



Dr. David Hanscom

## **Mind Body Medicine – A Path to Healing and Personal Growth**

An interview with David Schechter, M.D.  
on Back in Control Radio with Dr. David Hanscom

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**David Schechter, M.D. – Mind Body Medicine – A Path to Healing and Personal Growth**

Tom Masters: Hello, and welcome to another episode of Back In Control Radio with Dr. David Hanscom. I'm your host, Tom Masters, and today we have with us Dr. David Schechter, a pioneer in the field of mind/body medicine.

David Hanscom: Thank you, Tom. David, welcome to the show. David is a good friend of mine from college days, and he's now in the Los Angeles area. When I was introduced to this process through Dr. Howard Schubiner's lecture, David Schechter's name came right up. He is board certified in family practice and sports medicine; he has a specialization in chronic pain based on the mind/body syndrome concepts. So he's done a lot of good work over the years and published several books.

Dr. Schechter and I both emphasize finding the ways emotional pain translates into symptoms of adult chronic pain and that is the focus of this program. Welcome, David.

David Schechter: Thanks for having me, David.

David Hanscom: Could you tell us a little bit about your practice, what you do, and what is your emphasis?

David Schechter: Well, my emphasis is typically chronic pain patients, and I see a lot of individuals on the West Coast with low back pain, neck pain, arm pain, leg pain, foot pain, headaches, migraines, and a variety of other *nonspecific pain disorders* and unexplained symptoms. Typically, they've been going on for more than a year and sometimes as long as 10, 15 or 20 years, by the time that I see them.

David Hanscom: I agree with you—***it does not matter which body part is hurting, the neuro system is fired up no matter what***, so what is your general approach for, let's say, the first three months

David Schechter: My approach in the office is to start with a detailed history and to listen to the patient. ***A lot of times, people feel they haven't been listened to.*** I also emphasize a detailed psychosocial history, and people are asked questions by me they often aren't asked previously, such as what their childhood was like. We know that's so important in chronic pain and mind/body disorders. I ask about stress in their life, I ask about their job, their relationships, all these things are important. ***Then I also do a careful physical exam, because I want people to feel that I'm not ignoring the physical aspect of their symptoms.*** That's typically a muscular and skeletal exam with a neurological component, and I look for tender points on the back, which is something that can be part of the syndrome.

I typically do a detailed review of any MRI imaging patients bring with them, usually it's a disc, but sometimes the written report only. I'm trying to make a diagnosis for them, or to shift their focus away from a *previous diagnosis that proved to be incorrect*. I feel like the reason I'm able to help people is not

because I'm any smarter than the previous doctors they've seen, but I'm asking different questions.

David Hanscom: Right. I agree with you. As I've learned more about the nervous system and body chemistry, I actually am more compulsive about doing the work, because neither one of us want to miss anything structural. Infections, cancers, tumors, all sorts of things show up. I have seen pelvic tumors, brain tumors, neck tumors, all these things show up. You can't predict, because the symptoms of these bad diseases are pretty nonspecific. So like you, I don't assume anything. ***What I'd like to talk about is your view of how emotional pain is processed and why it creates physical findings.***

David Schechter: That's a great question. I'm not sure that modern science understands all of it, but the emotions, such as anxiety, fear, anger, worry and grief seem to create *a cascade or a circuitry of pain that persists*. These emotions, I believe, have a reinforcing effect *and* an amplifying effect on the afferent signals coming from parts of the body at any given time that would otherwise, at some point, heal or be ignored. ***When we have pain, it's always a signal of something, but patients first assume, and often their other doctors also first assume that it's a signal of a structural condition or even structural catastrophe.***

I'm very focused on the ***cognitive shift from the idea that their pain is a signal of something physical, dangerous and catastrophic, to the idea that the pain is a signal that there's emotional work to do***, that there are leftover emotions, that there is stress from childhood, that there are issues in their life that they're not handling right now. So that's the way I look at it.

David Hanscom: There is a famous quote from neuroscientists, "***neurons that fire together, wire together.***" So people say, "What does childhood trauma have to do with my current pain?" Well, if the current experience resembles the childhood experience, the nervous system translates the message into anxiety, anger. They, in turn, produce physical symptoms that you may have had back then which are re-ignited—and you have neurons that fire together, wire together. I'd like to go right to the teen project that you're working on, can you tell a little bit about our emphasis on teenagers right now?

