



Dr. David Hanscom

The Healing Power of Changing Negative Thoughts

An interview with David Burns, MD
on Back in Control Radio with Dr. David Hanscom

Podcast Date: September 4, 2019
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David Burns, MD – The Healing Power of Changing Negative Thoughts

Tom Masters: Hello everybody. Welcome back to another episode of Back in Control Radio with Dr. David Hanscom. David has a very special guest in the studio with him today, bestselling author of Feeling Good, and Feeling Good Together, Dr. David Burns, who's an adjunct professor of psychiatry at Stanford University.

David Hanscom: Thanks Tom, appreciate you getting the show going here. I feel honored and I'm excited about having Dr. David Burns on the podcast today. He's the author of Feeling Good, the Feeling Good Handbook, plus several other books. David knows very clearly that I've been unabashedly loquacious about this, but his book back in the 1990s, for me, pulled me out of a horrible tailspin.

Those of you who read my book know that Dr. Burns' book, Feeling Good, pulled me out of 15 years of spiraling out of control. Within two weeks after I started the writing exercises and reading the text, I came out of the hole, so I'm incredibly indebted to David and his work. He's an adjunct professor of psychiatry and practiced psychiatry at Stanford for many years. He's a very meticulous researcher. He's published multiple papers.

His book Feeling Good has helped millions of people. I think he said he sold six million copies already of the book, and when I look on the Amazon page, his book still sells well. It's really remarkable, but it is a remarkable book.

I go down to his classes at Stanford on Tuesdays whenever I can just to hear him speak. I get something out of it every time. So David, welcome to the show. Tell us more about yourself—I don't know enough about you yet.

David Burns: Oh, well, thank you so much. I love working with you. I love your work, the whole area of pain and its relationship to negative feelings like depression, anxiety, and anger is one that I rarely get to talk about, but I have tremendous interest in it, and I've done a lot of research in that area as well. But essentially, I started out at the University of Pennsylvania in the area of biological psychiatry, doing research on brain chemistry and prescribing boatloads of medications to patients who were depressed and anxious. But I really wasn't happy with that phase of my career. I was winning awards for my research on brain chemistry, but I could see very well that the idea that depression results from a chemical imbalance in the brain wasn't really true, our research as early as the 1950s kind of convincingly demonstrated that, and all the pills I was giving out, I rarely saw people recover. Some got a little better, but they weren't going from joy to where they were saying, "It's great to be alive. I have so much to look forward to today", stuff like that.

And then I heard about what was then considered new and kind of quackery almost, cognitive therapy developed by Albert Ellis in New York and Aaron Beck in Philadelphia. The idea that it's actually negative thoughts that cause depression and anxiety, and you tell yourself, "I'm no good. I'm a loser. I should be better than I am. I shouldn't have screwed up, blah, blah, blah, when I give my talk, my mind will go blank, I'll make a fool of myself, people will look down on me." And those thoughts are the cause of your depression. And another

David Burns, MD – The Healing Power of Changing Negative Thoughts

amazing thing that Aaron Beck was claiming was that they're distorted. They're not even true, that you're conning yourself. And I thought that sounded interesting, but not very believable. Just seemed silly, too simplistic that you could train people to think differently.

David Hanscom: Can I ask you a question? Going way back before you started this cognitive behavioral therapy (CBT), traditional psychiatry basically was talk therapy based on the premise that if you understood enough about your past, somehow that would solve it, correct?

David Burns: Yeah. And that's how I was trained. I had psychoanalysts supervising me, and in sessions I would say, "Tell me more", and nod my head. And they said you're only allowed to say that twice a session, and that after you've used your two tell me mores, you can motion with your hands for them to talk more, but that's all you're allowed to do. And the patients would come and complain and sob and cry, and nothing ever seemed to change. And I was thinking, you know, there's got to be a better way. If it wouldn't be possible to bring about rapid changes with people, why should they come and talk for years and years with no measurable change? It was kind of like the king's beautiful clothing, it seemed absurd to me, and yet no one seemed to be challenging the status quo, and to this very day, although things are improving in psychotherapy, there's still an awful lot of this endless talk, talk, talk.

