



Conscious Life presents
**HEALING TOXIC
RELATIONSHIPS**

Transforming Our Ruts in Relationships

Guest: Dr David Hanscom

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[00:00:09] Meagen Gibson

Dr David Hanscom, thank you so much for being with us today.

Dr David Hanscom

Thank you. Thank you for having me.

Meagen Gibson

David, I want to start with a question about our relationships to work because you have such an interesting backstory and one that I think a lot of people might relate to. So, looking at toxic relationships we may have with our careers and roles and how they inform our identities. So as someone who quit your work as a surgeon and entirely flipped your approach to pain and invasive surgery and mind body healing, describe that process to me.

Dr David Hanscom

Well, first of all, I found out that we spend an awful lot of time at work, and being a major spine surgeon consumes a very, very high percentage of your life. And about 20 years ago, I'm going, wait a second, I spend most of my time at work, I don't spend as much time at home, why not make work fun? Why not make it enjoyable at work? And so I actively took the label work versus play and got rid of it. And there's not that much difference in a way. It's a way to spend time with people.

And so we made a conscious choice at our work environment to have a good time. And we did. So little things like we didn't complain at work. We stayed, I mean, there's obviously problems we had to discuss. I'm not trying to make this pollyannaish, but we decided to enjoy each patient, talk to each other more, talk to our staff more, really just create an environment that was enjoyable. And in medicine, it's unusual because medicine is a pretty hypercritical environment.

And I think almost any business is like this, that you're not good enough, not good enough, not good enough. And so hence you get to the top of the pile, and you have impostor syndrome. Well, the problem with the impostor syndrome is driven by not good enough, not good enough, not good enough. And just because you get to the top of the pile doesn't mean that voice turns off. It doesn't. In fact, it's being reinforced.

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So right from the beginning, we just had a good time. In fact, it would get so rowdy in clinic, we just had to calm it down. So our staff meetings were enjoyable. We did continuing education in clinic. One of the reasons I decided to make work play is that I work super hard, get very drained, and I realized a lot of it was unnecessary drainage, just being sort of negative on the day, because a positive mindset actually is regenerating and what we call anabolic, you actually put fuel in your system when you're relaxed in a place of play.

If you're stressed out and frustrated, et cetera, et cetera, while you're actually consuming fuel, we call it a catabolic state, and you get worn out. So I was spending so much time on vacations, just recovering from work. I'm going, this is crazy. So what happened? It all became sort of the same thing. So when I quit my career, it wasn't because I was burned out, because I did go through a 15 year flaming burnout.

So the last 15 years of my practice were incredibly enjoyable. The only reason I quit my practice was because I've seen so many people being badly damaged by inappropriate spine surgery. I've seen so many people go to pain free with minimal resources and no risk. The difference was too much for me. I said, I gotta do what I could do to change this juggernaut of spine surgery, which is really hurting people.

Meagen Gibson

Fantastic. Gosh, there was so much I'm like I have 16 follow up questions.

Dr David Hanscom

Let me just go to one spot. My burnout started in 1990. I started with a panic attack on a 520 bridge in Seattle. And from that point on, I developed 17 different physical and mental symptoms. So clearly, spine surgery is one of the most stressful fields of medicine. And I thought about going into internal medicine, which I started out with, or going to simple, like, sports medicine surgery, which is much simpler, less stressful. But I somehow had a sense that the problem wasn't work. It was me. And I didn't know why. I had no idea really why.

Now I understand perfectly that we get these racing thoughts in our head. We're trying to outrun our minds. And I did it for a long time till I was 37 years old. I was so busy, so active, I didn't even know what the word anxiety was. Hence, I became a fearless spine surgeon. The reason why that happened is that my attitude or my approach to deal with anxiety was bring it on. I had an image of bring it on, bring it on, bring it on.

So I went to one of the top spine fellowships in the world. I was a workaholic, and I did, I outrun my anxiety to the point I didn't even know what it was. But I wasn't having a great time, and my ears were ringing, migraine headaches, skin rashes, my feet were burning, then developed crippling anxiety that would not go away, kept getting worse and worse and worse.

And during the last 10 years of my 15 year ordeal in chronic pain, I developed a full blown obsessive compulsive disorder, which is manifested by severe intrusive thoughts. I do not like that diagnosis because everybody has some level of intrusive thoughts. In fact, it's way more rampant than I ever imagined. And we'll talk about the physiology of unpleasant thoughts in a second.

