



## **Found the Solution to Chronic Pain Inside**

An interview with Deb Gray  
on Back in Control Radio with Dr. David Hanscom

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## Deb Gray - Found the Solution to Chronic Pain Inside

Tom Masters: Hello, everybody and welcome to another episode of Back in Control Radio with Dr. David Hanscom. I'm your host, Tom Masters. Today David's special guest is Deb Gray.

David: Thanks Tom. We have a great guest with us. I've known her for a long time. Her name is Deborah Gray. I met her at our first Omega workshop\*, but at that point, I had no idea what the workshop was about and no idea what was going on. And then Deb was in our first group of participants joining my wife and me and a friend of mine, Fred Luskin, who wrote the book, *Forgive for Good*, launch the workshop. She's been kind enough to talk to us today and explain a little bit about her journey. So welcome Deb and thanks for being on the show.

Deb: Well thanks, David. It's really great pleasure to be here. I've never done one of these before.

David: So, I know you're in social work, but that's not really what you do. Do you want to explain a little bit about what you do? But also, your journey into Omega, how you ended up coming to Omega that first year?

Deb: Sure. I'm a licensed Clinical Social Worker. I've been doing talk therapy now for more than 20 years, which blows my mind sometimes when I think about how quickly that time has gone. I also own a mental health and substance abuse agency. And so, I work in three different offices and we have five offices all together—very busy. Then I have a non-profit that I also work with. And more recently, I've been doing some medication assisted treatment for addictions. That's been keeping me very busy, along with working on a PhD and having three children and a new grand baby.

David: Every time I talk to Deb I'm sort of in awe at everything she has going. What's the non-profit that you're doing?

Deb: It's a housing project for low-income families.

David: Okay, great. It's unbelievable how busy she is and the things she's been able to accomplish. Can you tell us briefly how you ended up at Omega? What was your chronic pain situation? How it all started and where your journey is when you're starting to head towards Omega?

Deb: I was actually trying to recall because it's been many years now. In 2012, I was working at a job where I had a contract that I was giving up so that I could go back to graduate school. I had given plenty of notice, and I was reassured that they had a provider to pick up my case load, which was about 25-30 people a week.

When it came time to leave, there was no provider. I think I went little nuts because I ended up feeling really stressed about it. I was carrying it as a personal responsibility that the clients who I was so engaged with were not being taken care of. It started with neck pain and it lasted, and it would not go away. So I had reached out to a friend of mine who's an occupational therapist.

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Deb: She did all kinds of changes in my seating. I went from heels to flats. We changed the seating on my car, the seating on my office. We did some massage therapy, some craniosacral therapy, and that didn't work. So I then went to a physical therapist, and they put me on an exercise program, and that didn't work. I was trying everything. So I went to a chiropractor. At my first session, the chiropractor decided it was a good idea to snap my neck and didn't tell me he was going to snap my neck. I immediately felt an electric current go through both arms.

David: Wow.

Deb: That's when it got really bad.

David: Okay.

Deb: It was to the point where I couldn't sleep at night. I was very teary eyed. I couldn't get any kind of relief. I did reach out to my medical provider and eventually I did a surgical consult and was told that my neck looked like someone with severe whiplash.

David: Okay.

Deb: And I had been in five car accidents over the 10 years prior to onset, so I'm thinking that there was probably some damage that was done, but then when the stress came on it just solidified.

David: You're still trying to work during this point in time?

Deb: I was not only working, but I was also doing a graduate program, working on a PhD-

David: Okay.

Deb: So I did a lot of that *curling over* type of activity, which probably didn't help either.

David: Right. And what was your PhD program in?

Deb: It's in Mind Body medicine.

David: Okay. Now if I remember correctly, you wanted to learn more about chronic pain. Is that correct?

Deb: Well, when I decided on my dissertation project, right from the beginning, I decided that I was going to be looking at chronic pain.

David: Okay.

Deb: And it was because of having my own experience. Also, my partner is an anesthesiologist by trade.

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David: Right.

Deb: And he was one of those people that said, "Well once you hit chronic pain, there's no going back." Because he had actually run a pain clinic, and so he was basically feeding me this, "Once it gets past six months, this is something you'll probably have to deal with for the rest of your life." And I wasn't buying that.