David Hanscom: Right. Well, it's interesting, I'd like to jump way ahead in the story. Two things. If you just explain to the audience what cognitive behavioral therapy is. I know that you've evolved past it, and I know you mix in a lot of Eastern philosophy with what you're doing, but as far as the basis of cognitive behavioral therapy, what is that? Second thing is, I do know that the psychiatric world has a lot of resistance to it, but I also remember a TIME Magazine article about 10 years ago looking at the different types of therapy and psychiatry. Basically, they were pointing out that the only therapy that was effective was cognitive behavioral therapy, which I found fascinating. So I'm curious about the data on that. But if you just tell us what cognitive behavioral therapy is, that would be helpful.

David Burns: Well, sure. And I can bring it to life with a personal experience. But the idea is that you're causing your depression and anxiety in the here and now by the way you're thinking about what's happening. And it goes back to the work of the Greek philosopher Epictetus, who 2000 years ago said humans are disturbed not by events, not by what happens to us, but by our thoughts about what's happening. And when you change the way you think, you can change the way you feel. In other words, when you challenge these distorted thoughts and begin to think about things more realistically, in that very instant, you can recover. And it's just a radically different approach.

David Burns: Epictetus, it's not new. There are a lot of new twists and a lot of new research, but the idea's been around even before Epictetus, going back to the Buddha who was saying the same thing 2500 years ago. But in a personal experience, I started going to Beck's seminar and getting supervision, and once he criticized

David Burns, MD – The Healing Power of Changing Negative Thoughts

me because of the way I was handling a patient who hadn't been paying his fee in the clinic. Now I didn't care anyway, because I was just a resident, I'm not being paid anyway, but apparently I was too critical or harsh or whatever. And so I got this criticism, and I felt devastated. And on the train home I just felt worthless. And I got home and I told myself, "Well, why don't you write down your negative thoughts?" This is what we have patients do so you can pinpoint the distortions, like all or nothing thinking and self-blame and overgeneralization. And then I said, "No, my problems are real, and I'll work up my brain endorphins by jogging."

David Burns: So I went on this six mile jog, and the farther I went, it became clear what my negative thoughts were, and they seemed overwhelmingly valid, and I was telling myself I was a worthless human being, I'm a terrible therapist, probably they'll revoke my license, I've got no future in psychiatry, and those thoughts seemed absolutely valid. And this is what depression is. You give yourself messages that seem overwhelmingly valid, like you've seen the truth about yourself for the first time. And then I finally got home and said, "Well, why don't you write your thoughts down?" And I said, "Oh no, I don't need to do that." And then I told myself, "But that's what your patients say, they whine and refuse to write down their thoughts, and you tell them they must write down their thoughts." So I said, "Okay, I'll write down my thoughts." So I wrote them down and said, "I'm a terrible therapist and they'll take my license away." And then I looked at my list of 10 cognitive distortions and said, "Are there any distortions in that?" And I thought, "Well, gosh, it's kind of all or nothing thinking, black and white thinking, if I make one mistake, my career is ruined." And then it's a hidden should statement, like, "You should never make mistakes. I shouldn't have to learn and grow. It's itself blame. It's an overgeneralization.

David Hanscom: It's also another word for perfectionism, too.

David Burns: Oh yeah, absolutely. Oh boy, that was one of my Achilles heels, although I think I have five heels, because I have many shortcomings. And then I asked myself, "Well, is that really valid?" And then I said, "Well, actually, to think about it, I'm a pretty good therapist. And secondly, I'm a student, I'm learning, but even when I'm old and doing an interview, and I'm 76 years old with David Hanscom, I'll still probably make errors that I'll have to learn from, and this doesn't mean I'm a terrible therapist. In fact, maybe I could talk about it with the patient in our session tomorrow and tell them that I screwed up and feel bad about it and have a lot of respect for him."

