

## Transforming chronic pain

**Guest: Dr David Hanscom**

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### **[00:00:10] Alex Howard**

Welcome everyone to this interview where I'm really happy to be talking to Dr David Hanscom. I think this topic we're going to be getting into is a really important one, and I think it's one that there's a lot of confusion, and I think particularly when people are suffering and in pain, they often go to overwhelm. And I think David's perspective and experience is really going to help bring some clarity to this.

Just to give people a bit of his background. After 32 years, Dr David Hanscom quit practicing spine surgery when he realized that most of these operations cause greater pain problems and even addictions. He understands that inflammation and anxiety is at the root cause of all pain. He developed The DOC, Direct your Own Care journey, which we'll talk about, a method to go pain free without surgery and medication, and has helped countless people around the world go pain free.

He's also the author of several books, including *Back in Control* and *Do You Really Need Spine Surgery?*. Firstly, Dr Hanscom, welcome and thank you for joining me.

### **Dr David Hanscom**

Thank you, Alex. I appreciate it. And I'm excited to be here.

### **Alex Howard**

So I'd love to start a little bit with some of your own personal journey. As I mentioned in the introduction, you had many years working in a traditional medical framework, working with pain. Tell us a little bit about that and how that evolved some of these ideas we'll be talking about today.

### **Dr David Hanscom**

I did a spine fellowship in Minneapolis, Minnesota, from 1985 to 1986, it was considered one of the top spine fellowships in the world at the time, and I came out of there with a zeal to do surgery. And I did surgery after surgery after surgery, I was taught that surgery was the last hope. If everything else has failed, let's try surgery. So for 7 or 8 years, Seattle had 9x the rate of spine fusions for back pain as any place in the entire country. I was part of that.

And my success rate was all over the map. I didn't really have the data. I asked one of my partners one day and I said, 'well, what's the data?'. He goes, 'well, I'm not really sure'. The paper came out in

the state of Washington in 1993 that showed that the success rate of a spine fusion for back pain was 22%. And I thought it was over 90%. It's a big operation. It's got some significant complications. It causes significant downstream problems, including increase to pain. And so I just quit.

**[00:02:48]**

So I was one of the most aggressive surgeons in the country. I was part of this whole juggernaut of spine surgery, and I, at the same time, developed, in 1990, chronic pain myself. And I went from being a fearless surgeon, really fearless surgeon to the point I did not know what anxiety even was, I was so good at suppressing it, that in 1990 I was driving across the 520 Bridge in Seattle, Washington, and I developed a panic attack. And what a panic attack is, my heart started to race, it was about 10pm, I started to pass out, I grew sweaty, dizzy, and I had no idea what was going on. I never heard of a panic attack. And of course, I thought I was having a heart attack. And it turned out to be the start of 13 solid years of chronic pain.

So I developed crippling anxiety. I developed migraines, headaches, ringing in my ears, burning on my feet, skin rashes, back pain, neck pain. And nobody could tell me what was going on. I'm a surgeon. I had plenty of access to testing. I had needle testing, I had MRI scan testing, and nobody could tell me what was going on. I tried every medication you could consider. I went through 13 years of psychotherapy to try to figure this out. I was pretty serious about getting better. And then by 1997, it developed a full blown obsessive compulsive disorder, which is one of the ultimate anxiety disorders. And by 2002, I was suicidal. I was really in bad shape.

In 2003, I came out of it by accident, I didn't know at the time what had happened, so I did not know how I got into this mess, and I did not know how it came out of it. And I now know exactly what happened. And we'll talk about this as this interview goes on. But in 2006, I started sharing these ideas with my patients, and by 2009 I started to really figure it out. And I wrote the book in 2012 because it's just too hard, the concepts aren't hard, but it's too hard to explain it in the office.

So in 2012, I wrote this first book called *Back in Control: A Surgeon's Roadmap Out of Chronic Pain*. It's a very self directed process. Then I developed a website and wrote the second edition of my book called *Back in Control: A Surgeon's Roadmap Out of Chronic Pain* but the second edition. And people started getting better faster. It was a better book. Then I developed this new process called The DOC journey, the Direct your Own Care journey. And this whole process is about 90% self directed. You don't need big pain clinics. You learn these tools to actually reprogram and change your nervous system. And by changing the structure of your brain, you can actually solve the pain.

