



Dr. David Hanscom

How Somatic Psychotherapy Helps Patients Heal From Their Pain

An interview with Kendra Bloom
on Back in Control Radio with Dr. David Hanscom

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Kendra Bloom - How Somatic Psychotherapy Helps Patients Heal From Their Pain

Tom Masters: Hello, everyone, and welcome back to another episode of **Back in Control Radio** with **Dr. David Hanscom**. I'm your host Tom Masters. Today we welcome returning guest Kendra Bloom, **a somatic psychotherapist**.

David Hanscom: Thanks, Tom. Kendra, I'd like to welcome you back to the program. Just to review, Kendra is a somatic psychotherapist who I worked with in Seattle for about five years. She and I both moved to the Bay Area this year. She has an office that is located south of San Francisco in a place called Woodside. She'll tell you the contact information in a second. But she has been a remarkable adjunct to the practice.

My view is that the **Direct your Own Care (DOC) Project** helps people build the secure foundation on which to *take back control of their own healing process* going forward. There are people who need something beyond the framework of DOC, and for those people, there is Kendra. With Kendra's guidance, six months to a year later, patients I referred to her who I had run out of options with were doing just fine. This was a wake-up call to me about other resources for my patients. The DOC Project does give you a solid foundation, but a lot of people still need confidence building through self-knowledge and self-acceptance. All of us need help at some point. Kendra is able to incorporate the DOC principles within her own approach, and also has some new ideas. The whole process is evolving, which is great!

So I'd like to ask Kendra to talk about her approach and *how she thinks about pain, and how she moves people forward*. I realize it is individual, but it really is a remarkable process to watch these people get better. So Kendra, welcome back to the show.

Kendra Bloom: Thanks, it's really good to be here.

David Hanscom: So Kendra, as you mentioned in the first program, that I've worked with you about five years now, and in the last three we shared many patients who just had no hope at all. They were really stuck, really angry, really frustrated. No matter what we did, the pain seemed to get worse and worse and worse. I referred them over to you and it's not 100%, but it's pretty darn high that when somebody going works with you, there are things that happen that I've never seen before. So I'd like maybe just to tell one or two stories about some of the patients that we shared who were really inspiring.

Kendra Bloom: You want me to start?

David Hanscom: Yeah. How about there's one friend of ours who is relatively young we've been working with this year. We can't use her name of course. She's an artist.

Kendra Bloom: Yeah. When I think about her case, I think what comes to my mind is really this reframe of, and I think we talked a little bit about it the last time we spoke, was this *idea of separating the anxiety or the pain patterns from who I am as a*

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person. I think as she started to get more clarity and actually have tools to be able to do that separating, right?

It's one thing to know that you want to put your attention somewhere else, but I think what **somatics** really offers are very tangible ways to interact with your body—and *direct your focus*—that *has an immediate impact on your nervous system, and so by association, your pain*. As that starts to happen, the system settles down, and then your *natural healing capacity, your natural wisdom* really, becomes available. What I see is that as soon as people get in touch with that natural healing capacity, it's just like the river gets to flow and that's where the healing is, I think, so miraculous in a way.

David Hanscom: Right. Well, this person had anxiety since she was 10 that was really disabling. Then she had chronic pain throughout most of her body since she was 15. She is now in her 30s. She had tried everything. Well, we had tried everything. I had talked to her a few years ago and she really wasn't... I'm an adult and I'm the father of one of her friends and whatever. So I wasn't really being listened to very much. Last January, we had a really good conversation. She started to work with the book in the DOC Project. Within about a month, she started really moving forward relatively quickly. Then I really felt Kendra would be a better match for her. I'm a surgeon. I only have so much softness in my bones. So I can get people started, but I'm really clear that I don't ever see myself being Kendra. I can tell you that.

So long story short, she is now living pain free with minimal anxiety. She has taken on new projects, and she's back being an artist. She is so excited. It's been fun to watch.

Kendra Bloom: Yeah, it's really fun.