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But I do have a full blown OCD, at a point I was pretty suicidal in 2002. Barely made it through. There's a long way of saying that I realized work wasn't the problem, it was me. And so I somehow, at some instinctual level, decided I need to somehow get happy first. And if I switch careers, I would still be there. And I was right. Now, I don't know if staying in spine surgery was the smartest choice because the stresses were extreme. I barely made it through, honestly.

But life on this side has been completely different. So my life is full, rich, creative. I had the best time of my life the last ten years of my practice. I started teaching the same tools to my patients. So I had hundreds of patients going to pain free. We see a patient that's in the depths of despair, which, as you know, I call it the abyss, they not only come out, but they thrive. It's just incredibly rewarding. And it happened over and over and over again.

So the bottom line, work isn't the issue for any of us. Just like, okay, so the metaphor I'm trying to get to, I call it the eye of the storm. I was watching Hurricane Gustav many years ago coming into New Orleans, and of course the eye of the storm is very quiet. And to me, the wind was a metaphor for racing thoughts, and also racing circumstances. So what I realized that the tools that were getting me mentally, physically healthy, were tools to pull me out of the wind into the center.

So you can't control your thoughts, you can't control most of your circumstances, but you can change your relationship to them. So the bottom line is I begin to view work as a gift and a privilege as opposed to having to go to work. My burnout could be summed up in resolving by, we say, "thank God it's Friday", and for me it turned to "thank God it's Monday." So nothing changed except me. The stresses were the same, but it also flipped the switch, and I could just look forward to it. What can we do today to have a good time?

Our residents and fellows would come into our fellowship quite confused because all of us are treated very judgmental in a residency and fellowship. And here my partners and I are having a great time. So it took about six weeks to just reorient themselves to go, wait a second, this could be a lot more fun than we thought it was. Of course, when you're having fun, it transmits right to your patients. So it's a huge effect just by flipping the switch. And the only thing that changed was a paradigm shift.

I also had to learn a set of skills to lower my threat physiology, we call fight or flight, which is the essence of anxiety and anger. And the medical world in general, but I think it's true for any profession, it's very judgmental. Not good enough, not good enough, not good enough. Well, it's also a metaphor for life. So the same process I did at work, we did in the operating room, we taught our fellows and I learned mindfulness based surgery.

My complication rate dropped through the floor. So instead of just getting through a case to do it correctly, it became an art form, the whole process became a performance. So the metaphor of enjoying work is the same as enjoying your life. And if you think you can be angry at work and also come home and be a happier person, it actually doesn't work. And people often bring their work home.

So I remember one day, medicine has lots of challenges, and I would come home pretty much every night, unload some trouble at work on her, this, this and this, and she finally said stop. I go, what do you mean? Because I just felt like it was my sharing my life with her, that was part of the

deal, and it wasn't her business. And plus, she's having a nice day, walking through the door and bringing all these troubles into the front door is toxic.

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And so it took me about two weeks to figure out what she's trying to say, because I thought it was normal. I mean, who wouldn't bring their troubles home from work? But she was dead on right, is that there are troubles at work but again, you can sort of change your relationship to the troubles. And those are troubles, they're not you, you can still have a good time in place, in spite of, the troubles, but when you come home, that is a place to rest and regenerate. It's not the place to bring your troubles home.

Meagen Gibson

Absolutely. Gosh, and you said so many things I resonate with. I mean, the point about, I think it's fantastic that you did change your work environment and did change the atmosphere and did change the fact that you were all having fun and that that affected your patients as well and, also, you still have to deal with yourself. Wherever you go, there you are. I can't remember who said it. There's going to be a limiting factor to that unless you do the internal work to really work at it.

And you also validated a really interesting point that I think a lot of people don't realize, especially as they're building their careers or as they're working at home as household manager, raising their family, that you work your way to the top and whatever you feel is success, and then you're not happy. You're still not happy. And the air gets really thin up there, and you wonder, hey, wait a minute, this is what I was working for, for so long.

And some of the things that you spoke to around stress and anxiety. We evolved to stay alive, not to be happy. And all of those factors really contribute to being able to be successful. All that stress and anxiety, those are characteristics that are meant to keep us alive that we've just transitioned into helping us succeed in our careers or helping us raise a well developed family or however we're using those skills. And then you get to the finish line of that and you're miserable and you wonder why, right?

