



Dr. David Hanscom

Family Relationship Dynamics and Chronic Pain

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

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David Burns, MD – Family Relationship Dynamics and Chronic Pain

Tom: Hello everybody, I'm Tom Masters. Glad you could join us for another episode of Back in Control Radio with Dr. David Hanscom. David welcomes back bestselling author of Feeling Good and Feeling Good Together, David Burns, to continue their conversation about chronic pain. Tonight they focus on the family and chronic pain. David...

David H: Thanks, Tom. I'm so happy to have David Burns on the podcast today. We're going to focus only on the family issues that often come with chronic pain. Before I forget, for a big selection of resources go to David's website <https://www.feelinggood.com>. His books remain bestsellers many years since publication and are just great resources. They are also represented on my website. In Stage One of the Direct your Own Care process (DOC), I recommend Feeling Good, David's first bestseller, selling over six million copies. It is based on cognitive behavioral therapy (CBT) which has been shown to be extraordinarily effective. Most significantly for me, it was the book that broke up a 15 year tailspin and pulled me out of chronic pain.

As mentioned, the focus of this podcast is going to be on the family coping with chronic pain. We discovered about five years ago that we can do lots of treatments for chronic pain, but family triggers are so strong that they win. We learned that what was keeping people in chronic pain were family dynamics. But we also found out that by flipping the negative paradigm, family dynamics were an extraordinarily powerful way of pulling people out of pain.

David's perspective on the family dynamics is unique. I think his book, Feeling Good Together is a must read for any couple. Personally, it changed my marriage, and in a dramatic way.

Welcome back to the show. I'm very interested in what you have to say about Feeling Good Together. At one of your workshops, you told a story about how you had been asked by your publisher to write a book on couples based on the Feeling Good formula. I'd love to have you start the show with that story.

David B: Well, after, Feeling Good started selling my editor, who was wonderful, said, "We need another book." And I said, "Well how about I have a book in called, Couples in Conflict, Couples in Love." And it was going to be kind of using the tools that had been so helpful in depression to help people with relationship problems, because there were some similarities.

When you're depressed, you get into the distortion of all or nothing thinking, "I'm no good." And you've got should statements and self-blame and emotional reasoning. "I feel like I'm a loser so I must be one." When you have a conflict with a loved one or a friend or colleague, you get involved in the same distortions except you direct it at the other person as in, "He's a bum," which is

labeling and "All he cares about is himself," which is mindreading and all or nothing thinking, and it's a hidden should statement.

So I had the idea that we can use the same techniques that have proven so effective with depression to help people change their thoughts and self-defeating behaviors when they're in a conflict with other people. And I actually drafted the book, sent it to my publisher, sent it to Maria. She called the next day with that New York way of talking. "Oh darling we got your book. It's going to be a number one bestseller for sure. Just finish the revision and we'll send you a contract." And they sent me a check for \$150,000 in advance.

David H: That's a lot of money back then.

David B: Yeah, it was mind boggling to me. I couldn't believe it. But I had noticed that I had tried these techniques with several troubled couples I was treating. They would come to the office and I would show them how to develop more loving interactions. I would give them homework assignments and they'd come back the next week, not having done the homework and having spent the week beating each other's brains out, coming back just as ticked off as ever. And it troubled me, because the book read great on paper but it didn't seem to be working in real life situations.

And so I called Maria and said, "Why don't we just delay the release maybe six months so I can get more couples, have more vignettes for the book." She said, "That's a good idea." And then six months later, I treated 30 to 50 couples with all of these techniques that I'd learned at workshops; [for example] you can have them make lists of loving activities that the other one wants, and then you can do something that your spouse would find loving every day, and all these things to change your distorted thoughts. I was zero-for-30, or zero for 50. It hadn't helped a single troubled couple.

David H: Wow.