David: Right. How long did you ... I know you tried different treatments, but as you did your dissertation on mind body medicine and chronic pain, I know you found things that were helpful and things that weren't helpful. What's your general flavor of your journey as you looked for different solutions for chronic pain? What was that like? I know you went through treatments that weren't working and I don't remember ... so you say that the pain got really bad in 2012, the year before you came to Omega?

Anyway, I'm curious ... you were told that once you have chronic pain you have it forever, correct?

Deb: Well, in the meantime, Fred ... I was reaching out to Fred, and he was telling me about you. So he actually sent me a copy of your book-

David: Okay.

Deb: And I immediately read it because I was desperate. Nothing I was doing was working.

David: Right.

Deb: So at that point, the piece that really hit me was the sleep, because I wasn't sleeping. So the very first thing I did was I started working on my sleep. So that probably brought me to about ... I think I read that about a month before I came to Omega. So once I read the book, then I heard about the workshop and Fred was also going to be there, there were two motivating factors. And I came to the workshop with the intention of meeting you, learning more about that, and also getting to socialize with my friend Fred.

David: Right.

Deb: So that first time that I was there, I didn't get much relief. I was miserable David, and I think you could probably attest to that. I think I was the most miserable person there.

David: No, you had a good crowd with you.

Deb: I'm not sure. But it was air conditioned, which exacerbates my pain tremendously.

David: Right, okay. I didn't know that.

Deb: And I just could not get comfortable. I was in so much pain through the workshop. I would leave the workshop to just go outside to warm up. So then I would come back in and get some more of it.

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- David: Okay, got it.
- Deb: I just couldn't find relief. I believed in what you were saying and I was definitely gathering the concepts, but I was not finding any relief that week. And that was I think in June.
- David: Yeah. So, again, before we go back to the Omega conversation, the first concept was that once you have chronic pain, you have it forever, correct?
- Deb: Mm-hmm (affirmative).
- David: And you tried physical therapy, you said chiropractic care of course, which had snapped your neck and different other things. So as you went around the whole medical world of chronic pain, what was the general flavor of it, again, as far as your thoughts about how it could or couldn't be solved?
- Deb: You have a pain clinic in Seattle that I was able to visit, and we have pain clinics here. Our pain clinic consists of medications, shots, or surgery. Those were the three options you had up here. There was not any alternative or complementary [treatment] ... there was no treating the pain from a psychological perspective or from the perspective of even just addressing sleep.
- Well, your book was talking about sleep, anger and anxiety. Now I am not, in general, an angry person. In general, I actually manage anxiety and worry very well. I do think that was the initiation. And I do think my pain gets exacerbated under stress.
- David: Right.
- Deb: Your book though, that's part of the sleep piece. I didn't have relief then. When I did get relief, it really wasn't until after I came to Seattle and got the opportunity to shadow you.
- David: Right.
- Deb: Well while I was there, one of the things that I observed was almost everybody in the pain clinic was using glucosamine.
- David: Okay.
- Deb: I had not heard of that and was not aware of that as an option.
- David: Right.
- Deb: So when I came back, three things happened that actually helped to ... I totally am obstinate from pain now. The three things were I had to get good sleep-
- David: Right.

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- Deb: The glucosamine is a huge piece of it and I also needed to stop physically exacerbating the pain by keeping ... I think I was keeping everything inflamed by trying so hard to make it better.
- David: Right. And then I know you did get into the other things like the expressive writing and forgiveness and stuff like that? Did you get into those modes?
- Deb: Well, I had already done the forgiveness work, I've been doing that for a number of years, so that wasn't anything new to me. I don't think that was piece. The expressive writing that was right in the workshop, that was the key to it. My friend in the workshop got relief that week. I was a little bit jealous, to be honest.
- I do have my own Gray that I like to use. I do a lot of questioning what if, in order to get peace of mind. I'll do a lot of mindfulness and meditation. That's my way.
- David: So what had happened, Deb ... I think it was about 10 minutes after the workshop that things flipped around, and you really went almost pretty much to pain free, correct?
- Deb: Yes, absolutely.
- David: And then you came to Omega the next year. The first year you were sort of off campus, were not there the whole time, and really not totally involved in the process. I know the second year, you just came and you redid the whole workshop.
- Then there was a sort of refresher course, because you're already pretty much pain free at that point in time. So jumping forward now ... in the next podcast I'm going to be talking about some of the things that you're doing now. But in essence, the paradigm shift for you was in understanding chronic pain, the effects of different aspects of it, sleep, etc., on the pain. It was a pretty profound shift for you, right? I mean, you were pretty darn miserable for a long time and really did go get to being pain free ... when we say *pain free* it's tongue in cheek because life keeps coming at us.
- I mean, you're never just pain free. But it's in general, compared to what you were, it was a pretty dramatic difference, right?
- Deb: I would even say I'm pain free, David.
- David: Really?
- Deb: If I even get a hint of this, like it just starts to ache a little bit in my shoulders or my neck feels a little stiff, I go right back to making sure I get good sleep. I'll make sure I get three good nights of sleep in a row. I'll start taking the glucosamine again and I can stop it. It never has ever come back anywhere near as bad.
- David: Like it was.