And all of a sudden my depression vanished, like in a flash. And it was just an amazing effect. And then I've seen that same effect with ... I've had now over 40,000 therapy sessions with patients with overwhelming depression or anxiety, and I've seen that over and over, and now in my group at Stanford, we've developed even more powerful methods than we had back in the 1970s and '80s, and I'm frequently seeing complete recovery in just a single session with patients, maybe a two hour single session. It's just a joy to have these tools.

David Burns, MD – The Healing Power of Changing Negative Thoughts

- David Hanscom: I'd like to make a couple of comments. I first read your book *Feeling Good*, in 1991 and it pulled me out of a short tail spin, and then I hit a tailspin beyond words that lasted for 10 years.
- David Burns: Wow.
- David Hanscom: And I reengaged with your book in 2002, and within two weeks of starting the writing, things started to shift. That's after 15 years of chronic pain.
- David Burns: Wow. Oh, you had the pain too.
- David Hanscom: I had physical pain, I had migraine headaches, I had skin rashes, burning
- David Burns: Wow.
- David Hanscom: What happens, as you know, thoughts create these chemical reactions, and you can't really escape your thoughts, and you're right, these thoughts create physical changes in your body. What happens when you have sustained exposure to your thoughts, chronic stress, then each organ responds in its own way. There's over 30 symptoms of a chronically stressed nervous system, and I had 17 of them at the same time, and nobody could tell me what was going on, nobody. And so as I started your book, within two weeks I shifted about 60 - 70%. About six months later I discovered the anger, which I didn't realize I had that either. Within six weeks, I processed the anger, and, though I would admittedly say I processed it badly back then, all my symptoms disappeared. So there's irritable bowels, spastic bladder, migraine headaches, all sorts of stuff. I had these horrible burning sensations in my feet, my ears were ringing. It's gone. And I had ringing in my ears for 25 years!
- David Burns: Wow.
- David Hanscom: Excuse me for holding up this book to show you, I don't know if you're aware of this, do you know James Pennebaker's work by chance?
- David Burns: No, no, I'm not much of a reader, but it looks cool.
- David Hanscom: It's a very thin book. It's very quick read. But I actually had him on the podcast about three months ago. I met him in Seattle, because his daughter lives in Seattle. But anyway, he started a research paper in 1982 looking at basically at, they took college students who were volunteers, they had them in four days in a row, 20 minutes of an intense emotional experience. Then they measured their function four months later, it was 15 parameters that improved just with those four sessions, better grades, better athletic performance, less anxiety, less depression, et cetera. So the writing was very powerful. What's fascinating for me as a physician, there's over a thousand papers now, there actually is 500 in this little book, references, there's over a thousand research papers that document the effectiveness of writing. But in medical school, residency,

David Burns, MD – The Healing Power of Changing Negative Thoughts

fellowship, private practice, nobody once ever mentioned to me about expressive writing. Obviously, it makes no money, it is not something you can “do to people.” It’s a remarkably straightforward tool. You put it into your three column technique, and also the verbal expression, you have an exercise in the book that I’ll ask you to describe to the group, where you stand in front of a mirror and you talk to this person in the mirror with those thoughts in your head. Can you describe that really briefly? Because that was actually a very powerful tool for me personally.

David Burns: Well, in live therapy, we use a lot of role playing, where one plays the negative thoughts and one plays the positive thoughts, and there’s a kind of battle and allows you to model how patients can crush their negative thoughts, like, “I’m not good enough or whatever the thoughts are.” But you can also do it alone, writing down your negative thoughts and put them in the second person you, like you’re talking to someone else, like, “You’re a loser, you’re not good enough, you shouldn’t have screwed up”, whatever you’re telling yourself, and then you can stand in front of the mirror and say that to that person, and then you can respond in a positive, self loving way using the first person I. Actually, I think I wrote that technique for my book 10 days to Self Esteem. I’m not 100% certain. And you’re the first person that’s ever asked about it. I even forgot I put that technique in that book, and I’m glad you found it useful.

