Dr. David Hanscom
BACK IN CONTROL

Stress - Bring It On

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

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Tom: Hello, everybody. Welcome to Back in Control Radio with Dr. David Hanscom. David, I understand we have Deb Gray returning today for the second part of your very interesting talk with her.

David: Thanks, Tom. I'm very excited to have Deb back. Actually, she is one of my favorite people for many reasons. Deb is one of our success stories using the whole *Direct your Own Care (DOC) Program* pathway for healing. She's very inspiring with her story of how she keeps moving forward through some pretty darn extreme adversity.

Deb is a licensed clinical social worker. She's extraordinarily busy. I actually think she's busier than I am which impresses me. But she also has been through an extraordinary amount of stress, even more now than when she had chronic pain before. *Deb brought up the very important point that there seems to be no way to tell what is stress and what is pain, yet that is a critical part of breaking up the whole process of chronic pain taking over your life*. Deb, welcome back—we're excited to have you on the show.

Deb: Thank you.

David: Could you review really quickly your background, and how we met?

Deb: Sure. I'm a clinical social worker. I ended up having some chronic pain due to a change in a contract, where I was leaving a facility. And my people weren't going to be taken care of. There was nobody to take my place. And as a result, I took on a lot of anxiety. And I feel like it really just landed in my shoulders and my neck. And as a result of that, I ended up with this chronic pain issue that I could not get rid of. And it was like I was months into it. And my friend, Fred, who is also your friend. Fred Luskin-

David: Right.

Deb: Fred Luskin sent me your book, and once I read the book, I decided the very first thing I could do was address the sleep issue, because that's what you recommended. And so, I started there, and within a couple months after I had the book, I was at your *Omega workshop* where I was really struggling.

However, I was really trying to learn, and we stayed in touch. I continued to use the model that I learned at the *Omega workshop* and through your book. Within a number of months, by the time the workshop rolled around again the next year, *I had been pain-free for about two months. It took me about 10 months after the workshop to actually get to pain-free.*

David: Right.

Deb: But I think between the book, the workshop, and what you happened to note in the last episode, that *when I took control* and decided that I was really going to get better no matter what, I found the things that worked for me and it got better.

David: Right. Well, the three parts of healing I talk about in my book, and that you and I, Deb, talked about in our first podcast episode, are:

• The first part is to *understand it (acute and chronic pain)* and to *understand your situational relationship to it.*

• The second part is to *deal* with every aspect of the pain simultaneously. It turns out that *everything is partially effective in chronic pain*, *but nothing works in isolation*.

• The third part is for you *to take back control of your life and heal* by applying your new knowledge about what pain in your body really is and how it behaves—and when acute pain becomes a chronic condition. You will then be able to choose only strategies that work with your unique life.

I think one of the big factors we discussed in our first interview was your ability, after you read my book, to *see the link between stress and pain*, whereas, before that, you had not necessarily seen that link. Correct?

Deb: Right. I actually hadn't even linked it to my situation because it occurred a few months later. And so, I hadn't linked it. But I do think it was holding that tension. And I'm absolutely convinced to this day that was what initiated it. And that, along with computer work and previous accidents, was a setup.

David: *Well, again, what's really key about chronic pain is that it's affected by sleep, by stress, by exercise, and physical conditioning.* We're going to talk about the anti-inflammatory aspect of it later in this interview.

There are multiple things that affect each person's perception of pain. Everybody's profile is different. But *what we're doing in medicine right now is throwing random, simplistic solutions at a complex problem*. The third part of my approach has patients *taking back control within their unique situation*. Since we each look at life differently, the solution is something you have to figure out yourself, choosing among the options that resonate with your own situation, as you did, Deb. That's why your story is so important for people to hear.

Ultimately it is about "re-empowerment" and "taking back control of your chronic pain" by customizing strategies from among the tools acquired in the first two parts of the three-part DOC program. Your goal is to move from being a passive patient with little or no hope of healing, to a pro-active patient, inspired and armed with a solid understanding of how humans perceive pain within our bodies, and strategies to address it uniqueness to your life's situation.

Deb, you mentioned you stopped physical therapy, which was actually aggravating things. And then, you took glucosamine. But also, you went on an anti-inflammatory diet. Correct?

Deb: Yes.

