Dr. David Hanscom
BACK IN CONTROL

New Tools for Successfully Treating Chronic Pain

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

Podcast Date: January 1, 2020

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Tom Masters: Hello everybody. And welcome back to another episode of **Back in Control Radio** with Dr. David Hanscom. I'm your host, Tom Masters. And our guest today is Dr. Joel Konikow, a family practitioner who specializes in the treatment of pain.

David Hanscom: Thanks, Tom. I'd like to welcome Dr. Konikow to the show. We did an earlier podcast with Joel that aired last week. He's a pain practitioner. His practice focused on headache pain for many years. He and I worked together for about eight years, after which he retired—all that was just a year and a half ago. Joel's retirement was a factor in my own decision to retire because we had a great team going with the Direct you Own Care (DOC) Project. He managed medications. We decided whether the person needed surgery or not. And we just had a great thing going in terms of meeting patient needs. So it was really a pleasure to work with him.

In the first podcast, Joel shared his evolution into treating chronic pain and some of the methodology. He wants to concentrate this time on what he actually did with patients that seemed to be so effective. And we've talked about what's called ***motivational interviewing*****, which allows people to be heard,** and also meet them where they are in the present, which is a big factor in treating chronic pain. Welcome back. I appreciate you taking the time to talk to us.

Joel Konikow: Thank you, David. You're welcome.

David Hanscom: So Joel, in the last episode we talked about how motivational interviewing helps physicians really listen to people. And it's obvious in any field, you have to understand the problem before you can solve it. So motivational interviewing is basically listening to people, hearing their story, try to assess where they're at. If they're not ready, they're not ready. But I think he had a really gift for waiting people out and just simply giving them time. So I'd like to ask you some of the questions about specific tools that you used with patients in addition to motivational interviewing that seemed to help them move forward.

Joel Konikow: Sure. Well, motivational interviewing came later, as I said, toward the end of our eight years working together. Before that it was really the DOC project that you developed which really started the process. But I want to go back really to med school, and this is something that is really, really important and that is that the basics we all learned in med school, taking a patient's medical history and then performing a physical exam—those were the keys that introduced me to my patients. I spent an hour, usually more, frankly, with over 50% of the patients. I couldn't do it in an hour. It involved complex pain problems. The half hour follow up often was 40 to 45 minutes. Not always, but often it was a good 35 to 40 minutes, because it just takes time.

And so giving people their voice was huge. But that initial history and physical exam gave them a space to express their story. ***And that was really key—the story***. So that was the foundation. Next came the testing. If I thought they had a

structural or non-structural problem, or a disease, or were just the pain pathways causing pain. That was huge, and that would dictate treatment. That's always been the baseline. That skill and practice is being lost, but we used it. I used it at the clinic and it was the basis of everything we did.

David Hanscom: Right. I mean, it's pretty frustrating right now in modern medicine has become basically a production line. I actually quit my practice because I saw so many people being badly hurt by spine surgery. Basically, now there are just quick visits with random treatments offered, and spine surgeries offered without any rehab at all beforehand. One simple example is we know lack of sleep actually causes chronic pain. It just flat out causes it.

I've been in chronic pain myself for at least 15 years, maybe longer. When I started the simple writing exercises in the DOC program, within two weeks my pain started to shift. I know expressive writing exercises were a mystery to you initially. You weren't totally those. And then you made a really succinct comment about two years ago, that if somebody decides to do the writing and not throw it away, they are simply holding on to their pain. So I'd like to have you discuss your experience with expressive writing.

Joel Konikow: Well, personally, it began to help me because two things happened. One, we were working together. And within that first year and a half at Swedish Pain Services, Howard Schubiner published his seminal study from the work he was doing on pain titled **Unlearn Your Pain**. But there was that first article that you passed around to all of us. And we talked about, and we had a conference about it where we understood that paying attention and doing the writing was important in changing the chemistry in the brain, which was powerful.

And that was the paradigm shift when we finally knew what we were looking at in terms of people who are having this chronic pain for which we could not find a cause. There was a book by Dr. Clarke, **They Can't Find Anything Wrong**, but with Dr. Schubiner, it was in your work that made me understand the power of the writing. So when that happened, we were developing a pilot program at the clinic.

I started studying that whole literature, practicing it myself. I discovered that my back pain would be under much better control with the writing. It was just a common kind of thing. It would bother me. There were ups and downs. But I discovered the power of it myself. That was a huge epiphany. And then I saw patients who did that work really get better. And I would say there are two kinds of work that I've learned subsequently from Dr. Pennebaker, who we met through a conference you arranged.