David Schechter: So most the patients that I treat, I'm sure you treat, are adults. In fact, probably the most common decades for this condition are 30s, 40s and 50s, but I see people from, in the adult category, from 21 up to 90. I've had results, successful results with people in all of those decades. But I've thought for a long time with this epidemic of stress in our society, and this epidemic of mind/body disorders, could there be a solution? Could the solution be working with younger people? I do occasionally see patients in the teenage years as a family medicine doctor, I'm allowed to do that, as well as children. But in terms of the teenagers, that's when you begin to have abstract understanding and abstract capacities for thought and analysis.

This is when we perhaps can make an impact. So I created the MindBody Workbook for Teens recently, and I've also created a curriculum, which is designed to be in the health education section of your middle school or high school years. I found a couple of high schools that are going to work with me on a pilot program, and the idea is to educate these teenagers, these adolescents about the fact that their emotions and their stress can affect both their mental health, but also can affect their physical health. I feel if we teach this concept earlier, then when they hit 21 and they get a tension headache, or they hit 25 and they get a low backache, they'll at least consider the possibility that emotions and stress are playing a role.

In addition, I want to teach them some skills. So in the course of this curriculum, there is a workbook, a journaling process where they learn to write about their feelings, and that this can feel good, be helpful, and also be instructive as to what some of the stresses are.

David Hanscom: A couple points, first of all, I think it's a wonderful project. I've had a passion for this for a while. In fact, about five years ago, I started a nonprofit to bring this into the school system, including the expressive writing, and I just didn't have the bandwidth to pursue it. But just simple tools like expressive writing, a little bit of mindfulness, education, all those things make a huge difference. My point is, people say, "The families, you can't control the families." You can't, but from a public health standpoint, the school system is the one spot most people pass through. It is a touchpoint where we actually can teach the skills.

There's a paper out of Indianapolis in 2014 that showed that the instance of chronic pain had gone up 800% in 10 years in adolescents. I gave a lecture at a high school in Seattle about three years ago, out of 1500 students, 350 were on daily medications given out by the school nurse. 350 out of ... There was also a paper out of Sweden, as you probably know, by Song, that showed us there's a very clear link between stress and autoimmune disorders. We know that crones, colitis, all these autoimmune disorders are just rampant in kids these days and it's a huge problem. Can you talk about the expressive writing for a second? My audience I think is tired of hearing me beat that drum. So it'd be nice to hear somebody else who has experience and give your perspective on the expressive writing, particularly in teens.

David Schechter: I started using expressive writing, or journaling you can call it as well, about 25 years ago. I had patients write in a blank notebook, and then about 20 years ago, I wrote the MindBody Workbook, which gives people a structured process, a series of questions that they answer, because I find that people can often get lost in a blank notebook when they have to write in it every day. We've talked about this at length, and I've read your book and things, so there're different types of writing one can do. I think anything that you write about in terms of emotions is helpful.

The recent changes I've made, first of all, when you taught a little bit about some of the darker negative writing that you like to use, I think that's a piece

that I've added in where I have people, like you do, write occasionally (I think you do it more often) about all the dark stuff in their head, and then rip it up afterwards. *I've been more of a fan of the idea of expressive writing as journaling—keeping it in a journal and being able to refer back to it in a week or two weeks or a month, and see what kind of progress you've made. Although, I do tell people if it's an issue of privacy, tear that page out and shred it or burn it or do whatever you want with it.*

More recently, I've added the concept of some self-esteem, or *positive writing*, if you will. So I've had people alternate between writing all the dark emotional tension stuff with writing things they appreciate. So the two things I've had them focus on for perhaps one or two days a week is **appreciation journaling** and **self-esteem journaling**. Self-esteem is one of the issues I see in these chronic patients with pain, so for self-esteem I have them make a list of three or four items about themselves that they like, and then try to elaborate with a paragraph on each. That's an exercise to do, let's say one day a week or one day every other week.

For the appreciation, I have them make a list of three or four things that they appreciate in their life, and to elaborate upon that for a paragraph. There's a lot of research on writing about appreciations and how that seems to improve mood. So in terms of what we're doing with the teens, it's kind of a variety. I don't want to get too heavy, it's in the school setting, they're not seeing a doctor or psychologist per se, and so I have them write a little bit about school, about their parents, about friendships. I'm just exposing them to the concept in those couple of weeks that they're doing it in the school setting, and then perhaps they'll seek out additional help if they need it from a school guidance counselor, a psychologist, a physician, or somebody of that sort.