David: Okay. I forgot about that from before. And just to be clear, glucosamine supposedly helps to regenerate cartilage in your different joints. In reality, it doesn't do that. We know even theoretically, *you can't go from the bloodstream in the cartilage and form cartilage.*

But we do know that glucosamine has a very definite anti-inflammatory effect. So it does give symptomatic relief, even though it doesn't regenerate cartilage. It has been shown consistently that glucosamine does have an anti-inflammatory effect. And you also went to an anti-inflammatory diet. Correct?

Deb: Yes, for the most part.

David: I'm curious about your thoughts on *inflammation and pain*. Also, what's your version of an anti-inflammatory diet look like?

Deb: Well, the diet, a lot of it's getting rid of sugar. And I'm not very good at that. So I go back and forth.

David: Right.

Deb: But I just came off a 10 day detox and, at the end of the 10 days, I stayed on it. So I'm actually trying to keep that, *which is no sugars.*

David: Right.

Deb: And I do know that things like cinnamon and turmeric, and some other spices and herbs, and things like that can also help with inflammation. It's really about just trying to eat healthier in general. And then, the inflammation, my understanding is, is that when you are stressed out there are a whole set of chemicals that work up inflammation as well. And there was something, too, that you had said earlier which I've also learned through my research as well, as I've been reading, which is that the acute pain will stay in the right part of the brain.

David: Correct.

Deb: But as the pain becomes more chronic, the fMRIs can actually demonstrate that it's moving to the left side of the brain. And the left side of the brain is where we hold our emotions and our creativity. So once you're there, anything that's stressful can also act as an inflammatory. And it will come right any kind of negative emotion. Depression, anger, anxiety. All of it can actually exacerbate your pain problem.

David: Well, let's talk about inflammation just first. So first of all, the paper you discuss is out of Chicago. It's a really, probably, a landmark paper. Is that they took people with acute low back pain. They did what's called a functional MRI scan on people's brains. Which measures metabolic activity in different parts of the brain.

David: There's a certain part of the brain that corresponds to the pain center of the low back. With people with acute pain less than three months, while the back pain center lit up every time, every patient consistently. Then, they compared that with people that had chronic pain for more than 10 years. And there's no activity in the pain center. It was just in the emotional center.

Then, they followed the acute group. Half of those, for about a year. Getting scans every three months. Half the patients become chronic. Half the patients resolved their pain. The people who resolved their pain, the research MRI scan went to normal. Just went to flat out normal.

But in every patient that became chronic, the pain center again went quiet. But it shifted over to the emotional center. Which is fascinating because what happens in medicine, you now have... I mean, the deficit of chronic pain is that it is an embedded memory that becomes connected with more and more life events, and the memory can't be erased. And so, that we feel with the MRI scan research that you now have your pain connected with more and more life experiences. I go into bed, I hurt. I go to the store, I hurt. I brush my teeth, I hurt. So that pain gets connected with more and more life experiences. And so, it embeds the memory even deeper. It's very similar to an athlete learning a skill.

So as far as inflammation, is that the different supplements that you described actually do affect inflammation. But what people forget is that when you are... I'd like to talk about anxiety just for a second. So I wrote a website post recently. Which I think is really important. Probably the most important piece I might write in my career. And it just about six years, I think, it came into one document.

And the title is Anxiety is a Symptom, Not a Diagnosis and Not a Disease. And what happens is that anxiety's simply a barometer of your body's stress chemicals. So when you're threatened with a physical threat, every living creature has a survival response. Including human beings. So you have a threat, goes into your nervous system. Your body secretes stress chemicals. Adrenaline, cortisol, and histamines. And then, you feel anxious.

So anxiety is that word that describes the levels of your stress chemicals. When you're on the beach lying in the sun and you're relaxed, you're full of oxytocin. The love drug, dopamine reward drug. Serotonin, the anti-depressant and GABA drugs which are anti-anxiety drugs.

So your body's full of those chemicals, you feel relaxed. You would never relaxed as a disease or a diagnosis, right? Same thing if your body's full of stress chemicals, you now feel anxious. But your anxiety is just a description of your symptoms. What it does is allow you to depersonalize the process. So I feel relaxed, my body's full of all these great chemicals. I'm feeling stressed or anxious. Then, I'm full of adrenaline, cortisol, and histamines.

And then, that sensation is intended in every living creature to be so unpleasant that it compels you to take action. And if you can't escape the threat, then you're more trapped. Your body secretes more stress chemicals and you become angry. So anxiety and anger is the same thing. Unpleasant thoughts go to the same part of the brain. You have the same chemical response, but you can't escape your thoughts.