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Deb: I would say, where I was at a 10, for me within that pain level, I have never been beyond a two.

David: Wow. That's fantastic. Yeah, I'd like to review just for a second for the audience, some of the things that go into getting better.

So first of all, pain is a neurological phenomenon. Basically, pain is an output, not an input. And your brain is always assessing all of your sensory input, everything counts; vision, touch, taste, feel, all those things count. The sum total of that sensory input is either safe or it's not. If it's not safe then your pain is high ... your brain decides it's painful and actually gives you an unpleasant sensation, probably through what's called the amygdala, that says this is dangerous and actually puts out a pain signal.

So I understand the neurological nature of pain is a pretty big deal. Thinking about what medicine has done for a long time, is that they have medicalized a neurological diagnosis. In other words, we're treating everything like there's a cause for it, and 95% of pain does not have a cause, it is part of your body's chemistry, overuse syndrome, muscle tension. All sort of things go into pain; it's a very complex problem.

The three parts to solving chronic pain are the following:

- First up is awareness of the nature of pain, but also the awareness of your diagnosis and how you relate to it.
- The second step is treating every aspect of it at the same time, being that chronic pain is complicated. There are lots of parts to it and each person has a different set of problems affecting his or her pain.

It sounds complicated, but it's really not. It's like fighting a forest fire. There are multiple strategies required to successfully fight a forest fire. Every aspect of it counts—same thing with chronic pain. Everything works a little bit, but nothing works in isolation. *So it's always a combination of sleep or exercise with the writing and relaxation.*

- The third step, which is most critical, is to have the patient take control.

Deb, because you have a complex problem, you're an individual who is obviously complex, compared to everybody else, and you have to take charge of your own care. Again, from your perspective ... you've done a lot of research on chronic pain. You figured out what hadn't worked and was working for you and you pulled it off. So, I'm curious about the paradigm shift that occurred in your mind because you were searching pretty hard for an answer for pain, and you were on the right track with mind body medicine, which basically, I think is the right concept ... lots of other discussion around that. What do you think was the basic paradigm shift was in your perspective on pain in, that allowed you to make that shift?

Deb: Well I think I did finally link to why I had the pain, which was the anxiety and the worry about my clients. I think when I recognized that and then recognized that they were

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okay, regardless, whether I was there, like that was a big shift. And i just wasn't buying that there's not a solution. I couldn't accept that. And then, when I actually had the relief, since then, I feel like your model ... and I mentioned this to you another time, was that your model can be used for just about any chronic issue, whether it's diabetes or addictions or anxiety. That idea of just saying, "Okay, what's going to work for me?"

Somebody told me once if there's 30 different solutions for a problem, then that means there's no one answer. It's then up to you to figure out what's going to work for you. And that explains why there's so many religions, so many diets.

David: Right.

Deb: So unique.

David: But you did take charge of your own care?

Deb: I absolutely took charge, to the point of spending a lot of money in graduate school to learn a lot more about it.

David: We're going to spend the next episode going into a little bit more detail about what you are doing now to maintain things, and ask you to describe some of the strategies that you're using now and also with your clients.

The other thing we do at Omega, which I think is helpful, is showing lots of videos of other people who have gotten better, for views of hope. I found out that people with chronic pain have lost hope because they do get bounced around the system. They're not given answers.