David Hanscom: You've seen her more recently than I have, and it's been pretty inspiring.

Kendra Bloom: Yes. You mentioned she's an artist, and *I think that's one of the things that always really touches me as people start to heal is their creative capacity comes online*. The inspiration and where's she's going is quite exciting. But I think what made her work possible was that first of all, she really fully committed herself. She was doing the work on her own all the time outside of session. I think making historical connections is important for her and is important for a lot of people to understand and see how the things they've experienced early in their life are being projected and imprinted on their present day conception of reality and in a really limited way in the most part. So that was, I think, quite freeing for her. Once she had some of that freedom and ability to enter her own authentic self instead of just living constrained by those patterns, things really started to change in her life.

David Hanscom: One of the principles of the whole DOC Project is if you go to a pain clinic, and I don't want to be negative, but basically things are being done to you in a

structure. ***But, when you take responsibility from the beginning and learn whatever tools resonate with you, you own it.*** What happens over time, is that you add layer upon layer onto the process. ***In my experience, once people get better, they have the tools to get stronger with time, not worse.*** So a patient now five or 10 years later who is really doing, well... that's exciting for me. When the anxiety drops, *Kendra is correct*—creativity comes back. But often, if not most of the time, people start living life at a level that they've never lived at before.

Kendra Bloom: Absolutely.

David Hanscom: Of course, you and I are both examples of that. As you know, I had a terrible experience. I didn't know the kind of life I'm living right now was even possible. Do you remember talking to me three years ago and I pointed this out for you?

Kendra Bloom: I think I do, if you're going to say what I think you're going to say.

David Hanscom: Kendra, I said, "You're great. There's a beautiful future in front of you. You're a great person." The anxiety was just killing you. I said, "Once you break through it, you will thrive at a level that you never comprehended before." Was I right?

Kendra Bloom: With so much gratitude, I say yes, absolutely. I think you were right.

David Hanscom: I think the essence is that you really just connect to your own healing capacity, again, feeling safe. But you're connecting to who you are. ***I think it's been a real disservice to people that in medicine we separated the mind from the body. It's just a unit.***

Kendra Bloom: ***Absolutely. It's an organism, right? It's a system.*** I often think about the body like a channel that has a river running through it, right? The river is the way you want to think about it, *chi or life flow or just blood flow or respiration or the flow of chemicals through your fascia.* But there's a flow and over time, as you encounter painful or scary or negative experiences, *these little constrictions or these little tightenings are like dams that constrict the flow.* Those are the spots where we start to feel lots of pain over time.

I have yet to find a patient who comes to me where the place they feel pain is not directly correlated to the tension patterns that they took on during their traumatic experiences early on in life.

David Hanscom: People tend to minimize this. I know this is talked about a lot and people call it psychological. It's just not. Again, Kendra is a psychologist. I'm not trying to be negative on psychology, but... Okay, if you're somebody who walks in the door and you scare my cat, next time you walk through the door, my cat's going to remember that. That was an unpleasant experience for my cat. She's just going to take off and run. But for humans it's called adverse childhood experiences, called ACE scores; if you come from a chaotic background where things like drug

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abuse in the family, parents in prison, a lot of fighting, emotional, physical or sexual abuse, what happens is that more things in the prison environment seem dangerous because when you were a kid, they were dangerous.

So people forget it's just a linkage system, the way all of us survive. We find out things when we are younger that are dangerous. We learn how to avoid them or cope with them, or maybe we don't cope so well. **But when that same part of the nervous system gets stimulated again, you're going to have the same survival response. It's not psychological. It's a linkage system.** You've had quite a bit of training in trauma. You want to elaborate on what I just said a little bit?