One is to tell your story and to rewrite it over time to reflect how it changes. It's more than a journal. It’s rewriting the story. The work that I had people do mostly was write down the things that trouble them most. The things that bother them, the anger they hadn't let it out, it comes in a stream of consciousness and you just let it go.

Joel Konikow: And it became powerful. But when I started to see that the people weren't getting better I started asking, "Well, are you tearing it up?" They would answer, "Well, no, really. No." I would then say, "Well, just give it a try. I know it's sacred stuff, but give it a try. Tear it up." And much of the time when they did that, I mean, none of this is a panacea. I'd say it worked 80% of the time plus or minus 10, if they were doing it, plus other things.

But if it was going to work, it was going to work generally better if they tore that up, because you were looking for something new. You don't want to get rid of the memories because that's disingenuous. But you want to get rid of the aspect of energy that's driving all this and changing it. So I just found it was just on a practical level, much more effective.

David Hanscom: Well, what I've thought about within expressive writing, the DOC project, is outlined on the website www.backincontrol.com. But the bottom line is that people ***can*** get better without doing the writing exercises, but they don't ***really*** get better. We get to see people who don't write, don't want to write, and they could get better. No question about it. But as far as really making a dramatic difference, I tell people that the expressive writing is the one, I use the word ***mandatory*** step to really launch the process.

You know David Hoben had dinner with Dr. Pennebaker. Dr. Pennebaker showed the original research in the early 1980s. He and another gentleman, Dr. Joshua Smith, wrote a book called ***Opening Up by Writing It Down***. He presents the depth of the data behind the expressive writing, and it is unbelievable. There are over a thousand research papers that document some type of expressive writing makes a difference, a huge difference in athletic performance, student grades, rheumatoid arthritis, asthma skin healing, wound healing. It's unbelievable.

You remember you and I asked if he still thinks it's the right thing to do, and he says, "Yes, of course." He's still doing research on it." And then we asked him, "Well, why do you think it works?" He goes, "I don't know." Do you remember that? And it doesn't really matter why it works. I mean, you can postulate all sorts of stuff.

Joel Konikow: Yes. Yes. I think that's what the tearing up does. It separates. We don't know why, but we know that it changes. It unlearns that because pain is a learned process. It's negative learning in a sense, but it is learning, and there's neuroplasticity. And that's what this is based on. The writing, we know from Dr. Schubiner's work and the FMR studies that he incorporates in his work, that changes brain physiology so that the descending pathways are working better.

David Hanscom: We also know that unpleasant thoughts, obsessive thought patterns, become really embedded in your brain very deeply. And Dr. Smith and Dr. Pennebaker also have done work on obsessive thought patterns. Well, what happens anytime you suppress a thought, you've given it neurological attention, you've made it worse.

And so the writing does allows you to get the thoughts out there and separate and not suppress them. And every human being has to deal with this. We have, what I call, the cursive consciousness. And with all the research done with unpleasant repetitive thoughts, the consciousness, et cetera, the only tool that seems to break this stuff up is some type of writing exercise. It's remarkable. So you saw the same thing I did that how critical expressive writing was?

Joel Konikow: There's no question about it. We worked with sleep when people came in, even if it took non-habituating substances. I felt the writing was more important certainly at the beginning. Even the movement work that ultimately would be helpful, the mindfulness work, all of it was important. But I think that I found is that without the writing, there was much less success. No question about it.

David Hanscom: Well, there's a bunch of details that you have worked on over and over again with forgiveness, relaxation, play, et cetera. But I'd like to just really spend the rest of the time on your approach to opioids, which I thought was unusually effective. My feeling is that the essence of healing chronic pain is feeling safe.

I didn't understand the role of safety in pain. But I didn't know that somehow the first thing I wanted to do is establish a patient-physician relationship. If the first thing I brought up was we're going to decrease your opioids, people didn't feel safe.

But the key issue, from my perspective, is that we gave them control. Then we would wean down on their terms avoiding this big battle about opioids. They had to be accountable, and they were really excellent at this. So I'm just curious some of your thoughts on how you approach opioids versus the government's approach and medicine's approach or just simply restricting them, which I think is the worst thing to do for people in chronic pain.

Joel Konikow: Can I address that last, if I may-

David Hanscom: Sure.