David B: It just broke my heart. I called Maria and said, "I don't care if this book is going to be a number one bestseller. And it probably will be, it would be. But it's a fraud. It's not truthful. These techniques actually do not work. And I'm, I'm going to just cancel the contract and send the money back to you. And if I can later on find out the true cause of relationship problems and some techniques that are more effective, then maybe I'll take another shot at it."

It was at least 35 years before I finally figured it out, or felt I had, and wrote the book that you so kindly mentioned, *Feeling Good Together*, that focuses on troubled relationships rather than depression and anxiety.

David H: At the workshop I attended six years ago, I heard you present what you found. You pointed out that separately each partner in many or most couples believes that the other one would rate their life together as 'everything being fine'. But

in a high percentage of couples, one partner rated their satisfaction as 10/10 and separately, the other partner rated their own satisfaction as zero/10. The partner who gave a 10/10 rating to satisfaction with the relationship was usually found to assume the other partner was also happy. I thought that was pretty interesting.

David B: That's true in troubled couples. It's also true between therapists and their patients. You think you know how the other person is feeling, but your perceptions of even the people you love, or a therapist's perceptions of their patients, have almost zero accuracy. I did a research study at Stanford to see how expert interviewers would do after a three hour interview with each of over 178 consecutively admitted patients to the inpatient unit. They sat down and talked to each of them for three hours about their depression and their anxiety and their suicidal urges and everything like that. At the end of the interview, I had them turn their backs to each other and the patients filled out my brief mood survey, which says, "How depressed are you at this moment? How suicidal are you at this moment? How anxious are you? How angry arguing, how did you rate your therapist on empathy and warmth? How helpful was this therapist?"

At the same time, this expert interviewer filled out the same scale, guessing the patient's responses, "How depressed do you think this person is who you just interviewed about depression for three hours? How anxious and how suicidal?" I put the data into the database and was able to estimate the accuracy of the expert interviewers. I was shocked that everything was under 10%.

David H: Really?

David B: Yeah. They couldn't get anything right. The accuracy was 3% to detect changes in depression. The accuracy of suicidal urges was 0%.

David H: Wow.

David B: The accuracy in detecting anger was 0% and so forth. It is the same with troubled couples. They actually don't know how the other person is feeling. You think you know how the other person is feeling, but in most cases your perceptions are way off base.

David H: Do you think it is worse? Let's take a happy couple. Let me ask two questions. So first of all, for troubled couples. I'm assuming the perception's off probably 100% of the time.

David B: Pretty close to, yeah.

David H: Let's take the example of a couple of us getting along really well and not having troubles. Is it more accurate to say that if that is the case, the people involved

do, or do not, usually know how each other is feeling? Or, in general, do people just really NOT know how other people feel?

- David B: Well, what I saw in my research is that if they're both feeling happy, they're pretty well connected with each other. But the more they just stay in an unhappy relationship, the more inaccurate their perceptions become.
- David H: Okay. And then the other thing that you pointed out, which I thought was really a huge game changer for me, was that if my wife does something that irritates me and triggers me, that I was one who actually started the ballgame. In other words, I acted in a way that caused her to react, and then I get really pissed off.
- David B: Yeah.
- David H: I get it sort of, but it still feels like her.
- David B: Yeah, that's hard for people to get. But what my research showed, and what forms the whole basis of the interpersonal therapy that I've created, is that we create our own interpersonal reality at every moment of every day.
- David H: Say that again.
- David B: We create our own interpersonal reality at every moment of every day.
- David H: What do you mean by that?
- David B: Well, right now I'm creating you and the David I'm creating is a happy and admiring and fun-to-interact-with David Hanscom.
- David H: Okay.
- David B: And the way I'm doing that is by showing respect and admiration for the fantastic things you have accomplished. You, at the same time we're creating a really happy and admiring David because you're giving me all kinds of credit.
- David H: Right.
- David B: But, also when we're involved in a hostile conflict with someone, we most of the time feel like victims. And we're convinced the other person is doing that to us. And so we blame them and feel like we're right and they're wrong. And your whole focus becomes changing the other person or getting back at the other person or that type of thing. I've created a tool and I included it in Feeling Good Together, and we have an even more powerful version of that tool called the relationship journal. And all you have to do to understand everything about any troubled marriage or relationship, is to write down one thing the other person said to you and exactly what you said next. And the entire conflict will be embedded in that one problematic exchange.