Dr David Hanscom

Right. Well, there is tremendous anxiety with success. Huge. And it's a huge problem. And people don't understand this because at one point, in the worst part of my ordeal, my son was about ten years old, had a beautiful house, nice cars, marriage is going well, the practice, had a great reputation, so I had it all, everything I've been working for for my entire life to that point was there, and I was never more miserable than I ever was.

I remember thinking this over and over again. I've done everything I'm supposed to do and I'm completely miserable. And I was riddled with anxiety. And so when I was in Sun Valley for four years and I didn't understand this till later, about this anxiety of success, is that you're all goal driven, and a couple of things happened that caught my attention. I had one patient come in, he was about 45 years old. He had just sold his business for \$60 million, and he was in tears. He absolutely broke down.

He goes, I don't know what to do. He had succeeded and he didn't know what to do next. And he was completely miserable. So a corollary of that during that period of time I was in Sun Valley,

there's a period of time over 18 months where six males, six guys, between ages 45 and 65, killed themselves. Suicide. They had success, they had careers, lived in a beautiful place, had community, had family, beautiful kids. There's nothing they didn't have, and they killed themselves. How can that be?

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So it's this inability to outrun your thoughts is, I think, what drives people insane. I don't want to try to cover too much here because I just want to put out a couple of concepts. So for those of you that are listening, there's two separate skill sets. There's a skill set of actually, anxiety is just a sensation that says danger. So it's a neurochemical reaction. Your brain says danger. Your body responses increase, your neurotransmitters become excitatory. You're consuming fuel. Your body secretes inflammatory cytokines, which are molecules that fire up your immune system.

So you're in fight or flight. You're agitated and anxious. So anxiety is just the word that describes the sensation developed by fight or flight. It's a survival sensation. It's supposed to make you feel guilty, ashamed, all these horrible sensations come through, but it's supposed to do that. Anxiety is a gift. We would not be alive without anxiety.

Meagen Gibson

I just want to note also that it doesn't have to be real threat, it could just be perceived threat.

Dr David Hanscom

Right. And the problem is that's really pushing anxiety in modern times is this thing called self-esteem. And self-esteem itself is what we call a cognitive distortion. It's a label. If I have enough self-esteem, I'm going to feel better about myself. The trouble is, these unconscious survival reactions are 1 million times stronger than your conscious brain. So it's, number one, a complete mismatch. Number two, self-esteem is a judgment pattern.

Every second, you're judging yourself as better than or worse than. So how can you relax if you're always assessing yourself compared to other people? So it's the driving force, I think, behind these, what I call, repetitive, unpleasant thoughts. I call them ruts. And so we'll talk about more of this in a second, but I still want to go back to the idea that there's two concepts of actually living your life more productively. So one of them is anxiety is a sensation generated by your threat physiology or fight or flight.

Let's get rid of the word anxiety and just use the word activated threat physiology. So it's designed for you to take action, and once the problem is solved, your stress chemicals drop and the sensation goes away. If you can't escape the problem or solve it, you kick in more stress chemistry and become angry. So anger and anxiety are the same thing. So let's get rid of the word anger and just call it hyperactivated threat physiology. So anxiety and anger are just gradations of this threat physiology.

Learning to work with those and to regulate your stress physiology is a learned skill set. So it's very empirical. It's not hard. There's a bunch of ways of doing that. So, as you know, I have a process called the DOC journey, direct your own care journey, which is both a course and an app. You cannot do this with mind over matter or positive intentions because these are massive survival reactions.

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So there's a skill set involved in actually lowering your threat physiology, and you can't get rid of it, but you can minimize time in threat and maximize time in safety, and your body actually heals. And when people heal, I mean, all my symptoms are gone. I don't have OCD. I don't have anxiety. I don't have skin rashes. I don't have migraines. Because when your body's in a, what we call anabolic regenerative mode, your body actually heals itself.

So the healing is nothing short of a miracle, except the body is a miracle. So that's a skill set of learning how to develop a working relationship with your survival physiology. Then the other skill set is nurturing joy, which is good food, good wine, good friends, spiritual journey, all these things. But again, since it's a million to one mismatch, if you're using these tools or approaches to outrun your anxiety, i.e., for me, it would have been changing my job, you can't win. It's impossible.