David Hanscom: Well, two things. I mean, it’s a very powerful techniques. It’s a little disconcerting, I got to tell you. It’s interesting, because it’s just a mirror, right, they’re just words. But it’s a really interesting exercise. The other thing you put in the Feeling Good Handbook, or maybe it was 10 Days to Self Esteem, this goes back to the perfectionism, should word, you made a comment that the difference between your idea of perfect and your reality is a degree of your unhappiness. Do you remember that statement?

David Burns: Well, yes, but I was probably plagiarizing Karen Horney, who was a psychoanalyst, but a practical one, was born in the 1890s, I believe, and she was really the forerunner of cognitive therapy. And she wrote a book that helped my mother in the 1950s, my mother was depressed and she said, “Oh, I’m reading about the tyranny of the shoulds, that’s so helpful to me.” And that I never forgot that, because I loved my mother, and it was really great to see her pulling out of her depression. But Karen Horney’s idea is we have this idealized picture of ourself. Like, “I’m David and I’m going to be a great teacher and a great therapist”, and things like that. And so you fall in love with this ideal self and you think somehow you’re going to be so special and so wonderful.

David Burns: And then reality descends, and I got severely criticized by a colleague, you were in a different room Tuesday, but in the main room, a colleague became very agitated and angry with me. And so reality presents us with bumps in the road, and then instead of accepting that and learning from them, you use your energy beating yourself up, saying, “Oh, I shouldn’t have made that mistake. I shouldn’t have screwed up”, and you kind of try to kill your real self-thinking that this ideal self will emerge, whereas real joy and enlightenment comes from going in

David Burns, MD – The Healing Power of Changing Negative Thoughts

the opposite direction of accepting yourself with love, with your warts and all, your failures, and using that as an opportunity to learn, to grow, to get closer to the people that you care about. And this idea's been around probably for thousands of years, maybe tens of thousands of years, self-acceptance. But it seems like every generation has to try to learn it anew, for some reason it's very hard for us as human beings to let go of this perfectionism and self-critical tendency that so many of us have.

David Hanscom: But believe it or not, that statement, that one statement, again, it was a really critical time in my own evolution, it was a game changer, because physicians are very perfectionistic, very self-critical.

David Burns: Especially surgery.

David Hanscom: Yes.

David Burns: You want a perfectionistic surgeon.

David Hanscom: When I engaged in mindfulness-based surgery—just connecting to the present moment as opposed to the “should” thinking, my complication rate dropped 80%.

David Burns: Oh yeah?

David Hanscom: A remarkable difference and I love to talk about it, so I'd like to discuss emotional versus physical pain with you. When I talk to my patients saying, "Look, I can get rid of your leg pain with surgery or your arm pain with surgery, or you have to live with the anxiety you have right now the rest of your life, which is probably going to get worse, or we can drop your anxiety down but you have to live with the pain." Almost everybody wants to get rid of the anxiety.

They can sort of deal with their physical pain. Then the neuroscience research now shows that emotional pain and physical pain are some process in similar areas of the brain with a similar chemical response, but of course, it's sustained, which is a problem. But, in my experience with chronic pain, it was the anxiety which was absolutely intolerable. It was unbelievable. I went from a fearless surgeon to being crippled by anxiety beyond words. I'd like to get your thoughts on physical versus emotional pain, and you've got a story you thought would be interesting for the audience.

David Burns: Yeah, I've done a lot of research we could talk about on another occasion that shows that half of physical pain on average results from emotional upset, and when you remove emotional upset, you'll typically see a dramatic reduction, sometimes a complete elimination of physical pain. I was a pretty rebellious medical student. I probably should never have gone to medical school because I have no interest in being a doctor. I wasn't a premed student in college or anything, but a faculty person at Amber said, "Oh, you have to go to medical

David Burns, MD – The Healing Power of Changing Negative Thoughts

school and become a psychiatrist." But I cut classes and was pretty wild. But one night I was at this local bar, we were sitting and drinking a pitcher of beer, and a fight broke out. Now, I wasn't in the involved in the fight, but there was shouting and commotion, and I turned my head to look and I saw a mug, a beer mug coming in slow motion, stop action, right toward my jaw, it hit my jaw and exploded and blood came gushing out of my mouth, I realized that my jaw was broken.

