sleep.

We also know there's a higher correlation of disability with lack of sleep than there actually is with pain. So then I started putting these tools into practice around 2006, but I didn't understand the neuroscience until about 2009 and really the last 5 years. But it turns out that, again, that there are a bunch of ways of actually calming down your threat physiology into safety.

As you learn the tools to do that, you get control. Your body's inflammation goes down, and the physical symptoms consistently disappear. So it's not about managing chronic pain as much as solving it.

And one final thing, to go back to our podcast, is that anxiety is the pain. The mental pain is by far and away the worst part of the pain. It's much worse than the physical pain because you cannot escape your thoughts.

Meagen Gibson

So I want to go into that just a little bit because you said something big there, which is figuring out how to reset and calm down your nervous system, so how do people go about doing that? And obviously, I know you can't give us the entire process right now.

Dr David Hanscom

Well, let me tell you the principle. So what's happening, my book *Back in Control* was published in 2016 and gives a really nice framework as to the evolution of chronic pain. Which happened in the last 3 years working Dr Porges and a whole bunch of groups of very brilliant scientists, is that there are three parts of addressing this threat physiology.

So again, anxiety is just a sensation generated by ongoing danger. So anxiety is a physiological state. So the first thing you do is address the physiology.

So it turns out that the vagus nerve, or the 10th cranial nerve, is incredibly anti-inflammatory. So you can directly lower the output from fight or flight to safety. I asked this rhetorical question, which nobody can answer, is that okay, anxiety is just an activated neurophysiological state, how do you lower anxiety?

So people can give lots of solutions but the answer I'm looking for is, simply lower the stress chemicals. So the first thing to do is say, look, just visualize a large thermometer on the opposite wall. This is what you have. It's a gift. It is not who you are. So this unconscious survival response is about a million times stronger than your conscious brain. It's a million to one ratio. So you're not going to conquer this or solve it. So you develop a working relationship with it.

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So I said, look, if you want to lower your anxiety, simply lower that thermometer. So you can do it with breathwork. In other words, slow breathing between 6 to 10 breaths per minute will actually stimulate the vagus nerve, which is anti-inflammatory.

Humming stimulates the 7th cranial nerve in the back of your throat, which actually stimulates the vagus nerve.

There are certain pitches of music that Dr Porges has figured out where you filter out the lower pitches, which are threatening in the animal world. It's lullaby type music that actually you put earphones on and listen to this music. It's called a safe and sound protocol that allows you to lower, again stimulate the vagus nerve and lower the chemistry.

Rubbing your forehead is the 5th cranial nerve, so you put ice on your forehead, or you can put your face in cold water and you can actually lower anxiety.

It's very funny, but it's true, Dr Porges just changed the relationship with my cat. So just scratch your forehead. It's unbelievable. That's the 5th cranial nerve, which is very calming, very anti-inflammatory.

I learned this about 6 months ago. Wait a second, let's just try it here. So it's been pretty fun. So my cat loves having her forehead scratched. But you're stimulating the 5th cranial nerve. So you can directly lower your physiology so that's the output.

So then let's take the nervous system. So let's pretend, like I was, I'm a feral cat. When you're raised in a dangerous environment you're in fight or flight all the time. That's all I knew. So I didn't even know there's another world.

So the way you tame a feral cat, you don't talk to it, you don't logic with it. You use calming techniques. So you can use tone of voice, you can use touch, relaxation. But for humans, you have to teach the brain to be safe.

So what doesn't work is talk therapy, because you're trying to fix something that's broken. You have to rebuild your nervous system. So good trauma therapists know this now, that's now becoming more and more clear. But talk therapy by itself, this is not a psychological situation. You have to teach your body to feel safe. In other words, change the body's physiology to be more relaxed rather than always in fight or flight.

So things like exercise have been shown to be very anti-inflammatory. Diet, anti-inflammatory diet, hugely anti-inflammatory. And then sleep.

So sleep is huge. It's mostly at night when your brain cleans out the waste products from your brain during the day. It's a big filtering system and you're also resting and regenerating. So sleep is probably the number one thing to actually address. And people are not going to heal until they actually can sleep.

So anyway, the bottom line is there are ways of increasing the resiliency of your nervous system so it takes more stress to set off fight or flight.

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The final thing on the input is a big one. So I'm going to talk about some of the simple ones. You've heard of mindfulness, of course, and what you do with mindfulness, you're changing the input. In other words, instead of being with racing thoughts, just drop your shoulders for a second and feel your chair. I call it active meditation. It occurs about 3 to 5 seconds. Take a deep breath, let it relax, and you've just stimulated your vagus nerve. You've also changed the input from racing thoughts to a different sensation.