And a friend of mine, Bruce Lipton, pointed out that anxiety and anger, again, we're using the word activated and hyperactivated threat physiology, they're automatic, they're hardwired, we have no control. So you can reprogram it. Then, as you mentioned really clearly that a lot of the things that set off fight or flight are cognitive distortions, so let's take, go back to the work situation again, which I don't care if it's work, play, relationships, whatever it is, it's all the same thing.

So the first step is to look at your language. And so if you label work as something I have to do, or do I have the privilege of doing it, it's a big difference. Somehow I did figure this out early on. So I started in construction work, of course, my first job is hauling bricks around, carrying, digging ditches for foundations and stuff like that. But I remember, if I had to dig this ditch, I was going to be the best ditch digger ever.

So we just challenged ourselves to dig really nice, clean trenches, do it relatively quickly, efficiently, and it was fun. Or, I have to dig this ditch. So one of my friends, every time he stepped out of his car in the morning to go to the hospital, as soon as his foot hit the curb, his thought was, I hate the administrators. Okay, that's not a great way to start your day. And then there's all sorts of things.

I mean, for all of us at work, we tend to find things to complain about, be upset about. And so instead of looking at what you can do to make your day better and more enjoyable, your brain's on complaining. So one of the cardinal rules of healing from chronic pain is never discussing your pain, never discussing your medical care. No complaining, no criticism, no giving unasked for advice, no malicious gossip, nothing.

Because with the body's healing, you have the input, or your circumstances or stresses, then you have your nervous system that interprets from sensory input, it interprets your environment and sends out signals for fight or flight physiology or safety. So if you step out of the car and you hit the curb and think how much you hate work, what happens to your physiology?

So by changing the paradigm of going, I mean, there's always challenges, but if you say, look, I have a chance today to actually use my skills to overcome the challenges, don't look at them as obstacles, but challenges, how can I be creative in solving the challenges so I can enjoy my day? So having that intention of enjoying your days, by the way, this is different from positive thinking. Positive thinking sort of tries to negate negative thinking.

[00:19:55] Meagen Gibson

Right. It's bypassing.

Dr David Hanscom

Yeah. So it's just not about enjoying things that are bad. When I talk about developing a working relationship with anxiety, it's not to make it more pleasurable, it's always going to be bad. So again, going to the two parts of healing, it's one skill set to lower your threat physiology. It's another skill set to nurture joy. They're linked, but one doesn't counteract the other. The trouble is, if you don't have the skills to actually lower your threat physiology, or what I call autoregulate, you can't nurture joy. This is a million to one ratio, you can't do it.

Meagen Gibson

It's really hard to cultivate joy when you don't feel safe.

Dr David Hanscom

Absolutely. Right. But, again, the beauty of this whole process is that a good share of our consciousness are cognitive distortions. Self-esteem itself is a cognitive distortion of labeling. And so then the other major cognitive distortion that drives all of us crazy, including the imposter syndrome, is should thinking. I should do this.

Meagen Gibson

Should be grateful. For the example when you were talking about your family and your work, and you should have been the happiest you ever were, but you weren't.

Dr David Hanscom

Right. The bottom line is you can be as happy as you can right now, using the tools. There's all sorts of tools to use this, which, again, we won't have time today to go into the actual tools. But it's not positive thinking. It's a learned skill set. I use the metaphor of, I used to think just by understanding my past and all these details about it, I would heal. What I didn't realize was that my brain was on the past, not on the present.

So I just wrote a website post called quit fighting the darkness, just turn on the light. So you can process the darkness and just flip on the light switch, and it's a lot easier. So this isn't work. It's just reprogramming, programming, programming. Your brain actually changes structure, physically changes structure, and you heal. So when people heal, anxiety drops, anger drops. It turns out that anxiety, depression, OCD, bipolar, schizophrenia are all inflammatory disorders, every one of them.

Turns out that Alzheimer's, cardiac disease, Parkinson's, adult onset diabetes, hypertension, autoimmune disorders, cancer, osteoporosis, are all inflammatory disorders. They're all the same thing, which is sustained fight or flight.

[00:22:32] Meagen Gibson

And it's interesting because as you were talking, I was thinking about autonomic nervous system and all of these things that come up as protective measures, anxiety being one of them. And I recently had a counselor who was talking to me about my teenager, and she said for every one criticism, you've got to have like five affirmations. The affirmations have to strongly outweigh any criticism. And by criticism, a teenager, you say, like, take out the trash and they hear I'm a bad person, right? They do all that cognitive distortion that you were talking about.