So my pain disappeared in 2003, all 17 symptoms disappeared.

**Alex Howard**

Wow.

**Dr David Hanscom**

So again, I'm going, what? So of course, I thought this is all psychological, and it is not. And you'll understand pretty quickly this is physiological. It's all based on your body's chemistry and how your body reacts to stress. So what's happened the last, I've probably seen well over 1500 patients go pain free, and I lost track a long time ago, and only 20% of physicians are comfortable managing chronic pain. Less than 1% of them enjoy it, including myself. Historically, I didn't enjoy it. The trouble is, we're focused on structure. The structural problem is really the cause of pain only maybe 5% of the time,

10% at the most. Most of medicine is focused on structure, which is really all based on the body's chemistry.

**[00:06:12]**

I'll explain the difference in a second. But the bottom line is in the last 5 years I was watching hundreds of patients go pain free. Then I was watching 3 to 5 patients every week being maimed, I use the word maimed, by really bad spine surgery on normal spines. As technology has gotten better we're doing bigger and bigger operations that are causing more and more damage. And right now, the world of spine surgery is really crippling people badly. So instead of actually helping people get better with minimal resources, we're actually doing operations that have been documented to be ineffective on people, making them worse.

So right now, the world of medicine is really disabling the US population. We're just disabling our population. You come to me as a patient, you're having chronic pain, and I do something to you that's been proven to be ineffective. I've actually damaged you. So instead of taking you as a person and helping you get better, which would help everybody, including our society, we're doing the procedures that have been documented to be ineffective. There's not one research paper in 60 years that spine surgery works for back pain, not one.

So what the DOC journey does, there's a bit of a story behind this, which I won't go into right now, but all we're doing is taking proven, documented medical treatments and just organizing them in a stepwise, systematic manner. So we're just following the data. Guess what? It works. The data is so deep. So right now the data shows, actually the surgeons are ignoring the data. There's a paper out of Baltimore that shows only 10% of orthopedic and neurosurgical spine surgeons are actually following the protocols to optimize people's surgical outcomes.

**Alex Howard**

I guess part of the challenge here is that you've got patients that are suffering and in pain, and they're almost demanding, 'I need you', and then you've got physicians that don't know what else to do, and they want to help people who are suffering. It's a problem on both sides of that equation.

**Dr David Hanscom**

You hit the nail right on the head. And I don't want to throw my colleagues under the bus because I was one of those people. If I had not gone through my own terrible experience, and I call it the abyss, you're in this hole and nobody believes you. You don't know what happened. Nobody can tell you, people don't believe you. Have you heard this term called medically unexplained symptoms?

**Alex Howard**

Medically unexplained illnesses we talk about in this country as well.

**Dr David Hanscom**

Okay. So I just wrote two articles saying this is the worst diagnosis ever. Every symptom in your body, every one of them can be explained by changes in your body's chemistry. When you're full of adrenaline your heart rate goes up, your blood pressure goes up. So when you're under threat or stress, your immune system fires up, so your inflammatory markers fired up. It turns out that anxiety, depression, and OCD, bipolar are all inflammatory disorders. Same thing with cardiac disease,

peripheral vascular disease, hypertension, obesity, Parkinson's and Alzheimer's are all inflammatory disorders.

**[00:09:12]**

So remember, when you're under a constant stress or threat, you're going to go into a fight or flight mode, and human beings need fight or flight to survive, but we're not designed to be in a sustained fight or flight state. So the key issue, the essence of chronic disease, not just chronic pain, this is both mental and physical, which includes chronic pain, is that the mental pain is the bigger problem because you cannot escape your consciousness. We'll talk about that in a second how you break this thing up.

So the way the model works, and think about this, every living creature thrives and survives on this planet with three aspects. One of them is that you have sensors in your body, sight, touch, vision, smell, so your brain is taking all the sensory input every second. Then your brain is then directing your body to act in a way that keeps you safe. Most of it is automatic. It's called the nociceptive system. So if things are too bright, you turn away. If something is too hot, you pull your hand away. It's called the nociceptive system, and most of it is automatic.