I'm a fan of it like you are; I find it very helpful for patients. I do it myself from time to time, when I have the need. Writing is a very productive thing, you only need about 10 minutes, some people take 15 or 20, that's fine, you can do it in five. I've had people just take an index card and just write for a minute when they're stressed, and it helps a tremendous amount.

David Hanscom:

Right. You know my story, I had been in chronic pain for 15 years, within about two weeks after I started these writing exercises, based on a somewhat random recommendation, for the first time in 15 years I felt my symptoms shift. A lot of my patients with chronic pain don't want to start their writing, so I say, "Look, there's not much I can do." Everything else I think is optional, I agree with you, it doesn't matter on the exact style of writing and how you do it. People can get better somewhat without the writing, but my experience has been that people really don't start to heal until they start some type of writing exercise.

You and I both have heard of Dr. James Pennebaker who wrote a book called **Opening Up by Writing It Down**, based on over 1000 good research papers documenting that some form of it works. Over 1000. I think psychology is a huge adjunct to chronic pain, but most patients who have gotten better have not

seen a psychologist. There's something about the writing that's very powerful. I interviewed Dr. Pennebaker on this podcast about six months ago, and it was a very powerful interview. He's a social psychologist, still doing research in Austin, Texas. His daughter happens to live in Seattle.

He's a wonderful guy, and so on the podcast I said, "I just wanted to ask you if this is still all valid stuff," and he says, "Yeah." Again, they've written papers showing that different types or styles of the writing work for different people, everybody's different. But it's a very powerful process. The question I have to you is whether you were taught about the expressive writing in medical school or residency?

David Schechter: Not at all, David. When I bring it up at conferences, people seem surprised by it, and I usually will throw in a quick line, which always gets a laugh, when I say, "You haven't seen any pharmaceutical representatives come to your office handing you a notebook recently."

David Hanscom: Right.

David Schechter: Or suggesting samples of notebooks. All it takes is a couple of bucks, you can buy at any stationary store, online, you can buy a notebook. And such an effective tool, if it's blank, if it's guided, if it's not guided, if you use exercises. I agree with your endorsement, it's definitely very powerful. The other piece that I find very powerful is education. To me, the two things are first, education which acts as the penicillin for mind/body disorders, and then second, the expressive writing which acts as the antihypertensive, or something like that. **So both of these are very important in terms of getting the emotions processed to reconfigure what we think and believe about what's wrong with us. Both of those steps are very important.**

David Hanscom: But I'm also thinking about the point that is very critical to the essence of solving chronic pain or healing, whether it is mental pain or physical pain, is **feeling sick**, when you go from your biochemistry being optimized (dopamine, oxytocin) and you feel safe, to feeling threatened with adrenaline, cortisol and histamines, where your body's on high alert, the body can signal with nausea or a general sense of feeling sick. It also has to do with the listening and doctor/patient relationship, because you want to feel safe with your doctor.

I also think that our different books provide a framework, with different methodology, but I am now convinced that **still number one for helping people heal the most is the doctor/patient relationship.**

David Schechter: I really do try to emphasize listening to people. "Tell me your story." I think that just when the visit stretches a few more minutes than they're used to, it just seems to create an increased level of comfort. That's important. I'm also emphasizing affirmations in my practice, I've done this for a long time, but I've gotten a little more into it lately. So the affirmations that I have them repeat to

themselves are affirmations that make them feel safe. Make them feel healthy and strong, because ultimately they are. That's how the body heals.

So I'm doing some work with that, and if you connect later to some of my social media or whatever, I'm going to be talking about the fact, in my social media, about this new affirmation app that I'm affiliated with and doing some work with that. But I think that's another way that you can change the circuitry, is what you say to yourself. Because we have this constant dialog in our head that can be nonproductive, counterproductive, or can be productive in healing. We have to help patients change that.

David Hanscom: David and I could talk for probably a week on this and actually, we're on the same page on many parts of it. I'd just like to summarize the approach that I think we both espouse—the doctor/patient relationship is number one, with education the critical second focus. Education is required for any problem in any realm of life because you have to understand the problem before you can solve it. Success in education requires very good listening skills.

We both feel expressive writing in some form is really critical to healing. As a teenager, your brain is more neuroplastic than when you're older. When teens engage in the process, my experience has been it's as exciting as it could be. It's really remarkable how well they recover, how quickly they resolve. I have one 35 year old woman who is a daughter of a friend of mine. She had been in anxiety since she was 10, chronic pain since she was 15, and in about four months, she's symptom free, she's taken on a new career, her anxiety is minimal, she has no pain, and she is so excited. I know you find the same thing is that not only do people come out of pain, they thrive at a level they never knew existed, because they're not fighting anxiety anymore.