And so it reminded me of that just because when you're talking about these automatic systems that are built for our survival and then having to counterweight that, programming yourself into safety, practicing yourself into safety, so that you're not giving weight to all of the autonomic processes that are happening, I step outside my car, and really the function of me, when my foot hits the ground thinking, I hate this administration, that's your brain and your body's way of being like, I don't feel safe here. This doesn't feel good. But it's going to translate that into messages that you can hear and understand and fixate on and seemingly fix when the fix isn't necessarily outside, it's inside.

Dr David Hanscom

Well, here's a major problem with human consciousness. I'll just touch on this again, this is all on my websites and stuff to look at in detail. I call them Repetitive, Unpleasant Thoughts, called RUTs. And with physical pain, we have what's called the nociceptive system. So if I touch a hot stove, my hand comes away, right? That's automatic. It says danger. So your brain consciously does that automatic response. So that's not psychological, that's a protective response.

So, same thing crossing the street, I visually look up and down the road, and if there's a car coming, I'm not going to walk into the road. But, what is that? It's visual input. Your psyche is involved in analyzing the data, and you say danger, and you don't take action. So we have automatic protective responses to survive. So people that, for instance, are born without pain fibers can't survive more than about 10 or 15 years because they can't protect their body. It breaks down, they get infected.

Then our body's design, what the nociception system does, it guides us into behavior automatically that I'm not staring at their bright light, I'm automatically shifting my chair, I blink my eyes, I swallow. All sorts of things happen automatically because the species of creatures that didn't pay attention to those cues just didn't survive. So people forget that the nociceptive system keeps you out of pain. And when you have pain, it just says danger. Do something different to avoid breaking down your structure.

So that's how every living creature evolved, everyone. So even bacteria, once cell bacteria gravitate towards safety or nourishment, and they instinctively go away from danger. And so it's basically, as one of my friends pointed out, it's basically the DNA versus the environment. There's signals coming in that gravitate towards and avoid danger. Humans have a problem of consciousness, that that consciousness creates the same reaction.

So, again, thoughts are mental input. The physiology are your emotions or what you feel. In other words, that's the body chemistry. And so when you have unpleasant thoughts, when you try not to think about something, it gets worse. So we have no withdrawal response from our thoughts,

there's no protection from our thoughts. So the bottom line is, if you have an unpleasant thought, of course, what we do is suppress it.

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Well, the data also shows when you suppress it, it fires up the physiology even more. And then, of course, you think the thought more. So we are human beings. We are totally stuck. Now, it's solvable. And the mental health world has not figured this out. And I'm not saying I'm a genius but I did suffer for over 20 years with this really severe OCD. I don't have it. So for those of you, people think OCD is sort of a joke, counting pennies, going up and downstairs, et cetera, I had none of that.

I had what was called internal OCD, where I had thought, counter thought, though, counter thought, and it never stopped. That's what drives people insane. So the physical pain is sort of doable, we can sort of deal with it. I have arthritis, and I have more pain now than I had physically, but I don't have the anxiety. And so what happens is that the thoughts say danger, your body goes into fight or flight. Half the brain is the immune system. Half your brain is what's called glial cells.

So when you're in fight or flight, your brain itself is actually inflamed. So then you have an inflamed brain, throwing off the thoughts. The thoughts are stimulating the brain. Back and forth, back and forth. So then when kids act out, for instance, say a twelve year old, six year old, acts out, we're using behavioral interventions for a physiological state. It absolutely can't work. It's a way of suppressing things.

So we do know thought suppression causes increases of opioids. It actually shrinks the hippocampus of your brain, which is the memory center. Your brain itself shrinks because what happens when you're in fight or flight, you're consuming resources. Your body's actually taking fuel from every cell in your body, including your brain. So the key issue is there's four steps to healing this. And I do not have OCD. It's considered untreatable. And the reason why, again, the physiology has not been addressed.

So the first step is you learn to divert your thoughts. You can't control them, but you can divert them. And there's sort of three ways to do that. One of them is mindfulness, where you put your brain on a different sensation. Like right now, I call it active meditation. Just drop your shoulders down for a second, feel them drop, listen to a little sound in the background. My brain is on a different sensation than thoughts. So it's a thought diversion tool. Not a cure, just a thought diversion.