So as you go about your day you're doing things in a comfort zone that's programmed automatically. So if you feel pain then it means you've exceeded the limits of that tissue and your body says, 'danger'. The thing is in medicine, and also the general public's framework, is that we look at chronic pain and acute pain is the same thing. There's a tendency to do that.

Okay. So we know unequivocally after 6 months the pain changes. It shifts from the pain centers in the brain called the nociceptive system, it actually shifts to a different part of the brain, it actually shifts to the emotional centers, so you have the same pain but a different driver and it is now memorized. Chronic pain is a neurological problem. It has no relationship to structural pain at all. It's a completely different animal. And the most classic example of that, which should have been sorted out decades ago in my world, is phantom limb pain. You have an amputation for goodness sake, the leg or arm is gone, you not only feel the arm or leg, you actually feel the pain. I mean, what's that about?

**Alex Howard**

It's fascinating, though.

**Dr David Hanscom**

It's the real thing. It's common. Actually, over half of people, actually, 90% of people with amputations have phantom symptoms, and over half of those have the same pain they had before the amputation was done. Because remember, their amputations are because of ischemia or lack of blood supply, which is painful. Also, trauma is a big reason for amputations. And so you have lots of pain before the amputation and your brain has already memorized it. So in every person, if you have pain for more than 6 to 12 months, the MRI scans, the research MRI scans show that it shifts away from the pain centers to a different part of the brain, every person every time.

So it's not subtle, it's not, 'maybe it happens this way'. Chronic pain is a neurological problem. So acute pain is necessary, protective. It just says, 'danger'. And if you don't have protective pain, you don't survive. There are people that are born without protective pain called congenital indifference to pain,

they only lived about 10 or 15 years old because they can't protect themselves. Every few years they try to manufacture artificial pain devices, it never works.

### **[00:12:21]**

So the pain system is a wonderfully, delicate, balanced system that protects you, allows you to stay alive. And people with diabetes or leprosy and those types of things, that don't have protective pain, they have skin ulcers, their joints fall apart, they keep exceeding the limits of that structure. So acute pain is absolutely critical. It's wonderful, it's functional, but it's connected to cues from the environment. With chronic pain, it's disconnected from the cues in the environment. And then the pain is actually the same pain, it's just as disabling.

And of course, the way I was trained, I think the way most physicians think now is that, well, okay, we can't find a cause therefore it must be imaginary or psychological or whatever. And so they have done a study, two studies, showing that the impact of chronic pain on a person's life is equivalent to having terminal cancer. Except it's worse. This is actually worse because you don't know the diagnosis, you don't know what's going on, you don't have an endpoint. You're in this incredibly black hole. Nobody believes you. Nobody can tell you any reasons. Nobody can tell you a way out. I call it the abyss. It's really dark and it's horrible. And I was in there for 15 years.

The reason why I think the DOC journey has been effective is because there is not 1 mm of this road that I haven't traveled myself personally. Most of the things I tried didn't work. And so I now know the neuroscience behind it. I know what to do. But I also know why you do it in a certain sequence. So we've been able to really present and teach people how to come out of the hole much more consistently.

### **Alex Howard**

So just to understand a bit more of the process, there's the stress in the system, which is then driving inflammation, and say a bit more about how that then is triggering the symptom or experience of pain.

### **Dr David Hanscom**

So let's go back to the model, the 3 parts of every living creature processes the environment, shows the input, or your stresses, or the circumstances. So I call that the input. Then you have your nervous system, the state of your nervous system that can be calm or hyper reactive or hypervigilant. Then you actually have your body's physiological state, which can be either safe, neutral or in threat. So in threat, you're in fight or flight. Neutral means energy in equals energy out. And safety means you can regenerate and actually allow yourself to build up reserves.

So the goal of the project is to minimize your time in threat, or fight or flight, and train your brain to go into neutral or safety. And so you can't control lots of things around you, but you do have to say about your body's physiology. You can do it with positive thinking, which is a way of suppressing negative thinking, that's a bit of a problem. So the three parts of the process address everything, and everybody does it differently.