Joel Konikow: ... since it's the last thing? Yeah, because I think it's a hard way to start. I think what you said is what worked the best. There were, I think, three categories. One was someone who, let's just say, if there was clear evidence of an actual addiction, then it was very different how we had to handle people.

So let's say absence. Let's say the addiction, per se, was ruled out, and that's not always easy. They were taking the opioids. They were on them for a long time, and didn't know how to get off of, ***and would be dependent on them, not addicted.***

Timing was key. If they weren't on an unsafe dose, and there weren't unsafe combinations, I too would allow them to stay on them a time and give that space for the relationship to develop. And I think that was really, really

important. It wasn't standardly done because many doctors, even in pain management, have a unconscious reaction that they're not even aware of to people on the opioids. And that's true, not more true now.

So without that reactive, but just responding and letting them know they're in a safe place, we could do something about it. And the third is people who just really wanted to drop off, were really unhappy with them, and that was an easier process. I'd say 70% of people who came in really we're using those as a crutch, and it was a process to get them off of it. And then the timing we'd had people, you and I took care of somebody who, I think, she had been with you for a year or two before I saw her, and then we worked with her and she came off opioids. She was pain-free and she did quite well.

David Hanscom: Actually, one person taking over 1500 milligrams a day came off all medications and has no pain. With the arbitrary restriction now, many primary care physicians, as you know, won't prescribe opioids, and I don't blame them. I think our perspective is that the biggest problem in chronic pain is the anxiety. And to me, the mental pain is a bigger problem than physical pain.

The problem is we go into this opioid battle from the beginning, it increases anxiety, and you have no chance of coming off the opioids. And that's where I think the expressive writing would start to break up the circuits. They were starting to feel safe. Again, you talked about it on the prior podcasts that listening is a big deal because a patient feel safe. As they feel safe and comfortable with you, and they maintain control of their own destiny. Then the pain starts to drop down, and they don't want to be in the opioids because the side effects start to kick into gear.

Joel Konikow: Right. Yes. And there's something that I learned from a psychologist. I came away with something that was so helpful to me. And this is what happens with opioid patients. His statement was, ***"The problem is the problem, not the patient. The patient is not the problem."***

So in medicine we say, "This is a difficult patient." But now, my language is, "This person has a difficult problem." When the person feels blamed for taking opioids, when they perceive that they're under threat, they're going to be defensive. It's just unconscious, normal reaction. And so understanding that and using different language, having a different feeling allows them, like you said, to be comfortable.

But that's something that has to start right at the beginning because it's so hard to turn that around once they feel that we're, like you said, labeling them or really blaming is what it is, unconsciously. That really is a hard one. That was the key. And of course, it didn't work for everyone. That change in how to deal with people, make them feel comfortable and not making them feel that they're bad people because they're on opioids. That's huge. And that allows them to feel heard, that alone.

David Hanscom: I don't think anything's going to really change in medicine until physicians are once again given the time and space to literally talk to their patients. Don't you agree?

Joel Konikow: Yes. Fully. That's the thing that's most missing. And patients will tell you that, doctors will tell you that. There are all kinds of articles, even in the lay press about burnout in doctors. I know that's something that you feel strongly about and are working to help change. But it's a huge issue. I agree.

David Hanscom: Well, the ironic thing about burnout is that the number one thing that prevents burnout is actually talking to the patient. There are only about 5 to 10 things that we offer over and over and over again. What makes medicine infinitely interesting is the patient. Obviously, no two patients are the same. So it's interesting talking to different physicians in different stages of their career, because once they are given an opportunity, maybe they do it by choice and start talking to the patient again, it changes the game.

So right now we're in a production mode. So we're actually not allowed to talk to a patient. You know about our friend in Oregon, of course, who lost his job because he was talking to his patients. Yeah. I mean, there are actually multiple stories like that. So we're being forced to be on a production mode, and that's burning us out. The patients aren't being heard. We aren't allowed to control our patients. Then when we're burned out, we actually can't connect our patients very well because we can't even reach out to ourselves much less reach out to our patients.

So it's a horrible cycle we're in right now. But going back to the opioid question, really again is a combination of the sleep, expressive writing, anger reduction, all these things combined to actually calm down the nervous system. And people come off the opioids pretty easily once they've calmed down. Wouldn't you agree?

Joel Konikow: Yes, in general. There are always outliers either way. Some people can stop them overnight and a very small percentage and some people really can't get off them and end up on small, small doses.