Same thing. You know, I've talked a lot about expressive writing, which is a big deal. And this Dr Pennebaker published the first paper in 1986, he put this book together called *Opening Up By Writing It Down*. And when you write down your thoughts and tear them up, you're simply separating from them. That's it.

The third thing is Cognitive Behavioral Therapy, that you can restructure your thinking. And Cognitive Behavioral Therapy is one of the tools that allows you to restructure your thinking. Instead of saying that I have to go to work, I get to go to work. I've had some very serious calls, close calls with death, including esophageal cancer, which I escaped by a pure miracle. So a bad day is better than having no day.

[00:29:23]

And as the Dalai Lama, he said, well, why would you keep comparing yourself to people that have more than you? Why not compare yourself to people that have less? So just simple things, just reframing. So anyway, mindfulness, cognitive restructuring, expressive writing, diverting the thoughts. But then you have to turn down the heat. So I call it anger processing is that there's a bunch of ways of actually dropping threat physiology.

So better diet, exercise and sleep. Drop all that down. There's breath work, just slow breathing, stimulates the vagus nerve, which lowers your threat physiology. Very anti-inflammatory. You do humming, stimulates the 7th nerve, again by the vagus nerve. Rubbing your forehead, that's the 5th cranial nerve, again, the way this works, it's called safe and sound protocol. You can listen to lullaby type music, which actually again, stimulates the vagus nerve.

So I call it dynamic healing. There's ways of processing input. Again, not discussing your pain, no complaining, no criticism, again, changes the input. You can increase the resiliency of the nervous system with diet, exercise, sleep, and this is where trauma counseling does come into play. Then you can directly lower the physiology. So I call it becoming a professional at living your life. You learn how to process adversity more quickly, you learn how to nurture joy more effectively and consistently. And your brain actually changes structure and things change dramatically.

So the first step is thought diversion. The second thing is anger processing, which is the things we just talked about. I don't like the word forgiveness, it's too big of a word. But there's ways of actually processing anger. You simply flip the switch. I'm not going to be a victim anymore, I'm just going in a different direction. So, again, on my website there's a whole section of anger processing. But until you can learn how to regulate your physiology, none of this works. So there's physiological regulation, there's thought diversion.

The third thing, which I think is really critical and where the healing actually takes place, is nurturing creativity and joy. So what you're doing, you're moving away from the pain circuits, not towards them. Again, mental pain and physical pain are the same issue. The mental pain is generally the worst problem. So if you try to fix and solve it, you're actually reinforcing it. So as you learn to process it and learn to live with it, again, this occurs dozens of times every day. I'm triggered and I'm upset. Okay.

You don't have to understand why or how, just know I'm triggered. I'm in fight or flight. There's a bunch of tools to pull yourself back into safety and just move on. Then the final step, I call it dissolution of the ego, is where the need for all these thoughts comes from your need to create self-esteem. Now, self-esteem is fine. I mean confident, feeling good about yourself, feeling worthwhile is great, but it's a pursuit of self-esteem that's the problem.

In other words, where's the endpoint? There's no, it's always better than, worse than, every second. Comparing yourself, comparing yourself, comparing yourself. Then you get this FOMO thing going, Fear Of Missing Out, which becomes really deadly. There's no endpoint. So it was David Burns who taught me years ago, he wrote a book called *Feeling Good*, that you should just kill your ego. Just kill it.

And what happened to me, I came from an abusive background, I, eventually, during my teen years, developed a David Hansom persona. So I was athletic and social, and I worked hard. I had all these identities that created a David Hanscom, became a major spine surgeon. And it worked, until

it didn't. Takes a lot of energy maintaining this facade. But I've also realized going through this RUTs process in this book I'm writing, is that okay, I have my facade, you have yours. Everybody has a facade. We all have an identity that we create, and we want to maintain it to the world.

[00:33:24]

But going back to survival mechanisms, this facade has to be sort of bulletproof because emotional pain hurts. Yet being vulnerable is at the essence of successful human relationships. So there's no rewards in nature for being vulnerable. Same thing with emotional pain, except that's what makes relationship successful is vulnerability. So we have a big problem here as humans.

So what happens is that you dissolve as your ego dissolves. And who knows how dissolved mine is or isn't. You just don't have the need to keep propping up its identity. So the person who wrote *Sapiens*, Harari, made a really clear comment that this has been a topic for millennium about human consciousness, is it all an illusion? And basically he used the word zombies. So I have my facade versus your facade versus somebody else's facade. It's no wonder we can't get along because we don't even know who each other really is, right?