Kendra Bloom: I think what you described is what we call a trigger, right? It triggers an old memory state. I think that that's an important distinction. If our limbic system or the part of the brain that's in charge of scanning and determining whether or not we're safe, if it detects that anything smells, sounds, tastes, feels any shadow of a doubt similar to the things that we experienced when we were young that were determined to be life threatening in some way, which almost everything is zero to three because we're so dependent, then it's going to go into that bag of tricks that it used to survive it early on and have the same kind of reaction that it did back then. But actually what we're in is a memory state. It's our body remembering the fear. So when my boss yells at me, if I have a boss that yells, which actually I don't—my boss is quite lovely, but if I did, then my body is going to go, "Ah," and react the same way my abusive dad yelled at me or whatever (which also I don't have because my dad is also lovely), but you get the point, right?

David Hanscom: It seems that the problem may be with traditional psychology. I spent 13 years doing this, and again, there's lots of benefit to it, **but what it didn't do was move me forward.** It actually made things worse in a way because I was raised in an abusive, chaotic household. Things were dangerous. I had a high Adverse Childhood Experiences (ACE) score. I was hypervigilant all the time because when you're raised in a chaotic environment, your *baseline* is simply hypervigilant. I actually didn't know how to relax because I never knew what relaxation was—I thought this was all normal.

Kendra Bloom: Right, which I think is partly why traditional talk therapy can be so ineffective. I get so many people coming to me that have been going to therapy for 10, 15, 20, 25 years and just worse. I think it's because your system isn't changing, but you're strengthening those pain pathways because you're talking about it over and over and over again. The system only gets more sensitized over time.

David Hanscom: Right. Okay. So let's talk about your approach. Okay. Say I'm your patient; again, I have 17 of these 33 symptoms. My ears are ringing, my headaches are bad, I have back pain, and my feet are burning. All sorts of stuff is happening. I had been to psychotherapy for 13 years. **My anxiety levels were 12 out of 10.** How would you approach me? I had failed everything. I mean, I'm a physician and a high level physician. I tried everything. People were trying everything. Nothing

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was working. I had truly lost hope. So now I walk into your office. How do you approach people like me?

Kendra Bloom: Well, first, I get to smile because I have another doctor. You guys are always my best patients. No, but seriously. I think I tend to first take people on two tracks, right? We're looking at immediate relief. So I think you would have walked in with a lot of distress, right? You are in a little bit of a crisis. So we'd want to do things in session immediately that are going to give you some relief.

What we would do is try a couple different things, whether it's visualizations and breathing exercises, or structural or somatic work that's more hands-on using some of the props in the office. We have sandbags and different kinds of things. See what your body responds to. ***Then once we get a sense of what your nervous system really likes and what it responds to, make sure that you're accessing that relaxed state, or that more preferred state, in an ongoing way over time.***

Kendra Bloom: So I would help you have homework that would be getting you to reconnect to that space multiple times a day over the next week or two. Then we would also want to initially probably do... So I think of human existence on five levels, right? The spirit, the emotion, the physical, the cognitive, the behavioral. So we want to assess for you where are the strengths and where are the challenges so that we can start thinking about how to use the areas that you have some resource in to serve the ones where you don't. You have a nice community, so that's a resource for you. Stuff like that. Then also probably do your history. That's the place where I'm going to get to see how your historical patterns are tracking onto your present day challenges and patterns.

So from that assessment phase, then we move into really where are the areas that have the most energy or the most heat in terms of what your system is responding to or not. Together, we would make up some kind of plan. So someone like you, I probably would've wanted you to go on some kind of supplements. I would refer you to one of the physicians here to work with on that specifically. Probably also I would recommend that we schedule some ketamine and that you would talk with one of the physicians about that. I would check out that as a venue because I think all the things you're presenting with the anxiety, the pain, those are all indicators for me to refer for that.

David Hanscom: Let's talk about the ketamine just for a second. Can you explain to the audience what ketamine is and what the general effect of it is and why you would decide to use that?

Kendra Bloom: Yeah, for sure. So ketamine was originally an anesthetic and they found that it was such a safe anesthetic that it was being used in war zones and kids and animals and all this stuff. I think in around the '90s, they noticed that people coming out of surgery who had just had ketamine as an anesthetic were having these major decreases in depression that were lasting for days and were no longer suicidal. So they got curious and they started studying it.