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David H: I'm sorry can you say that again? I lost you there.

David B: Let's say, well I gave a workshop on this in Sacramento for one of the hospitals for the general public, a public service thing. And it was how to get close to the people you love, who you're not getting along with. And, I had the entire audience in the high school gymnasium and there were a few hundred people there. And, and I said, "I want you to write down who is the difficult person in your life. And what's one thing they said to you and what exactly did you say next? Because that's all the information we needed to diagnose the entire cause of the problem. And to prescribed the entire cure for this problem."

David H: So my wife says something that's upsetting to me and then I write down what I said next.

David B: Yeah.

David H: And that's the whole thing.

David B: Yeah. That is where everything is contained. You don't need any more information, 100% of the conflict and the causes of the conflict in embedded in that one simple exchange. And so to give you an example is everyone wrote things down. This woman in the front row, she raised her arm. I said, "Would anyone like to tell us who's a troubled person? Who's the difficult person in your life?"

David B: And she raised her hand and said, "Oh, it's my husband. And I came to this workshop to find out why men are the way they are. And he is constantly criticizing me. Why are men like that?"

David B: And I said, "Well, scientists haven't yet discovered why men are the way they are or why women are the way they are. But if you'll tell me one thing your husband said to you and exactly what you said next, then we'll see what's happening in your marriage."

David B: And she said, "Well, he's been criticizing me all day, every day for the past 35 years. And just last night he shouted at me and he said, 'You never listen.'" So she had written that down.

David B: And I said, "Now, what exactly did you say next?"

David B: And she said, "Oh, I said nothing. And then just ignored him." And then the entire audience started laughing and saw some pain that she apparently couldn't see was that her response proves that our husband is right. And she forces him to keep criticizing her by not listening to what he's saying.

David H: Wow.

David B: That's a kindergarten example of a phenomenon that happens every time in every troubled relationship. And the bad part of it is if you use this approach, it's going to involve the death of your ego. Because you're going to find out you're actually causing the very problems that are causing you so much pain and so much loneliness and anger and frustration. And it's painful to have to look at that. But if you're to look at it, it can be empowering, because you'll discover you have far more power than you think. Because if you're creating constant problems with one person or with the entire world, you can also change by changing yourself you can develop quickly, far more loving relationships. But there is a price to pay and that's the death of the the self or the ego. And the Buddha called that the great death, that's one of the four great deaths actually of the self.

David H: Okay, where do the four great deaths?

David B: Oh the four great. Well there's a great death and recovery from depression. And that's accepting the fact that you're really not special. We talked on the last podcast this needed to be special. This need to be perfect and that's actually the cause of our suffering. And when you let go of that need and accept yourself and love yourself as a flawed human being, that's when you get joy and enlightenment and depression disappears.

David H: Okay.

David B: The second grade death has to do with anxiety disorders. You're afraid of public speaking anxiety. I'm working now with a woman with a fear of flying that goes back to childhood. Or maybe you have Pat panic attacks. And the cure involves confronting and surrendering to the monster that you've been running away from your entire life. And when you do that, you discover the monster has no teeth and you achieve the second form of enlightenment.

David H: Okay.

David B: The third is the one that we're talking about with relationship problems. The great death involves giving up the idea and discovering that you're not a victim after all, in most cases. You're stimulating the other person. You're provoking them to, to treat them in the very way that you're complaining about that you're creating that problem. And that's to me the most painful of the four great deaths too. Because it hurts me when I see how I'm failing other people. But if you accept that with humility, you'll immediately be reborn. Your death will lead to a rebirth and you'll be empowered to develop joy and closeness to that person and to many people.