So let's talk about the output. Your body's physiology is fired up. You're full of inflammation. There's a hormone called cortisol, which increases your metabolism, which is the rate you burn fuel. So when you're burning fuel, you actually rob fuel from your tendons and ligaments, which causes degeneration. That's why Alzheimer's and Parkinson's are associated with the problem because your

body is robbing your brain of actually glucose. So your metabolism is up, then these inflammatory cells actually chew up the inside of your blood vessels, cardiovascular disease, hypertension. So you have this ongoing threat state. And so that's inflammatory. That's the sympathetic nervous system.

**[00:16:04]**

And the way you drop that down is stimulating what's called the vagus nerve. Dr Stephen Porges, who's been interviewed, has taught this to me. Where you're doing techniques to stimulate the vagus nerve which is the most powerful anti-inflammatory process in the body. So what Dr Porges has taught me is that the 10th cranial nerve, midbrain, is strongly anti-inflammatory. And so by humming, breathwork, certain tones of music, rubbing your forehead, these things actually directly lower your output.

So for short-term, on a given day where you're fired up and activated, we're going to try to get rid of this word anxiety and just use the word activated. Dr Porges and I agree on this one, he just hates the word anxiety, and now I do too. Because we keep thinking in terms of psychology is a response to a threat, it's not the cause. Anxiety is not a diagnosis, it's just a description of the sensation generated. So it's a powerful process, much more powerful than a conscious brain. It's unpleasant. And when your identity as a person gets mixed up with this process, you're in big trouble.

So there's ways of addressing the output. The middle part is the nervous itself. So for instance, an anti-inflammatory diet drops inflammatory markers, exercise, and the biggest thing that we start out with is sleep. There's a study out of Israel that shows lack of sleep actually causes chronic pain, period. And they did not find the reverse causation. We also found out that lack of sleep is a greater cause of disability than the actual pain. So sleep is a big deal. But also when you come from a chaotic, abusive background, I don't know what you use in Britain, but in the US, we have what's called the ACE scores, adverse childhood experiences.

Okay, so if you come from a chaotic childhood, you have a hyperactive nervous system because we're programmed by our past. And the metaphor I like to use is that of a feral cat, a cat raised in the wild compared to a domestic cat, this feral cat doesn't trust anything, nor should it. Same thing as a kid. If you're raised in a dangerous, abusive environment, things are not safe. So even as an adult, when you technically can take care of yourself, your body can't tell the difference. You're responding to the environment as a unit. And so if you hear the voice of a bully as an adult, even though it's not even the bully, your body is going to react. It's a total body response. That's why I don't use the word mind-body anymore because it implies there's a separation, and it's just a unit. We're just a unit.

So the central nervous system is a grand central station, coordinating station. It's not calling the shots. It's coordinating everything. It's an inherent part of the process. So I don't use the word mind-body anymore. It's just a unit response to a threat. So that's where what's called acceptance and commitment therapy come into play. We start rebuilding the nervous system, you can't fix it, you have to rebuild it. So the trauma works comes in at the central nervous system part of it, is that you learn to become, train your brain and feel safe when it actually is safe. Remember, anytime you're anxious or angry, you're in the past. Otherwise you don't put your hand over a hot stove now, because in the past you learned that it was hot. You don't have to do that too many times. You don't have to irritate your parents too many times before you stop doing it. And those same behavioral patterns come into the present.

So you have to train your brain to be around people and trust them. So I came from an extremely abusive background. It was not as abusive as some people, but it's pretty darn high, and you're

hypervigilant. I was a feral cat. So that's where the trauma work comes into play, specifically into this rebuilding nervous system.

### **[00:19:51]**

Then the final part of this is the input. So two factors that have made a huge difference in the input has been, we don't allow people to discuss their pain. They can't discuss their pain or medical care, no gossip, complaining or giving unasked for advice, no criticism. Where is your nervous system? So that's part of it. You cannot discuss your pain in medical care or there's other issues. Remember, mental pain is a bigger problem. So that's why no criticism, gossiping or whatever. Because guess what? It fires up your nervous system. At the end of the day, you want less stress chemicals, you want more safety chemicals. So if you're being critical, gossiping, whatever you're doing, you're not calming anything down. Not watching the news is actually really critical. Not watching violent movies, especially late at night, that's critical. So if you're really serious about healing, why are you watching violent movies? I mean, what do you really want?