We actually used this during surgery for many years. Mindfulness based surgery is that when you get into a distracting, anxious mode, we just take a deep breath, drop your shoulders. Then I would connect to feel. So it could be any sensation. You'll feel your chair, taste your food, and listen to a sound. In surgery it was feel the light touch of the instruments, and you get connected to the mood. So my complication rate went down probably 80% despite that mindfulness based surgery.

So mindfulness is a way of changing the input. Cognitive behavioral therapy has been criticized for not really solving chronic pain. That's not true.

So with cognitive behavioral therapy, you're recognizing cognitive distortions which fire pre flight or flight, like perfectionism, labeling, minimizing the positive, maximizing the negative, mind reading, etc. So if you realize that you're being fired up from a cognitive distortion, you just let it go. You don't have to deal with it. You've calmed down your fight or flight.

So the one tool that I've used over and over and over again that is the core of the entire project, I almost feel like it's cheating, it's called expressive writing. Have you heard of this tool?

Meagen Gibson

I want you to explain it, because I've definitely heard of it, but I don't know if it's the same context.

Dr David Hanscom

So Dr Pennebaker, I know him pretty well now. We've talked back and forth quite a bit. He's learning a lot more about chronic pain. But it goes back to the obsessive thought patterns, which probably, we might have a different podcast in this because obsessive thought patterns, that people jokingly called a monkey mind, are just torturing people right now.

So when I had my obsessive compulsive disorder, it was manifested by very disturbing visuals, almost hallucinations of really disturbing thoughts. They were horrible. And I'm actually fine. And it turns out that when you try to suppress a thought, it becomes stronger.

And he points out in his research, Dr Pennebaker does, that the more he tried to suppress a thought, not only does it become stronger, it becomes a lot stronger. So you take some crazy, bizarre thoughts, and again, there are trillions of thoughts in your brain. You toss it aside. It has nothing to do with who you are.

So this happens to the more well intentioned, conscientious people. So you take some crazy thought, toss it aside, it keeps coming back, coming back. Every time you toss it aside, you just give it more neurological attention. So it starts as nothing, becomes like a parasite in your brain, it starts to grow and it becomes a demon.

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And it's perverse that the more your identity is attached to a certain skill, that becomes your worst demon. So now if we figure out why beautiful models have such body image disorders, but the brain's saying not good enough, not good enough, not good enough. So of course you suppress that thought and it gets worse.

So same thing with physics, mathematics, athletes, etc, the more you try to achieve a certain level of performance, your unconscious brain is saying no you're not, no you're not, no you're not. Remember the unconscious versus conscious brain is a huge mismatch. So it turns out that your demons are actually who you are not. And so it doesn't help in a way because these thoughts become so powerful you don't know what to do.

So what the expressive writing does, and they pointed this out really clearly, that there's over 1200 research papers that document simply writing down your thoughts and tearing them up, they don't solve it, they separate you from your thoughts. So it's the number one thing that has to be done. It should be done by every human being every day on this planet. It would change this planet's reactions to pain.

So it's a separation process. The reason why people tear it up is for two reasons. One of them is to write with freedom, because the crazier the thoughts that you express, the better. But also as you write all these issues come up. They're not issues, they're just thoughts. So you can't control your thoughts but you can separate from your thoughts.

So it turns out that the most well intentioned people have the worst problem with this because they have a higher tendency to suppress thoughts, so it's even worse.

And this gets a little bit tricky here. So the research shows that the opposite also occurs. In other words, the more of a well intentioned person you are, so you want to be happy. Research shows if you try to be happy you'll end up sad. And why is that? Well I want to be a compassionate doctor, or whatever it is.

So yes, a rational construct in your conscious brain is trying to find ways that you might not be that way. Does that make sense?

Meagen Gibson

Yes, so seeking out what you aren't in order to help you become what you want to be.

Dr David Hanscom

But it's such a mismatch that ends up working backwards.

So it turns out the more well intentioned you are, the worse the problem, which is really tragic because the most well intentioned people are the ones that could do the most good on this planet. They're the ones that are tortured by anxiety.

So people that are sociopaths and bullies aren't really burdened by good intentions. It's a problem and we're seeing it play out all over the world with dictators all over the world doing really terrible things to people. They're obviously not well intentioned. They're not really burdened by anxiety. They're just doing what they want to do. So the people who could actually be of the most benefit

become crippled by anxiety because of this process. It's called the ironic effect. It's based on what's called, the need for mental control.

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So the top researchers in the world, psychologists, pointed out that the only factor that breaks us up is expressive writing. That's it. That's simple, that's it.

Now, they've done lots of research on the types of writing. I just wrote a PDF that I can send to you to put on the show notes looking at expressive writing in detail. But after 15 years of solid, chronic pain, I've looked in every direction I could find to figure this thing out. Dr David Burns wrote a book called *Feeling Good,* and he said to write. So I started to write.