Every human being has some level of chronic anxiety because you can't escape your thoughts. And so, you can suppress them. Which people do. And it works for a while, but your body chemistry doesn't believe it. So even though you may not feel much anxiety, you're getting sick in other places.

Well, the research is clearly showing that emotional pain and physical pain are processed in same part of the brain. If you're not allowing yourself to feel emotional pain, guess what? You'll feel the physical pain. Or both, right?

Deb: Mm-hmm (affirmative).

David: Going back to the inflammation part of the discussion, when your body is full of stress chemicals, *this is not psychological*. Because this survival response has been documented to be a million times stronger than the conscious brain. I just happened to look it up this afternoon. But they counted the centers in the eyes and the skin, et cetera. *They estimate that in brain processing, the unconscious brain processes 11 million bits of information per second. The conscious brain processes 40. Okay? It's a million times stronger than the conscious brain. It's hugely more powerful than the conscious brain.*

The conscious survival response with only psychological means just doesn't work. And in human medicine, if you're told as a patient that they can't find something *structurally* wrong with your body, then it's going to be *psychological.* Right? *It's not psychological.*

And, as you know, it's the link between stress and pain is that pain causes anxiety and frustration. Which it's supposed to, that's the intent of it. When, nevertheless, circumstances cause anxiety, frustration, they're simply linked to pain pathways. In other words, the neurons that fire together, wire together. Again, it's not psychological. It's just a linkage system.

David: Going back to the inflammation conversation, stress chemicals are histamines, which dramatically changes the inflammatory response. You got to an anti-inflammatory diet, which is helpful, and definitely recommended.

A sustained stress chemical environment creates over 30 different physical symptoms like ringing in the ears, migraine headaches, irritable bowel, and spastic bladder. But also, it creates inflammation like Achilles tendonitis, plantar fasciitis, tennis elbow, and carpal tunnel. All those result from inflammation. *If you really want to solve inflammatory pain, the anti-inflammatory diet may help, but it is calming down the whole nervous system so your body's stress chemical profile changes that will do it.*

I know ran this by you before the podcast, but the one message that I'm trying to get out to world is that *anxiety is just a description. It's not a diagnosis.* It's the result of this injury input, so look at it simply as a barometer saying, "Okay. I feel anxious. My stress chemicals are elevated." The way you deal with anxiety is you decrease the stress chemicals. There are lots of ways of doing that. But at the end of the day, that's all you're trying to do—decrease stress chemicals. And then, it's game on.

As you decrease the stress chemicals, of course, histamines drop down. It changes your inflammatory response. In addition to other treatments, calming down the nervous system makes a huge difference because it changes your body's chemistry.

I know that is probably more of an answer than you were looking for, but I do want to take this opportunity to explain that sequence. With your professional mental health background, I'm just curious what your thoughts are on the nature of anxiety.

Deb: Well, I was just thinking about it as you were talking and how there are so many things, like looking at it as an inflammatory issue, as well as a left brain versus right brain. And once your system is all amped up, there are just so many tools. There are so many interventions now in the mental health field. Cognitive behavioral therapy has been the therapy of choice if you're looking at a psychological intervention for chronic pain. But along with that now, we have things like *Eye Movement Desensitization and Reprocessing* (*EMDR*).

David: Can you explain EMDR to the audience, just for a second?

Deb: Sure. The idea behind eye movement desensitization reprocessing, came from Francine Shapiro. She was taking a walk one day and she was really anxious. And then, all of a sudden she realized her anxiety was gone.

And so, she started walking again, and the anxiety was building up, and then it was gone. So she noticed that her eyes were moving back and forth along her path, left and right. And she realized that something was happening in the brain.

It's a very well researched intervention now for trauma and anxiety. I use it in my practice for math anxiety, relationship anxiety, and trauma histories. I use it with veterans and with child abuse and neglect cases.

It allows you, using that bilateral experience, along with identifying the actual event—the worst part of it. And an important piece of this is that you recognize what's happening in the body, and what you've come to believe about yourself because of this experience—and what you'd like to believe instead.

David: I see.

Deb: What happens with that eye movement process is that the left and the right brain are able to talk again. *If you've had a trauma, it will often get locked in the emotional side of the brain. So logically you can tell yourself the person who caused this trauma has*

passed away. They're gone, but you still feel frightened. You still feel anxious. You still feel angry.