David B: And then the fourth great death has to do with recovery from habits and addictions and that's the craving entitled ego that tells you, "I'm entitled to get plastered tonight. I had a big day. I'm entitled to eat this cinnabun, because it'll taste so good. And it will come comfort me." And recovery from all habits and

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addictions involves letting go of that entitled grasping self that's looking for immediate pleasure and immediate gratification.

David H: I'd like to tell you about a research paper that was a game changer, I read it shortly after I went to your workshop. Where they did a research paper on 105 couples, that one half a couple of head chronic pain. And they put monitors on the wrist of both halves for the couple. And it happened with every one of the 105 couples.

David B: Wow.

David H: The person in pain with complaining about their pain, grabbed the knee, grab it out, grabbed their back or grimace or groan. There's a predictably hostile response from the spouse.

David B: Yeah.

David H: And then what would happen is that the person in pain would have their pain increased for about three hours.

David B: Wow.

David H: Okay, so we know about the neuros that fire together wire together. We also know when you're triggered, your stress chemicals are elevated, which doubles the nerve connection. So you do feel the pain more. What was fascinating. This is where your work comes in is, "Okay, so I'm in pain and you're my spouse and I complain to you. I know you're going to give me a hostile response, but guess what? I keep complaining." That was a fastening part of the research paper is that the person in pain kept complaining. But that person knew that complaining was actually going to make their pain worse.

David B: Yeah.

David H: Isn't that fascinating.

David B: It's fascinating. Can I give you another brief Stanford story?

David H: Absolutely.

David B: When I was a medical student, the only person I really admired and respected, and this was my problem, not Stanford's problem, because I was wild and terrible medical student, but I loved Alan Barber. He was the head of outpatient medicine in this so called thick chart clinic. They would send people from all over the Western United States to Stanford when no one could help them with medical testing and diagnoses, because they never found anything. And some of the people had chronic dizziness, tons of them had chronic pain, chronic fatigue, all of these these things.

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And Alan Barber, who was an internal medicine doctor and a brilliant physician, knew that these people had what I now called the hidden emotion phenomenon. That there was something going on in their life that they weren't dealing with and that was actually causing these symptoms. And he tried to direct them to focus on that. And when they did, half the time, the physical symptoms disappeared. The same thing I found years later in my research.

Well, once I went in there and the siren came up to the clinic, which was at the front of the Stanford hospital. I said, "Why would the an ambulance come to the medical clinic rather than the emergency room?" Which is on the other side of the hospital. And they brought in this woman screaming on a gurney, raced her in. And I was assigned as this inept medical student to evaluate this woman that was screaming, demanding an emergency surgery.

David H: Okay.

David B: And the story was that, let me disguise it a little bit. Let's say that she had flown in from Canada on a private plane with her husband and had an ambulance waiting at the airport to speed her to Stanford for this special treatment; And she was screaming and she said, "I am in excruciating pain and I need emergency surgery immediately."

David H: Okay.

David B: And I barely knew how to use my stethoscope, but I started, I was very nervous looking through the chart. And I saw that she'd had seven emergency laparotomies.

David H: Really?

David B: Yeah. And all they ever found was normal tissue. Okay. Except the first time they found a bullet.

David H: A bullet?

David B: And then the notes said that her husband had shot her in the stomach.

David H: Okay.

David B: He's standing right there next to me, and so I started examining her abdomen. How you're supposed to see if it's rigid, like it is with a rupture caused by peritonitis or some such thing. And it was all soft and kind of soggy and felt normal. And then I listened with my stethoscope and the bowel sounds sounded normal. I couldn't see that there was anything wrong with her. But she was screaming. And I said, "Does anything make the pain worse?"

And she said, "Yes."

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And I said, "Does anything make the pain better?"

And she said, "Yes."

And I said, "What makes it worse?"

And she said, "Being with my husband."

David H: That's settled.