And so I ran out of the bar, got in my old VW Bug and drove to the Stanford emergency room, where I was, of course, a medical student, and went in and said, "My jaw is broken" type of thing. And it was tremendously painful. And so they sat me down, they were doing X-rays and various things, and I had the perception, you said safety is so important, and I was probably intoxicated and kind of hostile, and I felt like I was getting bad treatment and I was frightened and didn't feel any support, and the pain was excruciating. And eventually a plastic surgeon came to my bedside and said, "I've been assigned to you and I've looked at your X-rays and you've got a fracture in your jaw and I'm going to hospitalize you tonight and we're going to do surgery in the morning and I'm going to wire up your jaw and your jaw will be wired shut for about six or eight weeks", or something like that. And I said, "Am I going to lose my teeth? Because my teeth felt loose. And he says, "I can't guarantee it, but I don't think so. I think they'll be okay. But after we take the wires out of your jaw, you'll go to an orthopedic dentist and they'll check you out and see if anything needs to be done there."

And then he put his hand on my shoulder and he said, "I don't want you to be uncomfortable. I know you're in a lot of pain, and so I've ordered pain shots for you tonight, and I want you to have as many as you want, and I want you to know that everything is going to be fine. This is very routine and it's going to work out just fine." And the moment he said that, my pain totally vanished.

David Hanscom: Wow.

David Burns: 100%, and I never requested any pain shots, because I didn't need any, but it showed that the instant my anger and my anxiety disappeared, the pain completely disappeared. And this is important, because this wasn't emotional pain. This was the pain of a severe fracture to a sensitive part of the body, and yet the emotions are greatly magnifying the pain. And then my subsequent research that we won't go into now, but I had several databases and did statistical modeling to see what is the causal effect of pain, whether it's psychological or medical, makes no difference, on emotions, and what's the reciprocal causative effect of negative emotions on pain? Why our pain and anger and anxieties so often go together? Is the emotion causing the pain or is the pain causing the negative emotion?

And the short story is, I had three huge databases, and all of them, it came out exactly with the same parameters, that negative feelings have a powerful causal

David Burns, MD – The Healing Power of Changing Negative Thoughts

effect on all kinds of pain and cause on average 50% of all pain, and that pain has a negligible causal effect on negative emotions.

David Hanscom: Wow.

David Burns: And so it's not a cure all for everyone. For me, it was a cure all. But on average, if someone with chronic pain will let you work with them, cognitively or whatever, to improve or eliminate their negative feelings, and some of them will get a complete elimination of pain, some will get like a 50% elimination of pain, and some will get no elimination of pain. But on an average, there will be a 50% pain reduction. And I think that's an incredibly important discovery.

David Hanscom: Yeah, I've said this for a while and I'm trying to understand why the tools that we're using are so effective for chronic pain, because in mainstream medicine, we use chronic pain as something to be managed, and we're finding that it's curable. I mean, it's a solvable problem.

David Burns: Yes.

David Hanscom: And I think the essence of the solution is connecting to your own capacity to heal, which means you feel safe, and when you feel safe, you go from adrenaline, cortisol, histamine pumping through your body negatively to the feel good substances like dopamine and serotonin, so huge chemical shifts in your body when you feel safe. And so we do know that the animal studies show that when you are full of stress chemicals, that your nerve conduction doubles.

David Burns: Yes.

David Hanscom: I don't know what your world is like, but in the surgical world, have you heard the word "pain generator", have you heard that word?

David Burns: No.

David Hanscom: We're always looking for the "pain generator," in other words, if we find the source of the pain, we eliminate it. If we get rid of the pain generator, we're going to solve the problem. I spent at least 10 years just obsessed with finding the pain generator. We did injections into the discs and joints, we did infusions, all sorts of stuff and it didn't work.

David Burns: Yes.

David Hanscom: It now strikes me that the pain is simply a warning signal that says danger. The only pain generator is the brain.

David Burns: Yes, right.

David Burns, MD – The Healing Power of Changing Negative Thoughts

David Hanscom: Because you're interpreting a sensory input and the brain has to decide whether it's dangerous or not.