One of my best friends, Dr. Shiba, gave a lecture to a group of insurance medical directors, and the general flavor of medicine is still that chronic pain is to be managed, not to be solved. Is that a fair statement?

Deb: I think that's absolutely true.

David: Right. And you live in Maine, correct?

Deb: Yes.

David: Which part of Maine?

Deb: Northern Maine.

David: Northern Maine? So not a lot of resources, I know your major medical center is Maine Medical Center in Portland, right?

Deb: Yes, and that's five hours away.



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David: That's five hours away. So you live a long ways north. But, in general, regardless which part of the country you're in, again, treatment consists mostly of injections and surgery. What's fascinating about spine care right now, and actually a little bit disturbing, is that we're trying to medicalize a neurological problem. We actually do know, and the literature shows very clearly, that epidural injections don't work for neck pain or back pain, Desipramine does not work for back pain, nerve blocks don't work for back pain, and random physical therapy doesn't work.

So all of the things that are basically things that are profit centers for companies or hospitals and essentially, everything we do in medicine has been documented to be ineffective. The treatments that are effective like talking, listening, stress reduction, office space meditation ... I mean, there's a bunch of things that actually work. None of those are covered by insurance.

My personal frustration, as a physician, is that somebody like you comes to my practice, I know what is going to work and I can't get the resources covered. So it's incredibly frustrating to me. What's frustrating about mainstream medicine, you tend to throw a little bit of darkness at what we're doing is that everything in my book has been documented to be effective. It's really just a primary care wellness book and what we're doing in medicine right now has actually been documented to be ineffective.

What we're doing in mainstream medicine right now is *pretending* to practice medicine. And as they have shown with primate studies, one way to induce depression is to repeatedly dash hopes.

Did you have injections, by the way, as part of your treatment journey?

Deb: No.

David: Did not. A lot of people do. But injections have been shown not to work. But you go for different treatments with the hope you're going to get better, right?

Deb: Mm-hmm (affirmative).

David: And then you repeatedly have your hopes dashed and that doesn't really help, right?

Deb: That's correct.

David: More frustrated. And what happens is it changes your body chemistry, which increases the conduction of the nerves, and then you feel the pain even more, getting this whole spiral going. And I'm going say something that's sort of a leading question, but what's hard for me is we're spending hundreds of thousands of dollars on giving patients these huge operations, which is not backed up by a single research paper that says that back fusion actually works for back pain, and that the causes given patients for these other interventions are very minimal. And it's simple. I mean, at the end of the day, the solution wasn't really that hard, correct?

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- Deb: No, it was really, it was actually very simple and inexpensive and easy. It was actually cheaper to stop doing physical therapy.
- David: And then sleep is number one. I say this every time I get up and do a lecture. There's a large study out of Israel where doctors explained that lack of sleep actually induces chronic pain. It causes it. This is for back pain, and they actually didn't find the reverse causation.
- Now, there are other studies that show if you have chronic pain, you can't sleep. But anyway, lack of sleep has all sorts of detrimental health effects, with chronic pain being one of those effects. So it's a big deal.
- David: Deb and I have kept in contact, off and on, for years, and she continues to thrive. I like to thank you for being on this part of the podcast. We'll talk to you in a few minutes about the rest of your journey.
- Deb: Alright, thank you David.
- David: Alright, you're welcome. Thank you!
- Tom Masters: Thank you Deb for sharing your story about your journey out of pain. I'm sure that our listeners are going to find it inspiring and helpful. And I want to remind everybody that we'll be back next week for another episode of Back In Control Radio, with Dr. David Hanscom, and remember to visit the website at [www.backincontrol.com](http://www.backincontrol.com).

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**Note:** The original transcript of this episode of Back in Control Radio with Dr. David Hanscom has been edited for readability

*\*The Omega Workshop is something I do each year at the Omega Institute in New York. We just held our 2019 "Omega" in June. Dr. Fred Luskin helped us launch the workshop in 2013 for about 13 participants. We find that guiding participants as they work on the Define Your Own Care (DOC) from my book in a workshop setting turns out to be one of the most powerful parts of our entire program. The number of participants per workshop is 10-25. See more info at: insert appropriate text here.*