David B: I said, "Does anything make it better?"

She says, "Not being with my husband."

So I turned to him, I said, "Would you mind just stepping outside for a moment while I finish my examination."

And he stepped out and she said, "Oh, I'm feeling so much better now."

I had Dr. Barber come in and check her out, and we decided they needed a marital therapy session and not abdominal surgery. But it's exactly what you've been saying, that anger and hidden feelings that aren't being dealt with can come out indirectly as anger. And then that can get enmeshed in the conflict between the patient and other people. The examples you gave sound like people in pain can use their pain as a kind of a weapon in a battle to agitate the other person, and then they fight back. It's just like any other battle except anger is one of the tools in the battle.

David H: Well, as you know-

David B: Or pain—I mean is one of the tools in the battle. Pain is one of the tools in the war.

David H: Well, the one block that I find now that people have to getting better, is simply their unwillingness to give up their pain or give up their anger.

David B: Yes.

David H: Because it's powerful right?

David B: Yeah.

David H: You have a technique for holding onto this belief system based on the advantages you get from it, right?

David B: Yeah, we have a triple paradox that's even better than that now. What are the benefits of the anger, say, or the pain?

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David H: Right.

David B: The second column is what does it show about you that is positive and awesome? And the third column is what are some disadvantages of giving it up and changing? So like a triple paradox, you become the voice of the patient's subconscious resistance. And sell them on all the reasons not to change. That's one of the new techniques we've developed for boosting motivation and reducing resistance.

David H: In other words I have been pretty clear that my work is not the best answer since sliced bread and neither is yours, because humans discovered and did this 2000 years ago.

David B: Yeah. Right.

David H: Really, you're reintroducing people to the concepts that promote self-healing, which means letting go and connecting to who you are and feeling vulnerable.

David B: Yes.

David H: It helps you feel vulnerable, you feel safe. In other words if you feel safe and comfortable sensations, then you are safe. Because of your thoughts and emotions, then you are safe and it changes the body's chemistry.

Where they talk about these medically unexplained symptoms it actually irritates me a lot now because they're not body's, they're completely explained by changes in the body's physiology. This is actually high school science class; when your body's full of stress chemicals you have all these reactions that are physical. And when you're relaxed your body chemistry changes, you just feel better.

David B: Right. Absolutely.

David H: This is very subtle and somehow mainstream medicine has flat out missed this. I actually quit my surgical practice at the peak of my career because what we're doing now is very much like the seven laparotomies you just mentioned. We are rushing to surgery before even giving the body a chance to heal, so I'm just calming people down, which dramatically decreases the pain. Often the source of the pain is not of a physical origin, but driven by our emotions to seemingly intolerable levels.

David B: Right.

David H: Three to five times every week I saw patients who came in with basically normal spines but horrible personal stresses. And I just simply asked the question, "What's going on in your life? I said to my fellows one day, "Look, this is not so hard, it doesn't take much time." I saw a very nice older couple one time, and I

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said, "Sometimes stress in personal events can really create change in the body's chemistry that makes pain worse. Has anything unusual happened in the last six months or a year?"

The man held up his hand like a gun and pulls the trigger and he goes, "My son."

And I said, "I'm really sorry." Because you know a lot of people have kids to commit suicide. "I'm really sorry about this. Can I ask what happened?"

The father said, "He was murdered."

David B: Oh wow.

David H: It turns out his paranoid schizophrenic grandson had murdered his father, who was his son. That's stress, that was the diagnosis. It wasn't neck pain. Stress was the diagnosis. Right?

So just that simple question about, "What's going on?" can be so important in diagnosis. You don't have to be mentally ill to have situational stresses that are incredibly overwhelming. We know that people really suffer.

Another one of my nurses walked out of the patient's room says, "You won't believe this. Our patient—the woman with total body pain—her daughter is having a baby." I just responded, "Okay, fine." Then the nurse said, "But her husband is the father." Okay. Again that's stress, right?