David Hanscom: Well, again, the bottom line is feeling safe. I mean, as you know, when you're in a heightened, hyper alert, hypervigilant state of mind, in other words, you're not feeling safe, the neuron started showing actually double the nerve conduction so you increase the pain. And that's what I'm saying—it is almost impossible to help somebody go off opioids if their anxiety levels are high because they don't feel safe. And so, again, it's a catch 22 because if you start arbitrarily reducing the opioids against the patients will, then there's no chance of getting off the opioids or solving their chronic pain—it is the worst of all worlds.

Joel Konikow: Right. And there's also the idea that for many people, some people are open to these other ideas. But it's not really Western medicine, per se. Medicine in general does not really have a place for this, the non-opiate. But there's literature, tons of literature about it. It's in the lay press. It's in the journals.

As you know, cognitive behavioral therapy compared to opioid treatment, short and long term, far outweighs any efficacy of opioids. And there's not a lot of support out there for that, so it's hard sometimes for people to wrap their mind around the fact that CBT can be so helpful.

David Hanscom: Right. I think going back to the expressive writing for a second, I personally still have a certain amount of disbelief around it. In other words, if I quit writing my symptoms come back. If I start writing again, my symptoms dropped down. There's a certain amount of disbelief even now after 20 years that it can be so powerful. But we've watched it happen over and over and over again. I think when the problems the patients have in chronic pain, they're suffering horribly. And also when you have such a simple intervention, it's almost dishonoring their suffering in a way. Don't you think?

Joel Konikow: Yes, that's great. It's great you mentioned that. I think that's how people see it. They experience that. Yes. Yes. That's how people do perceive that. That was the portion of the people that I continued to work to try to understand how to draw into the treatment. How can we be successful with the people who are in that category? And I honestly never found a, when I was working, never found a, even with motivational interview, never found a way to draw in the people who were in that category. It was very, very hard.

David Hanscom: I mean, the ones that were so angry that they couldn't really engage, right?

Joel Konikow: Mm-hmm (affirmative). Yeah, engage. Yeah. I mean, sometimes once in a while. But generally, I didn't have success with those folks.

David Hanscom: Right. I think that's both of our frustrations. I mean, it took me five years to figure this out. I thought everybody would want to get rid of their pain. Dr. Carrie, who's a very famous, brilliant neuroscientist out of Chicago, pointed out that people have become addicted to their pain. They become addicted to their nociceptive input, and they don't want to give it up. They may not know they don't want to give it up. But if you're angry, shut down, don't want to try new ideas, by definition you're in deep trouble for lots of different reasons. But I don't know what percent of people are like that. But I bet it's over half of people in chronic pain actually don't want to give up their pain.

Joel Konikow: Yes. It's over half.

David Hanscom: It's over half.

Joel Konikow: That would my experience.

David Hanscom: Right.

Joel Konikow: I have an idea about it.

David Hanscom: Okay. I'm listening.

Joel Konikow: I think it goes back to what you were saying about a lot of these things being unconscious. Dr. Schubiner was the first one to turn us on to that literature about the subconscious. And that's clear now that a lot of things go on in the brain, the body and the brain in this case, that happen without our knowledge. And that's why the writing, I think, is important because it brings to consciousness that. And even if we can't change the neurobiology permanently, we can change it for time. So that if we keep, like in your case and my case, we keep working on these things and doing the writing and doing the mindfulness, we can bring those to consciousness, and it can really help.

I think for some other people the pain always has meaning. That's the thing. And that's what we would tell people. Pain has meaning. And the meaning may not be that you have a broken spine, or you have a pinched nerve, or you have rheumatoid arthritis. It may be that you have another kind of issue causing this pain. And that's just being driven unconsciously.

But for some people, they really don't want to get rid of the pain like abuse, or other kinds of terrible traumas. The pain, whether physical or mental, sometimes holds a place where they have a memory they don't want to give up. It's a deep, deep kind of thing. And so for some people, I think it's that.

David Hanscom: Just to be clear, you say word mental pain. I mean, the mental pain in my mind is by far in a way the bigger problem than the physical pain. I mean, physical pain isn't great. But the mental pain with a form of intense unrelenting anxiety for most people is intolerable. And I gave people the choice surgically, we do your light payments surgery, and you have to live with the anxiety that you have, or we can help you drop your anxiety down, and to live with the pain. The vast majority of people wanted to decrease their anxiety. It is flat out and tolerable. And so the mental pain is a huge problem. So, Joel, without going into details about all the reasons why, you just had a little therapy yourself this week, right?

Joel Konikow: I did. I did.