So it's a great book, and I thought it was the book, and it partially was, but it's expressive writing that within two weeks things started to shift. And by six weeks, things have shifted a lot. And by six months, I was fine. My OCD was gone, which is unbelievable. And the prognosis for OCD is really terrible.

So expressive writing is a big deal. And I have to say one more thing about OCD. I think it's an epidemic right now. People don't want to talk about it. I do not like psychological diagnosis. The bottom line is it's an activated inflammatory nervous system. And there's two parts to solving these obsessive thought patterns.

One of them is diverting the thoughts, because that's what expressive writing does, but they're the ones you have to turn down the heat. So it's when I cross my own anger threshold and calm down the nervous system changes the input, that's when the ODC disappears. So it takes both.

And OCD is considered untreatable. That's not true. I've walked dozens of people out of the situation. It's completely solvable. And again, what I'm finding out, people can actually get rid of their physical pain, but these intrusive, disturbing thoughts just torture them. And it's pretty universal, and nobody wants to talk about this.

So I'm working with a young daughter of a friend of mine who is about 8 years old, and she's tortured with panic attacks, obsessive thought patterns, all sorts of stuff. So we've learned to teach her to regulate your body's physiology into more safety. So within a month, her panic attacks are gone. She's coming out of the house, she's relaxing. And it works at any age, and it's not hard to solve once you understand the problem.

So you have the input, you change the input. You can work on building up the nervous system, and you can directly lower the output. Again, the essence of the solution is that when your stress is overwhelming your nervous system, you're going to go into fight or flight.

So we can teach you how to process input more efficiently. We can increase the resiliency of your nervous system. We can teach you tools to directly lower that chemical response. And they all work. You use them multiple times a day.

And some days when the stresses are overwhelming, it doesn't matter how good you are at this, you're going to go into fight or flight. That's normal. I mean, life is life. It keeps coming at us.
So some days when you're sleeping well and life is good, you can process almost any stress. Your circumstances are sort of bad when you haven't slept well, haven't exercised, and you don't feel

good. You're not going to do well. It's a very dynamic healing process. What I call dynamic healing, that you learn how to process the stresses more efficiently. You build up the resilience of the nervous system, and you learn how to directly lower your fight or flight response.

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I do want to go back to the whole thing about aggressive spine surgery and structural issues. 90% of all symptoms in the body are created by your body's physiology.

So we talked about the different symptoms. We talked about the diseases. So what we're doing in medicine right now is we're treating just the symptoms. You have a migraine, headache, we'll give you medications. Irritable bowel syndrome, we will give you some medications for that. But the issue is the stresses versus your coping skills.

So in modern medicine, we're thinking things that are structural, so we're not acknowledging a person's stresses. We don't know who they are as people anymore. We don't know their coping skills.

So let's say I treat somebody's stomach pain with medications and they go home to an abusive spouse, that's not going to work. Not going to work.

So there's some things that are pretty hard to solve, but the bottom line is that the business of medicine has taken our capacity to talk to our patients. I do not want to throw doctor's under the bus because they're incredibly well intentioned and work incredibly hard, but I use the word persecuted, we're actually being persecuted if we take time to talk to our patients. And so how do I get to know who you are? How do I know what your life is?

I'll tell you one quick story where I met a gentleman with neck pain, about 70 years old, super nice guy. He's there with his wife, and about 40 year old daughter. He had had neck pain for 5 years. So I said to myself, this isn't this hard. It doesn't take much time to figure this out. There's a simple question of, what's going on?

What was going on with this guy was that his paranoid schizophrenic grandson had killed his father who was his son, murdered him. That's the problem. That's the diagnosis. It's not neck pain.

So the family stress of living with a paranoid schizophrenic grandson that is so ill that he actually shot his father, that's stress. So when you're under that kind of stress, what's your body's chemistry doing?

So 90% of symptoms in the body are physiological.

Have you heard a term called medically unexplained symptoms by chance?

Meagen Gibson

No. Tell me about it.

Dr David Hanscom

It's called MUS. It started about 2002. And so doctors feel if they can't see something on a test, it must be psychological.

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Well, again, we talked about the body's physiology. Symptoms are physiological, not psychological. And so it's a deadly diagnosis because what the doctors are saying, well, we know you have pain, and again, they're not acknowledging mental pain or anxiety very well. And so we know you have pain. We don't know exactly why you have it, and we'll do our best we can to manage it, but you're going to live with this the rest of your life.

Well, we also find out that lack of hope is actually inflammatory. We just made the problem worse. Now, they have a label, medically unexplained symptoms or MUS, but their hope is gone. So we didn't help you.