David B: Oh, yeah.

David H: So the bottom line is that in medicine we're focusing on procedures right now, especially in spine surgery. And we're just not listening and actually helping people calm down. And we're not helping the body's chemistry. Then the family dynamics are particularly powerful. But the bottom line is that the deeper your relationships the deeper the triggers.

David B: Yeah, and what we've found is you don't need both people in most cases, to repair a troubled marriage. In fact, if I have both people in the troubled relationship, the prognosis is much worse. If one of them refuses to come in, then I say, "Oh good, I've got a chance, because I can work with one person." The moment one person changes, the other person will instantly change.

David H: Why do you think that is? It's fascinating.

David B: Well, because when you've got two, they just take turns blaming each other.

David H: I get you.

David B: And when you've got just one, "Well your wife isn't here, Jim. If you want to change, I've got some powerful tools to show you how to develop a more loving marriage. But number one, I want to find out, do you want a more loving marriage? And number two, are you willing to pay the price? Which is looking at your own role and pinpointing what you're doing that's screwing things up and taking an entire responsibility for change."

If you want to hear an actual case live of this on one of our podcasts, it's called the Treatment of Lee. There's a search function on my website. It lists all the podcasts and you can search. My wonderful colleague, Jill Levitt, and I treated a man live who wanted help with his marital problem. He's in London, his name is Lee, and he said, "Oh, David, I want some help from you. My wife is so bossy and she always has to be in control. And I think it's because she had a controlling mother. Could you help me by changing her?"

And I said, "Listen Lee, we'll treat you and not your wife. And if you want treatment it's going to be painful for you because you're going to find out you're forcing her to criticize you. You're forcing her to be controlling." And, he bravely agreed to it and kindly allowed us to publish this very painful and tearful live work. But when he wrote down one thing, his wife sat and what he said next, you could see very clearly that he was frightening her and responding in an adversarial way. And she was thinking that their daughter might actually be in danger. And when he saw that it was him, not her mother that was causing her behavior, he began sobbing.

David H: Wow.

David B: Because it's the death of the self. But he was very brave and we showed them how to turn it around—it was a tremendous change there in a single session. And then we got some wonderful follow-up from him as well. But it means looking at your own role.

The last thing I wanted to say was this—when you were talking it was music to my ears because that's what Alan Barber did—just the same way you do. He was a famous physician. You're a famous surgeon. But when he talked to the patients, he says, "Tell me what's going on in your life. When the pain came on, when the dizziness came on eight years ago, where were you? What was happening?" And he's listening with his stethoscope, pretending to listen to the lungs, but he's asking about the human problems.

And then the patient, we had one guy who had had eight years of dizziness and he had a hundreds of thousands of dollars of work ups of his brain and his heart, right? And Dr. Barber said, "Do you remember what happened when the dizziness first came on?"

He says, "Oh yeah, doc, I can remember."

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He said, "Well, what's going on?"

And he says, "I was at my wife's funeral doc."

And Dr. Barber said to the guy, "You must have grieved tremendously. You say you loved her. And she died suddenly and unexpectedly."

He says, "No, no doc, I never grieved." And he starting to get shaky. And tears are coming into his eyes.

And Dr. Barber said, "Well, why did you never grieve?"

He says, "I didn't know if it was right for a man to cry."

David H: Really?

David B: And Dr. Barber says, "Well, you need to cry and I think that's what you want to do right now." The man started sobbing and after a couple of minutes he looked up to us and said, "God bless you, my dizziness just disappeared. I think I'm cured."

David H: Right.

David B: And he'd been eight years just getting medical test after medical test, and prescription after prescription for his dizziness.

David H: Well, let me say something I think you'll agree with. I think in terms of neuro-plasticity instead of psychology, using the "reminder" of neurons that fire together, wire together.

David B: Right.