### **Alex Howard**

One of the things that comes to mind as you're speaking, is that there's the underlying stress factors that are causing the chronic pain. But there's then the state that one goes into in response to the chronic pain. You spoke to this earlier with, what's causing it? How long is it going to be here for? What do I do about it? Am I going to get better? So it's almost like there's a double whammy. There's the underlying factors that are causing it in the first place, then there's the reaction. And if one has a history of trauma, one is probably not responding to what's happening in a way which is self soothing and self calming.

### **Dr David Hanscom**

So I've started a movement called dynamic healing. Okay, so you have the circumstances or stresses and you have your nervous system. So if your stresses overwhelming your coping capacity, you go into a threat physiology, you're going to fight or flight. So medicine now, we're treating just the symptoms, but we don't know you as a patient, we don't know your circumstances, we don't know your coping skills. And so this is not psychology as much as it is training your brain to be less reactive, to feel safe. You have a choice of how you process stress. Remember, it's very stressful to avoid stress.

But the final thing I want to finish before we go into some of the details of how you solve this problem, is forgiveness. Now we've given up on the word forgiveness because it's too big of a work. There's some things that are simply not forgivable. So we call it anger processing. So remember, anytime you're threatened, your body increases stress chemicals and you feel anxious. If you control the situation, fine, anxiety drops. If you can't control the situation, i.e., you're erasing thoughts or your pain, your body kicks in more stress chemicals and you have anger. The research also shows that 90% of people that are in chronic pain are still angry at the person that caused the original problem.

So what does that do to your nervous system? We find out that you have to learn to drop the stress chemicals down, that's part of the anger processing. You can increase the resilience of your nervous system, learn to feel safe. The forgiveness is more of a later step, that maybe you do it, maybe you don't. And forgiveness is not what you think. It's just simply cutting the core, because why do you want somebody that you really strongly dislike interrupting your life today? Why do you want that? You hate this person, despise them. You don't have to like them. That's not what forgiveness is. So we call it flipping the switch, just cut the string, done.

[00:23:19]

I know we went a lot of different directions here. I hope this is where you were thinking of going.

### **Alex Howard**

I think it's great because I think it gives the conceptual framework behind what we're going to come to next. Which is, given the recognition that the solution is rarely surgery but people are still living in significant pain and suffering. And as they're listening I hope they're starting to recognize that the impact of an activated nervous system is really having on that pain. You started to speak to this a little bit, but what do we then do about it? How do we calm that nervous system to then help the body come out of that state of activation and ultimately chronic pain?

### **Dr David Hanscom**

So again, I have what's called the DOC journey, which is a sequence of steps. I'm going to describe just the first leg a little bit. And the reason why I did something with this DOC journey that's a little different. There are some very specific, well documented tools that actually start dropping out information like now. We find out when you're angry and frustrated and trapped it changes the blood flow to your brain, your neocortex doesn't even think correctly. You're in the midbrain. Dr Porges will talk about this a lot more clearly than I will. But we now know that when you're angry or activated, these thinking centers go dormant. It goes just to survival. You have to get your brain actually back online before you can actually start processing things.

First of all, have people begin with their skepticism, because why is this going to work? You've been bounced around, nobody believes you, you've tried everything, nothing's worked, why is this going to work? So this is not about believing David Hanscom, it's not about believing my book, in fact, it's about embracing your disbelief. In other words, you're trying to connect with what is. So some people think they're generating a belief system in me or my book or the process to heal, wrong. It's actually the opposite.

So that's what acceptance and commitment therapy is, as Dr Les Aria talks about, you welcome in the unwelcome. So, yeah, you're skeptical. When somebody is really just pollyannas about this, 'it's going to be great, I'm going to heal'. I really stop and call it, stop. That is not correct. There's not anything about me that I'm saying right now that you should believe, you shouldn't believe it, why should you? So people want to generate enough belief to heal. But the starting point is embracing your disbelief because this is about reconnecting your mind and your body. So when you're in a disbelief mode, it doesn't feel very good. So people suppress it. So suppressed emotions are more damaging than expressed emotions.

And so starting with your disbelief, the starting point. Then learning about chronic pain, again in stages, is a big part of the process. In other words, what you're hearing today a little bit about the neurological nature, chronic pain is critical. And that actually builds over time. But the first concrete step that we suggest is called expressive writing. And there's over 1200 research papers and documents that this works.