I actually quit my practice to do this in 2019 because we're basically doing spine surgery on anxiety, and it doesn't work. The success rate for a spine fusion for back pain is about 25%.

Meagen Gibson

That's not a great rate.

Dr David Hanscom

It's not good.

And we also find out that if you operate in the presence of a hyperactive, fired up nervous system, that we actually can induce chronic pain at the new surgical site or worsen the pain you have between 40% to 60% of the time. We have actually doubled the chance of making you worse than making you better.

Then I was a salvage surgeon who was trying to do the extra surgery to actually solve the problem, and it would help a lot of people, but it's mostly with the rehab and calming down the nervous system, not the extra surgery.

I've seen hundreds of patients going pain free, when I say pain free, in other words, they've broken out of this chronic pain cycle. They get to thrive. And I'm watching people badly damaged by spine surgery and I just could not watch it anymore.

So unfortunately, as hard as I'm trying, the instance of spine surgery keeps rising. We keep training more spine surgeons, and unfortunately, those last 5 years we're not training doctors to talk to the patients at all. It's all about production. So we're really hurting our population badly right now in medicine, not just with spine surgery in all realms.

But again, your symptoms are actually MES, medically explained symptoms. They are completely explained by your body's metabolism and inflammation and fight or flight response. Completely explained.

All 17 of my symptoms are gone. No more brain sensations. My ears don't ring. I don't have migraines. My anxiety is normal. I'm not tortured by anxiety anymore. I had a major depression, that's far gone. And I will say my wife keeps reminding me that if I quit practicing the techniques that I just described to you, my skin rashes pop up, my scalp starts to itch, my sleep goes awry.

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So it's just an ongoing, daily dynamic process and why we call it dynamic healing. So dynamic healing, we teach how to process the stresses better, increase the resiliency to your nervous system, then the symptoms, we will treat the symptoms but if you put it in the context, the whole person's response to the environment is successful.

Meagen Gibson

I think that's a wonderful place for us to wrap it up. And it's such a great reflection, and also that you have that mirror in your partner that you can say, hey, you're not practicing what you know works.

Dr David Hanscom

That's what spouses do.

Meagen Gibson

Exactly. And proof that you've got to practice what you know to be true in order to... Everything that you tell everybody else is also going to be true for yourself. So I love everything that you shared with us.

Dr David Hanscom

The exciting part, once you quit having to fight off this huge survival reaction of anxiety, you can thrive at a level that's unbelievable. I'm thriving at a level that I didn't know possible. And once you learn how to process this survival reaction, then you're free.

So it's just been really wonderful to watch people break free. They go from no hope to a whole new life. And it's not very hard. It does take the steps.

And I will talk about The DOC Journey just for a second. It's called Direct your Own Care. The sequence is critical. You can't just go from pain to play in a heartbeat.

So remember, anxiety is a neurophysiological state. So is play. Now, if you're doing play just to distract yourself, that doesn't work. So there's a sequence of just starting tools to start calming things down, then you go into the principles, then we go into anxiety awareness and anger. And anger is always a tipping point.

And so we go through a sequence that allows you to start reconstructing your nervous system, learning tools to actually navigate more life efficiently. And the biggest factor that determines success is simply engagement.

We also just put an app out last week called The DOC Journey App. Same thing. It's more of an experiential play app. Which we're excited about. It's based on our workshops. And so, again, you cannot have anger and awareness in the same room. Awareness is the essence of the problem. You have to know what the situation is before you can change directions.

But eventually, as you develop curiosity, gratitude and play, it's a profound shift in your body's chemistry. People heal.

[00:38:00]

So again, it's been very rewarding. And I can't tell you how exciting it is to watch somebody with no hope, not only regain hope, but actually thrive. It's just been really quite an experience for me.

Meagen Gibson

What a transformation in a career and what an altruistic shift that you've made to help other people in this way.

Dr David Hanscom

Yes, I'm excited about it.

Meagen Gibson

Well, I appreciate you being with us today, David. How can people find out more about you and the program that you just mentioned?

Dr David Hanscom

You can look up The DOC Journey on Google or it's the thedocjourney.com

The app is on Google and also on the App Store in Apple and easily downloadable.

And then my book is, *Back in Control: A Surgeon's Roadmap Out of Chronic Pain*.

Then the surgical book sounds like well, it doesn't apply to me. Please do not undergo spine surgery without reading this book.

I break the decision making process into just two factors. There's four quadrants and it's not very hard to decide. But you don't want to undergo surgery on a normally aging spine. That's a really bad idea. So please, it's called, *Do You Really Need Spine Surgery?.* It's a really helpful book. It really clarifies things.

Meagen Gibson

Fantastic. Thanks again for being with us, David.

Dr David Hanscom

Thank you.