And what happens with this is it creates almost that wise mind that they talk about in dialectical behavioral therapy. You're allowing both parts to talk to each other again. And so, what happens is you end up processing the information. And it's very quick. They call it a power therapy because what I might spend a year talking about in therapy, in three or four sessions you've actually resolved to the point where you can have the memory with no anxiety attached to it.

David: Got you.

Deb: So it no longer upsets you, or depresses you, or causes anger.

David: And you use it quite a bit in your own practice?

Deb: I use it frequently. As a matter of fact, I just used it today.

David: Do you have a feel for the type of situation that responds well to EMDR?

Deb: Certainly anything traumatic. But also, anything... like we talk about big traumas and little traumas. The big traumas are an assault, a rape, witnessing violence, a natural disaster. There are also some, what could be considered small traumas. One trauma that I worked with just today was an adult, who, when she was a child, experienced her grandfather push her off his lap, after holding her cousin and cuddling her cousin. She was four-years-old and the belief became, "I'm not important."

David: Wow.

Deb: "I don't count." We're addressing that from a perspective because it impacts every relationship. It impacts what happens to her at work. In giving an opinion, somebody ignores it or chooses to do something different, it immediately sends that cascade of, "I don't count."

David: I can tell you that as a surgeon, when I used to hear about EMDR 30 years ago, I just thought this was the craziest thing ever. But now I know much more about chronic pain, it makes all the sense in the world. *It's what we call a somatic tool.* You can entertain thoughts with physical sensations. You're literally rewiring your brain and doing it relatively quickly. And then, also this embedded memory is interesting. Because one incident at age four creates a lifetime of reactions, right?

Deb: Right.

David: *Every time you react, that particular pathway or circuit gets reinforced—and it's not logical.* Because as an adult, you're not four-years-old anymore. I've always said we get programmed by our past. It's like if you scare a dog once, next time you walk into the room that dog is not going to be your friend. Right?

Deb: Mm-hmm (affirmative).

David: So for all of us, that's the way we stay alive now. We look at the past. You know about the ACE scores, the average childhood experiences.

Deb: Oh, I'm believer in that.

David: And so, if you have a high, what's called an ACE score, which we've discussed on this program before, it may reflect being raised in a chaotic unsafe household, and as an adult finding many more things are unsafe. That's why there are often such horrible health effects of a chaotic childhood. It is with you when you become an adult and find there are still so many things in the present that seem dangerous to you now. Because they were dangerous when you were a kid. And even though they're not dangerous as an adult, your brain doesn't know that. Right?

Deb: Right. I also think that that's a precursor to chronic pain. Just like it's a precursor to mental health issues, it's also a precursor to chronic pain. I think your risk is much higher when you have a high ACE score.

David: I just looked at a paper today that was a meta-analysis of ACE scores in chronic pain. There's actually a very strong link shown in the scholarly literature between chronic pain and adverse childhood experiences. And just for the audience, I'll review this again. The ACE scores come from a simple checklist documenting what your childhood was like. It asks about physical, sexual, emotional abuse or neglect; if there is a parent in prison, a parent on drugs, or a parent with mental health issues among other variables about vulnerability in childhood.

What's disturbing is that if you have an ACE score of three or more, the chances of heart disease, suicide, obesity, and drug abuse go up unbelievably high. We know that 36% of people have had an ACE score of three or more since this tool has been in use. Only 30% of people have an ACE score of zero.

I mean, as a population, we're not parenting all that well. The problem is these parenting patterns are conveyed to us by our parents, and then we allow them to play out in the next generation of households. And so, that whole generational pattern keeps getting passed along.

Let’s go back to your situation now, Deb. I'd like to finish up by asking you to share with us how you would describe the stresses you're under now compared to those earlier when your stress developed into chronic pain. What have been some of your stresses now compared to then, and how have you been able to deal with them?

Deb: Okay. Well, the last two years have probably been the most stressful years in my entire life. I had an employee who left my employment. And when I would not misrepresent a form with a licensing board, and I would not change the numbers for her, I ended up with five lawsuits filed against me.

David: Wow.

Deb: And during the course of dealing with that, I had a son who was diagnosed, on the week before his 30th birthday, with aggressive B-cell lymphoma of the mediastinum.

David: Wow, wow.

Deb: And I went and spent five months with him while managing the company.

David: Wow.

Deb: And then, just in the last six months, my daughter's been diagnosed with three brain aneurysms that are in a very unsafe place. But at this point, it's more dangerous to have surgery than the likelihood of it rupturing. Those numbers will change over time, and so she's dealing with the anxiety of living with it while waiting for the right time for surgery.