So Dr James Pennebaker started the research back in the early 1980s. There are now over 1200 research papers and documents that this works. And he wrote a little book called *Opening Up by Writing It Down* just documents and research on expressive writing. So it turns out that you can lower liver functions, you can improve kidney function, you can improve symptoms of rheumatoid arthritis,



asthma, autoimmune disorders, it lowers viral load and improves skin healing. It is unbelievable how effective this process is.

### **[00:26:51]**

It happens to be the one tool that actually broke me out of 15 years of chronic pain. I accidentally started writing based on a book by David Burns called *Feeling Good*, and David Burns said to write. So I started to write. And I thought it was the book, which is a great book, by the way, but it's the writing. And the exercise is writing 5 or 10 minutes a day, or even 30 seconds helps, and you tear it up. You can't escape your thoughts of consciousness, but you're simply separating. So the thoughts are here. You're here. There's now a space connected with vision and feel, which is part of your unconscious brain.

And the reason why you tear it up is for two reasons. Remember, we talked about how the survival reaction is powerful but it's not who you are. So the two reasons to tear up this piece of paper, number one to write with freedom, the more unpleasant and negative thoughts you can get out there, the better. But they don't have to be. It's just a separation exercise. But then secondly, what's more important, all these issues come up. They're not issues. They're just thoughts. So the only thing that's real is you and I talking here this very second. That's it. We're not going to change the past. We're not going to control the future. We just get to connect with right now. So you simply separate, you separate from your thoughts and you start watching your thoughts whirl around, but you've separated from them. It's like being in the center of a hurricane. So you've changed the input. So by changing the input, your nervous system is getting less stress, less inflammatory response.

So then the second thing is called active meditation, where instead of having these racing thoughts that are firing up your nervous system, you simply switch sensations. So it's 3 to 5 seconds. I mean, just drop your shoulders for a second, take a deep breath. That's it. So instead of fighting thoughts, you switch sensory input. That's it. So again, by switching sensations, you actually dropped inflammatory markers.

The third thing is about sleep. I'm sorry, fourth thing. Remember, education is first, then the expressive writing, then the active meditation. The fourth thing is sleep. So in chapter 14 in my book is also on the DOC journey offers 8 categories of things you can do to help your sleep. When I learned this in Idaho, I became a primary care spine doctor as opposed to tertiary spine surgeon. And I think what happened eventually is that as a surgeon, I took a very aggressive approach, 'ok, you're not sleeping. Let's get you to sleep'. So maybe medications, maybe not. So whatever we did, within 2 to 6 weeks people were sleeping. Without sleep nothing else really works.

### **Alex Howard**

Because of course it's in sleep that the body is doing its healing. It's doing its repair work.

### **Dr David Hanscom**

Absolutely. It's anti-inflammatory, it's regenerating, it's necessary. And the cardiac neurovascular inflammatory effects of not sleeping are just devastating.

And I read a research paper years ago, they showed that only 5% of doctors at the time were treating sleep. I think it's 100% now. But I can tell you we're doing major spine surgery on people and we're not even finding out if they're sleeping or not. So what do you want, a 12 hour spine surgery, or are you sleeping?

**[00:30:04]**

So it turned out I was doing this stuff before every person, every patient, every time. And I had over 100 patients that were surgical, by the way, cancel the surgery because their pain disappeared. So they had their back pain or neck pain decreased, anxiety had to be down by about 50%, they had to be sleeping, otherwise no dice. So when we did the operations, the results were just spectacular and consistent. Whereas before I started what I call prehab, rehab before surgery, my results are all over the map, even with the perfect operations.

So we're able to get a lot of patients to... My conversation with you would be, 'look, I'm here to get you better, with surgery or without surgery doesn't really matter. We're going to optimize your outcome. And sleep is a big one. You have to be sleeping otherwise, game over, not going to do this'.

The final thing on the first leg of this DOC journey is not sharing your pain. So the way you solve self chronic pain is two things. You learn to control your body's chemistry. So your physiology is in a neutral or safe mode most of the time. When you go into threat mode, you have the tools to actually get back to the neutral or safe. That's where the breathing, relaxation, all these different techniques actually directly stimulate the vagus nerve.