David H: So you could call it psychological. The reality is those neurons get connected at that point in time. And again, the current definition of chronic pain is it is an embedded memory that becomes connected to more and more life experiences and memory can't get erased. And so by becoming aware of which triggering it makes a huge, huge difference.

David B: Yes.

David H: Solutions come in different forums. Once people can see that connection, it's not psychological because what happens is your body is chronically fired up. The biochemistry is way off. Your body reacts badly with all these multiple physical symptoms. And so that's not psychological to me.

David B: Right.

David H: And so I'm trying to walk line personally in this whole project between, because I think psychology has a tremendous role, huge role, but I don't think it's primarily psychological.

David B: Absolutely. It's physical and psychological. In fact, there's a guest chapter in my new book by Professor Mark Noble, a neuroscientist from the University of Rochester and one of the pioneers in STEM cell research, a world famous guy. And he's talking about how we're really rewiring the brain when we're using these new super-fast psychotherapy techniques. And he talks about how the wiring changes. I was editing it in fact just before the podcast this morning. And what you say is absolutely correct. Psychotherapy that is just based on talking over and over again strengthens these complaining wiring networks that cause depression and anger and pain. And you need to have innovative techniques that can suddenly shift the wiring in the brain.

David H: Well I could see this podcast can go on for at least another hour, but I just want to finish up with one metaphor and then I would encourage you again to go to feelinggood.com look up the resources because they're right there. The book is, *Feeling Good Together* by David B. Is also the other books that are adjuncts of... I mean, *Feeling Good in the Feeling Good Handbook* are sort of the same book. I mean the handbook's a bit more of a workbook and *10 Days of Self Esteem*. Again, those three books are sort of a group. The, *Feeling Food Together* is a remarkable, it's a quick read. It's really remarkable. But I'm now intrigued by actually... On your website do you have a special section on the family or is it sort of mixed in with the rest of it?

David B: No, I don't have a section on the family, but if you go to the *Feeling Good Together* podcast page it links all of them and then you can type in a search, any search word and all the podcasts or resources on the website on that topic will come up like you can put in, pain or couples marital conflict or something like that, and then it'll bring you to the session with Lee, which is actually two consecutive podcasts with commentaries. And it really reveals, I think in clear and convincing way, the model that I describe in the book, *Feeling Good Together*.

David H: Well, I came up with a metaphor about six months ago. It really has been helpful for me and my patients—if you're learning a new language like French, you go to class, listen to tapes, and use repetition. Let's say five years from now you can speak fluent French. Something happened to your brain, new connections, new myelin. Whatever it is your brain actually changed so you could speak French.

David B: Yeah.

David H: You didn't learn French by not speaking English.

David B: Right.

David Burns, MD – Family Relationship Dynamics and Chronic Pain

David H: The default language for the human body is basically survival, which depends upon adrenaline, cortisol, and histamines. That's the default language. My concept of using neuroplasticity to actually solve chronic pain is learning a new language to create a vision of where you want to go and how are you're going to get there.

David B: Yes.

David H: So I try to fix your pain. You must put your hand right into a hornet's nest. What you're doing is creating your vision of where you want to go and pursue it, then your brain starts to change for that. You didn't learn French by trying to fix your English. You're not going to learn a new life by trying to fix your pain, because your attention's in the wrong direction.

Thank you again very, very much and we'll talk again soon and I appreciate it.

David B: Thanks. It's been an honor being on your show. I just have to admire your pioneering and incredibly important work. You're working in an area that has long been near and dear to my heart. I don't often get a chance to talk about it. But the issue of physical pain is so incredibly important, and you're just moving in the absolute right direction.

David H: Thank you very much.

David B: Yes, have a good one.

Tom: Thank you both for a fascinating exploration of the whole family dynamic of pain. And David, thank you for sharing the stories with patients and things that you've explored over the years. I think it's been very, very helpful for our listeners. I want to remind everyone to come back next week for another episode of Back in Control Radio with Dr. David Hanscom. And in the meantime, you can go to <https://www.backincontrol.com> for more info..

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