David: Right. I mean, your stress points are insane. Watching your children be ill is bad, but watching them be seriously ill is really incredibly distressing. And then, of course, anytime you're in a legal situation it is horrendously stress-producing. And you mentioned that your pain never came back.

Deb: It never came back. *And as I had mentioned in the earlier podcast, I know what works for me. I can use these tools.* Which, again, is making sure I get good sleep. It's making sure that I'm eating well and taking the glucosamine. And then, getting regular physical exercise. I do believe in walking and regular physical exercise—and stress management.

So for me, that means questioning my thoughts. I can actually do EMDR on myself. I don't do like a full-blown EMDR session, but I'm able to use eye movements, the bilateral. Another thing I do is something called brainspotting. I do a lot of mindfulness meditation. You have mentioned before, but not yet tonight, that when we were at the Omega workshop, we played. We learned the cup song.

David: Right, right.

Deb: But just last week, honest to goodness David, I was doing a group therapy session with a group of men with opiate addiction. And I was making them learn the cup song.

David: I'm glad.

Deb: They weren't any better than we were.

David: Yes, as you know, jazz and my wife are rhythm geniuses. And I'm rather rhythm challenged, to put it mildly. But I'm impressed. That's exciting.

Deb: I do think that the power of play and the socialization it provides are important, and that's not something I mentioned because it comes naturally for me. But one of the

things that I see with a lot of the people who I work with, whether they're clients or in a group for chronic pain—even family and friends, when you're in pain you tend to isolate more.

David: Right.

Deb: But when you're able to engage your natural support system, and it is there, I do think that's a very important piece. When you're in the midst of it, recognize the risk of isolation and do something about it.

David: That is extremely clear, as shown in experiments, that when you are sensing social isolation, those signals go to the same area of the brain as physical pain, generating the same chemical response. There's a book called Loneliness that points out that the symptoms of social isolation are the same symptoms as chronic pain.

It took me years to notice this. I also noticed on my follow-up questionnaires when people would check off what was helping them with chronic pain, reengaging with family and friends was a huge factor in actually healing the chronic pain. I think it creates a shift *off of your pain circuits and onto the more enjoyable inflammatory response* that we talked about.

Well, we hadn't talked for a while. I had forgotten that you did EMDR. And I do agree that's a very important healing modality. Again, it's always a multipronged approach. Between your glucosamine and other supplements, and using the other tools that come out of the nervous system, you have seen that it actually does affect inflammation directly through the body chemistry. And then, it's not mind over matter. It's not being tough. It's just a matter of processing the pain in a way that doesn't take you down—because pain's always there. I mean, life is full of stress. And so, if you're trying to de-stress, that in itself is stressful.

Honestly, the amount of stress you're under is unbelievable. And the fact that you've been able to keep using the tools and keep moving forward is really commendable. It's remarkable, and that's why I wanted you to share this story on our podcast.

Deb: Well, I still have a very meaningful and productive life.

David: Absolutely.

Deb: One thing I did want to mention when you're talking about chronic pain and EMDR, there is a study that was done as a research project. The focus was fibromyalgia. They took five individuals (I'm sorry; it was either four or five individuals) with the symptoms of fibromyalgia and gave them 12 sessions of EMDR. Four out of five lost the diagnostic symptoms at the end when they dealt with the trauma.

David: Right.

Deb: So I think that leads to awareness that there's even more truth, and proof, that if you can address the mental and emotional piece, you can heal. You talk about it as anger, anxiety, and depression in your book.

David: Right.

Deb: But I think that's a really important piece. And there's so many different ways to get there. There are over 350 models of evidence-based practice in the mental health field of therapy.

David: Right.

Deb: So if one doesn't work, try something else. Again, it's that DOC model, right? If it doesn't work, find something else—because there are so many things out there.

David: Deb also illustrates *the classic absolute factor in following chronic pain* which is to take control of your own care, *and that's a huge, major factor*. Thank you very, very much. It's always a pleasure to talk to you. And hopefully we can connect soon.

Deb: I would like that very much.

David: All right. We'll see you.

Deb: Thank you.

Tom: Thank you, Deb, for your inspiring story—both past and present. I want to remind our listeners to join us next week for another episode of Back in Control Radio with Dr. David Hanscom. And in the meantime, be sure to visit the website at 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