So another factor that's huge is not discussing your pain. Because the other concept about healing is neuroplasticity, you're creating an entirely different set of circuits in your brain that don't have pain. So it's like installing a virtual desktop on your computer that this new virtual desktop doesn't have pain. So it's less reactive, it learns how to enjoy life. So with neuroplasticity, you're actually, again with somatic tools, connecting thoughts and physical sensations, and starting creating new circuits.

So if you're complaining about your pain or complaining about your life or discussing your medical care, we didn't really realize this until we actually did these workshops back east, where people in pain, including myself historically, discuss your pain most of the time. Probably 70% of the waking hours are spent looking for the next care. I became what's called an epiphany on it. I was always looking for something to solve my pain. I was discussing medical care over and over and over again, and so it was a situation that just never stopped. So when people are discussing their pain, it never stops. So where's your attention when you're discussing your pain?

So it turns out that the expression writing is a necessary starting point, it's not the solution. But an important factor is never discussing your pain or complaining, or no gossiping. It's unbelievable how effective that is. And guess what? People have a hard time doing that.

### **Alex Howard**

Because I think what can happen is that it becomes the central thing in someone's life. And then it becomes the primary way that one gets connection with other people. And then that becomes the lens through which one's whole life then gets perceived.

### **Dr David Hanscom**

So we've had tremendous, so by the way, I'm doing a workshop with Dr Aria here on August 14th about talking about your inner critics. And again, one of the rules of all the workshops, people can never discuss their pain. And the problem, one of the negative prognostic factors for fibromyalgia is actually belonging to a fibromyalgia support group because they complain, they discuss their pain. And they are justifiably upset, I mean, I get it. I'm not saying the complaints aren't legitimate, but the problem is if you want to sit in that hole, that's what's going to develop.

**[00:33:28]**

But I mentioned it earlier and I'll mention it again. You're trying to learn a new language. This new language is an enjoyable life. The default language is survival. So again, you're not going to learn French by trying to fix your English. You've got to actually practice the French. So with the DOC journey you have the concepts, so expressive writing, maybe even 30 seconds a day. Active meditation, just drop your shoulders for a second. Take a breath. Done. You do that all day long, it doesn't take time. Sleep again, it comes and goes. I actually still find sleep a bit of a challenge, but I'm way more conscious of it. And then I'm somebody who historically complains and gossips and gives unasked for advice and so it's been a huge behavioral change for me, as well as my patients, to stop that pattern of behavior.

The other thing that we don't do compared to most, I use the word that differentiates this project is that we're trying to create a new nervous system, you have to let go to actually move forward. So that's why I call forgiveness the shortcut to healing, because once you let go, done, it's game on. So once you quit fighting anxiety and anger all the time, you're free. So not only do people get free of their pain and actually thrive at the level they never knew as possible again. I quit my practice because of this because I was watching so many people being maimed by spine surgery and so many people going pain free with about 90% self tracked process, you don't need a major pain clinic. It is helpful to have additional resources as you can find them and use them.

But the three parts of healing are, number one, awareness. Awareness of the diagnosis, awareness of the nature of chronic pain, and awareness of the nature and principles behind the solutions. That's number one. Awareness is number one.

Number two, it's like fighting a forest fire, everything helps in treating chronic pain, but nothing works in isolation. So you need to deal with the output, the nervous system and the input. There's tools for each one that you use on a given day. That's why we call it the dynamic healing movement. We're looking at the interaction between your stresses and your nervous system. That's where the action is. You can treat the symptoms, which is great, but you get a sense of interaction for long-term healing. So the second step is treating every aspect simultaneously like a forest fire.

The third part, which is the most critical, is that chronic pain is complicated, and you're a complex, unique individual, there's no way I can see the world through your eyes. So the only person that can actually solve this problem is you. So it's awareness, treating every relevant aspect simultaneously, and you taking control.

### **Alex Howard**

How about when someone comes in who is just, they're in so much pain, they're convinced that they need a surgeon, how do you get someone to maneuver their mindset around it? Because I think pain can be crazy making and the more intense that pain is and the more ongoing that pain is, sometimes the harder it is. Looking at it from a point of view of, for example, Stephen Porges' work, the more someone goes into a shutdown state, the harder it is to communicate to them.