David Hanscom: Don't go into the details about why. But just give 30 seconds synopsis of what happened to you this week.

Joel Konikow: Yeah. Wow, how can I do that without revealing everything?

David Hanscom: No, no. Okay. A synopsis.

Joel Konikow: Yeah, there was a family issue. My children talked to me about it. It was about their mother. We're divorced now and everything. But something about celebrating the Thanksgiving holiday and she wanted something. And anyway, then I was made privy to this. We worked it out kind of. I worked it out with my adult children. And then I forgot about it. I was exercising a couple of days in a row. And last week, I had the worst pain in my left leg. My God. And I had, I saw my chiropractor and everything. It didn't really help.

Joel Konikow: And then a couple of days ago, yesterday actually, I realized that, doing my own work, I realized, my God, I had totally sublimated this, totally forgot about it. And that I just really didn't want to have this discussion with my ex. And having known that and bringing that to the surface seems to be healing this pain just fine. That's my personal story. And I wrote like crazy. I didn't even do it in the writing. It was another way I discovered it in just another discussion I was having. It dawned on me, "Oh my God."

David Hanscom: Well, I appreciate you sharing the story. Here's the deal. Me too, I have arthritis in my hip and my knees. And the triggers aren't always obvious. And often that I'll be going along and things seem to just fine. Also, my hip and knee will just go crazy with pain. First of all, I wouldn't have noticed that I have quit the writing. And I think it's humbling for both of us. I mean, we teach our self. We watch it. We've had success within ourselves. So why in the world would we quit doing the writing? You know what I mean? We get to suffer too, like everybody else. But it's very hard.

Joel Konikow: It takes time. And sometimes you don't really want to look at these things, you know. You want to push them under, and we do.

David Hanscom: What I find fascinating about your story, though, is the intensity of your pain was pretty severe, right?

Joel Konikow: Well, I was worried that I wouldn't be able to go down to LA with Barbara, my wife, to see our grandkids. That was how painful it was. It had nothing to do with that. It was everything to do with something that, this sounds weird. Sounds like Mark's story. Everything to do with something else and nothing to do with that at all. You never know. It's very complicated. It's very simple.

David Hanscom: Yeah, it's very fascinating. I mean, the human body is a very strong unit. There's 50 trillion cells. Your body has like a million pain receptors and every square inch of the soft tissues. And so it's really complicated. So I'm impressed also when I have a trigger or flare up the pain is extreme. It's not subtle. So anyway, it's very aligned and very humbling.

But I just also want to make it really clear to the listeners that, okay, so there's a trigger that set off the pain, but it's not psychological is a linkage system. So stress pathway and pain pathways are just connected. You know the saying that the neuroscientists have that neurons that fire together wire together. So it's

just a connection of the circus get fired up. They're connected to the pain charts. They fire up. So that's where it's a neurological issue, not psychological.

Joel Konikow: Yes.

David Hanscom: That's what you have to understand. And also the body chemistry is a big deal. Because when you're fired up consciously or unconsciously, it changes the body's chemistry. So with medicine right now, I'll just say the world has missed badly is that chemical reaction that mediates the symptoms. So there's nothing psychological. It changes in your body's chemistry that create the physical changes. It has nothing do with psychology. It has to do with triggers and chemical reactions, and then you have physical symptoms. But anyway.

Well, Joel, thank you very, very much. We'll probably have a few more podcasts together because we've just barely touched the surface on so many different topics. But again, it's just been a huge pleasure working with Joel over the last seven years. Even though I started the process with him as far as the DOC concepts, we've been cross training each other for many, many years. And so we both learned a ton of things from each other. It's been just fascinating for me personally just watching Joel in action, watch his patients do well.

When he started working with me, I just watched a huge number of patients get better that I didn't have a chance at getting better. I mean, his ability to wait people out, listen to them, adjust things accordingly to what their needs was magical. I couldn't do that in my surgical practice. But working with Joel over the years has just been one of the most enjoyable parts of my career ever. Been fantastic.

Joel Konikow: David, thank you. It's a great honor. And it's my pleasure. It was mutual. It was mutual.

David Hanscom: Well, thank you.

Joel Konikow: You're welcome. Thank you.

Tom Masters: I'd like to thank our guest, Dr. Joel Konikow, for being on the show today, and sharing his insights on treating chronic pain. I'm your host, Tom Masters, reminding you to return next week for another episode of **Back in Control Radio** with Dr. David Hanscom. And remember to visit the website at www.backincontrol.com.

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