David Burns: That's right.

David Hanscom: Right. So the only “pain generator” is the brain, but I can tell you, in the surgical world, it's completely the opposite—it is that if we find somehow this little burning fire in your body and cut it out, we're going to solve your problem.

David Burns: Oh yeah. I love what you're saying. And of course, when he touched my shoulder and said "This is a routine thing and we're going to take care of it, there's nothing to worry about", I suddenly felt both safe and cared about, and then my negative feelings disappeared, my brain circuits changed, and suddenly there was no awareness of pain.

David Hanscom: Right. Well, David, thank you very much. Obviously, if you're up for this, we have about five podcasts we just came up with in this conversation. I'd love to really explore in detail some of the database research that you found out about emotional versus physical pain. And again, the neuroscience is very compelling now, that flat out, they're processed in the same area of the brain. But anyway, thank you very much. And the next podcast we're going to talk about is basically the role of family dynamics in chronic pain. Again, David's seminar completely changed my way of viewing the whole family dynamics a few years ago. In the last couple of years, we've found out it's a major difference. But anyway, Dave, thank you very much for your time. This was great.

David Burns: I don't know if I can give a quick plug at all, but on my website, www.feelinggood.com, I have tons of free resources for people who are struggling with emotional problems or pain or whatever. There's my own weekly Feeling Good podcast, and tons of things there that can be helpful for you. And in addition, if you are struggling with depression or anxiety, my book Feeling Good, research shows that two thirds of the people who read it who were depressed recover in four weeks, and it only costs, I think, \$8 on Amazon. So that's another thing that could be a potential resource for some of your listeners.

David Hanscom: Well, it's more than a potential resource. I actually have your book Feeling Good in the stage one of my process, because I have people start with expressive writing, just get started and get comfortable with the writing. A lot of people are really anxious about writing down their thoughts, for whatever reason, they're actually afraid of their thoughts, and I was one of those people. But the Feeling Good book organizes your thinking in a way that's very clear. The writing exercises are very powerful, but if you combine the writing with the structure of the three column technique, you know, the techniques in the book, it really is a remarkable process. And again, for me, 15 solid years of unrelenting anxiety, depression, suicidal depression, the whole thing, within two weeks, things started to shift, and with four weeks I was just on a roll. It was unbelievable. So I do remember that statement in your book, that the research shows that two

David Burns, MD – The Healing Power of Changing Negative Thoughts

thirds of people that do just what you call biblical therapy, using the book, using the writing exercises, actually resolve them. So again, the link is <http://www.feelinggood.com>.

And then the book is Feeling Good. Additional items you have include the Feeling Good Handbook, you have 10 days to Self Esteem, and you have Feeling Good Together. Are those the main books, you have any other books besides those?

David Burns: Those are the main ones. I have a new one, Feeling Great that I'll probably be signing a contract for today or tomorrow, and that has all the new stuff since Feeling Good, which was state of the art for 1980, but now we've got all of that plus tremendous new developments in the last few years, really, that make recovery even quicker for many people, so that should be coming out next year.

David Hanscom: I think both David and myself are just getting better at this. I've been seeing my patients get better quicker. I'm sure you're seeing yours, combining the approaches has really excellent. But I mean, within four to 12 weeks people change.

David Burns: Yes.

David Hanscom: And it's pretty darn consistent. And there's a whole part of this process where we're seeing people heal quickly, but again, mainstream medicine right now is focused on procedures and doing things approved and covered by insurance and they've just missed this.

David Burns: Yep.

David Hanscom: So anyway. All right. Well, thank you very much.

David Burns: Okay, thanks.

Tom Masters: Well, thank you both for a very insightful interview and discussion, and thank you, Dr. David Burns, for sharing your stories about your own discoveries of this approach to dealing with pain. I know how many people you've helped over the decades with your writings and your insights. And I want to remind our listeners to be back next week for another episode of Back in Control Radio with Dr. David Hanscom. For more information, check out the website at <https://www.backincontrol.com>.

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