David Schechter: That's one of the very rewarding parts of this type of practice. I even explain this to patients, I said, "If I had a magic pill that would make your pain go away permanently, you would learn nothing from the process, although you would feel better." By going through this process of retraining the brain and expressing emotions and connecting to emotions, you actually gain personal growth and pain relief. It's a two for one.

David Hanscom: No, it's really exciting, very inspiring. If we just take a minute, if you could just run through the list of the books that you've written, I'd like to hear that.

David Schechter: The first one I wrote was the MindBody Workbook, expressive writing in journaling. I wrote Think Away Your Pain. I have the MindBody Audio Program and the MindBody Patient Panel, which is an audio and then a DVD program, some of which I've put on YouTube now to be observed in that fashion. Also, have compiled some interviews that I did, and that's called Understanding and Healing from TMS. Then the most recent one is the MindBody Workbook for Teens.

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David Hanscom: Is that one published yet?

David Schechter: That's the focus on the curriculum and things like that. Those are all available on Amazon and on my website as well.

David Hanscom: So the teen one is actually published now?

David Schechter: Yeah, I decided to publish it, I'm using any revenue from the sale of that for this nonprofit project. So I'm looking at that as a fund that I can use to help get this into the schools. All the work we do in schools is for free, and I'm going to be providing complimentary PDF copies that they can print out in the schools. If I get enough money, then I can actually give them spiral bound notebooks. But for now, they can just print it out and clip it together and it will be perfectly fine.

David Hanscom: Tell me more details, what's your website?

David Schechter: [www.MindBodyMedicine.com](http://www.MindBodyMedicine.com) .

David Hanscom: Where are you located at?

David Schechter: I'm in Culver City, California, which is West Los Angeles.

David Hanscom: West Los Angeles, okay. The final thing is, I know you have some nice resources around you.

David Schechter: I have a lot of resources in Los Angeles. Having been doing this for a long time, I started to network with psychotherapists and psychologists toward the beginning of my practice. The very first one I worked with is a gentleman named Donald Dubin, who is now passed away. But subsequent to him, there were some others. Alan Gordon worked in my office when he was just starting his practice, now he's built up a very large pain psychology center. I also have a good network of other people, so I'm able to really refer people to psychologists and psychotherapists in Los Angeles pretty close to the geographic area.

The other thing is I made a lot of acquaintances and friends with psychologists interested in this area, so I have a pretty good referral base around the country, and many of them work by tele-psychology or Skype or Zoom. ***I think it's important to get a physician diagnosis, I know it's not always possible depending where you're geographically located.*** I think that catapults the patient much further along in terms of the clarity of what's wrong with them, having a physician who is knowledgeable in the area that they're being treated, and certainly the mind/body aspect as well. Then typically from that, we do the education, we do the journaling, and then a certain percentage of people additionally benefit from the psychotherapy.

I find that those individuals just need a little more help with some of the emotional issues, or it just brings up a lot of heavy stuff from childhood. We



identify those individuals and work with them in a team approach with physicians, psychotherapists, and the home program. So that's the way I work, and it seems like it helps most of the people.

David Hanscom: In medical school, we're taught that chronic pain is a psychological disorder. It has a very large psychological component, so if the psychologist fits in the overall context of care, it's wonderful. What tends to happen in medicine, you say, "Well, I can't find the problem, so let's go see a psychologist." If it's not in the context of the overall care plan, it doesn't work very well. ***If you put the psychology in the context of the process that David has put together, it's really, really wonderful to be able to work with a psychologist. I think it's fantastic.***

David, thank you very much. On the next podcast, David's actually going to become the interviewer and I'm going to be the interviewee. It's going to give us a primary care viewpoint of spine surgery and how this new book, **Do You Really Need Spine Surgery?** could be helpful for somebody like him. David, thank you very much.

David Schechter: Thank you.

Tom Masters: I'd like to thank our guest, Dr. David Schechter for sharing his insights on the mind/body medicine approach and the work that he's doing with teens. I want to invite our listeners back next week for another episode of **Back In Control Radio with Dr. David Hanscom**. In the meantime, please visit the website at [www.BackInControl.com](http://www.BackInControl.com) .

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