### **Dr David Hanscom**

So I'm going to be blunt here, there's nothing I can do. So as one of my more successful patients has pointed out, all you need is a suspension of your disbelief. Or, as I point out, embrace your disbelief. Just go right at it. Honestly, I don't want you to believe me. Don't believe a word I'm saying. I won't take it personally. I completely understand. There's no reason that you should believe me.

**[00:37:09]**

And what I'm learning with Dr Porges and Dr Aria is that one reason people don't engage is because the disease actually blocks the treatment. Like you just said, your brain is offline, it's inflamed, you cannot think clearly. There's also what I call phantom brain pain, that you get this obsessive circuit spinning around like little mini tornadoes that are not responsible for inventions. So one of those obsessive circuits is a structural problem. Something must be missed. There's got to be something wrong. Well, there is something wrong. Your body's on fire, for God's sake. Your entire body is full of inflammatory chemicals. There's a lot wrong.

That's why I hate the diagnosis of 'medically unexplained symptoms' because the symptoms are completely explained by the body's chemical changes, metabolic changes and inflammatory changes. So the term should be actually, 'medically explained symptoms'. The problem with the term, 'medically unexplained symptoms', is it takes away hope. There's a paper out of Texas that shows that optimism is actually anti-inflammatory. Regaining hope and optimism is actually part of the treatment.

The other thing that's actually anti-inflammatory is social connection, re-engaging with other people. That's why group settings are so powerful. We do run a group twice a week, between 35 to 40 people every Tuesday and Thursday at noon, my time. By the way, we have some English people that come on board, and you're welcome to join us to listen in for a bit. But the group connection, even on Zoom, has been phenomenal.

So, Dr Carter, Dr. Porges' wife, who we just think is brilliant, brilliant, brilliant, has taught us about oxytocin, which is one of the most primitive hormones in the body. There's receptors in every cell in the body. It's incredibly anti-inflammatory, very powerful. And we couldn't understand why the social connection was so powerful, but it's the oxytocin. So again, you're directly stimulating an anti-inflammatory effect.

### **Alex Howard**

There are so many places we could go here, but I'm also mindful of time. For people that want to find out more about your work, what's the best place to do that? And what can they find?

### **Dr David Hanscom**

So I would recommend going to [www.thedocjourney.com](http://www.thedocjourney.com). It's called the [directyourowncarejourney.com](http://directyourowncarejourney.com). There is a 2 week free trial. Really. I encourage people not to spend more than 15 minutes a day on it because this is a repetition process.

So look at it, look at the concepts, let them settle, move to the next one, repeat whatever it is. So there's no hurry to go through it. So it puts you on a pathway that's really clear as an adjunct to the book called *Back in Control: A Surgeon's Roadmap on a Chronic Pain* that gives you the background and foundation and knowledge that will help you along. But I do recommend considering the DOC journey first because it gets you started on the tools that actually change your brain.

And then the final step, if you're considering surgery please read the book I wrote called, *Do You Really Need Spine Surgery?*. At least 70%, maybe more, spine surgeries are not necessary. Not only are they not necessary, they're actually damaging. And so the book takes it down to two variables, what's the state of your nervous system? And what's the anatomy? That's it. And it's not very hard, but if you're seriously considering spine surgery, I cannot tell you the number of people that I ran across

that said, 'if I knew how much worse I could be after spine surgery I never would have done the operation', and then you can't go back.

**[00:40:35]**

So that's where I'm at right now. I'm on Facebook Live every morning, 7am with Dr Aria, I'm Dr David Hanscom, at 7am Pacific Time. So we have a good time with that, it's about 10 minutes.

And again, I quit my practice to get this message into the world that anxiety is a physiological issue, it's a response to the environment. By learning how to regulate your body's physiology, you're going to heal. And it's not very hard.

**Alex Howard**

Fantastic. Dr Hanscom, thank you so much. I think this has been, not only fascinating, but hopefully, as you say, it will prevent people going down paths that are just going to perpetuate suffering. So thank you so much for your time. I really appreciate it.

**Dr David Hanscom**

Thank you. I enjoyed it.