So we're programmed our entire life by who everybody thinks we should be. Then our brains take on that story, and so we're programmed by every second of our life to this very second. But a lot of us do with our need to somehow stay intact. We put on our armor every day, go out to the world, and nobody really knows who each other is.

Meagen Gibson

Because we're all trying to make sure nobody else can see what our armor looks like, right?

Dr David Hanscom

Well, I mean, for me, I couldn't tell. I did not know I was doing this. In other words, I did what I was supposed to do and I did all the accomplishments I needed to accomplish, and I was miserable. So then it takes a lot of energy keeping this armor on, and usually between ages 30 and 40, just blows apart for many people. Unless, of course, there are a group of people, so again, the most well intentioned people have the biggest problem with this because they not only suppress the thoughts if something feels bad, they give meaning to it. In other words, they identify with it.

So the people that are sociopaths or psychopaths don't have that problem. So I don't know, I'm not calling all the world's rulers dictators and sociopaths, but a lot of them are. You look at the schoolyard bully, okay, what's all that about? So the bottom line is people that are not so well intentioned aren't burdened by these thoughts as much because they don't care.

Meagen Gibson

Right.

Dr David Hanscom

So to me, it's actually a world survival issue because the people that could do the most good in this world are actually just crippled by anxiety.

[00:36:13] Meagen Gibson

Yeah, I hear that.

Dr David Hanscom

Anyway, I know we covered a lot of ground.

Meagen Gibson

We did. And I want to make sure, because I know my time is almost up with you, and you mentioned your website a few times and resources and tools that can be found there. So let us know where we can find out more about you and everything that you talked about today.

Dr David Hanscom

So here's the deal. And I'm trying to keep the interviews a little bit more simple because none of it's complicated, but it's complex. In other words, I put together a framework called [the DOC Journey](#), Direct Your Own Care Journey, and so it takes you through a sequence of calm down the nervous system, some thought diversion, relaxation, then sleep. So you have to get your brain ready to heal.

Then it goes into the neurochemical nature of anxiety, then awareness, then anger, but then also into rebuilding your life. So you can't learn how to play the piano by reading a book. You have to practice. So the key issue is practice, practice, practice. Simple tools over and over. It's not work. So people say you have to keep working at this. Well, if you're trying to work on self-esteem and work on your identity, obviously you're going to get worn out.

So it becomes habitual, automatic. Your life starts to change. So there's a DOC Journey course. There's a DOC Journey app. Whatever you are more related to is helpful. Everything we talked about is in these two offerings. But on my website, which is a free website, [backincontrol.com](#), I did put a section on [RUTs](#), R-U-T-S, so it's a rough outline of the book I'm putting together. So I carved out about 15 blogs out of my massive number of blogs to at least get that pathway started. And so I'm excited about it.

And I had, I don't know if I told this, stop me if I've already said this, but I had one pain psychologist get better in three months out of severe OCD. I've helped dozens of people out of this hole, mostly physicians, by the way, because we're actually particularly prone to this. But when I start talking to people I work with carefully, this problem with disturbing thoughts is very much a big problem. And kids 8, 10, 12 years old are being tortured by these things.

So then on that page you look at, I write for Psychology Today, which has over 1.2 million views, it's called [Anxiety: Another Name For Pain](#). So there's lots of resources there. And so I hope I didn't try to cover too much today, try to explain this all, but the main message is that this thing we call anxiety and anger, which tortures us, same thing with these thought patterns, which torture us, they're completely solvable once you understand the problem.

And those tools I put out there, it's not a self-help process, it's a framework to organize your thinking in a way to access your own way of doing it. So this isn't the only way, but this is a framework that gives you a map to figure things out. So, yeah, I'm excited about it. I quit my

practice to do this because I'm watching people that didn't need surgery at all, having surgery done basically on anxiety.

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And once the nervous system calms down, the nerve conduction slows down, your brain becomes less inflamed, the pain goes away. But the bigger issue with most of my patients, if I offer them the option of helping them solve their anxiety versus getting rid of their physical pain, people can't tolerate the anxiety. They want the anxiety gone, and it does resolve dramatically.

Meagen Gibson

Fantastic. Well, I hope everybody visits Back in Control. Dr David Hanscom, thank you so much for being with us today.

Dr David Hanscom

Thank you.