What we found is that ketamine, what the lovely researchers have found, is that ketamine affects a couple different aspects of your neurobiological functioning. One of them is to change the levels of glutamate in the brain. That allows different information to go through different pathways than it normally would. So we have these inhibitory fear-based thought patterns based in how our neural pathways are wired. What ketamine does is it allows us to suspend those very entrenched pain pathways, is how you would talk about it, and allow us to orient or process or approach the same old information, let's say our trauma or our history, from a new vantage point that allows us to make different kinds of meaning and not be so stalled in that fear-based response.

The other thing it does is it makes the brain very neuroplastic. So it's really open to making new associations and forming new pathways. So if you think about anxiety or depression, it's like you mentioned, in so many ways, it's a meaning-making game. It's how your brain is assessing... Lorimer Moseley, his famous story about how he gets bitten by a snake. He's walking on a trail years later, he hits a stick and he thinks it's a snake. He reacts. I think he passes out and goes into this whole response, the pain response and everything. So if we help the brain approach information differently, we're going to have a different experience of life. So that's just one of the things, I think especially for chronic pain, what it's useful for.

David Hanscom: Right. I mean, I do want to do a separate podcast just on obsessive thought patterns. Like dust devils. But I'm just going to ask the question, I don't know the answer here, about ketamine. So to me, anger is irrational. To me, I call it phantom brain pain. You have these thoughts spinning around that are going like a tornado. You can't penetrate them. It turned out that part of the disease is actually blocked the treatment. We all know that when you're trying to talk to somebody who's angry, it's not rational. You can't really break through. I spent years and years trying to do this and the harder I tried, the worse it would get.

One thing that Kendra seems to be able to do is help people actually allow themselves to feel. So you're connecting the mind and the body, but you're actually allowing people to experience sensations and feelings and still feel safe. Now, this thing about the ketamine might be one of the steps to open the door. ***I just want to add one more thing—ketamine is not the cure. Ketamine is an adjunct.*** People say, "I tried ketamine. It didn't work." ***Well, again, if you don't do the other parts of the project, it's not going to work.***

Kendra Bloom: I think for me, it's how these things fit into the larger healing process that you're engaged with. Even ketamine treatments here, if we don't have preparation and integration and you're not doing work during it, I don't think it's going to have a significant effect. I think it's really about how you're using these as part of a larger healing process.

David Hanscom: Right. I encourage people with all medical care, whatever it is, to look at it like this, "Okay, this helped this part of it." But what happens is people will try something, it doesn't work, and they get angry.

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Kendra Bloom: Because it's triggering. There was a time in our life where we were victims. Each of us has experienced a very real victimization. So I think it's important to differentiate between righteous anger that is actually about the present versus projected anger into the future or historical anger going back over the past. I think that's really what you're talking about, that gets brought up every time you think, and "My doctor failed me just like my mom. I'm out of here." Right?

David Hanscom: Our plan is to do series of podcasts going into lots of details about all the things that we've been doing. I'm always excited when I have a conversation with Kendra because things go really deep quickly. But I'd like to just finish up here. If you just tell us maybe one or two more stories of people allowing themselves to pull themselves out of the hole. What are some of those stories?

Kendra Bloom: One of the people who always comes to mind was one of the first patients that you referred to me.* She was a mom and she had had a really difficult childhood with a lot of cruelty and emotional neglect. She had had a spinal fusion. Life was just so hard for her. I mean, she was just really suffering. We did a lot of work around releasing her from the binds of the historical connections and really working on this awareness separation reprogramming. She took it and ran. She really committed herself to that process.

I do what I call trigger mapping with people where when they get triggered, they stop and trace it and do a historical component, a somatic component. It really helps with that process. She completely just engaged with it. Now, she just had her third baby. Things are really, for the most part, very happy at home. She's starting to think about a program that will share this information, teaming up with some other moms who have also gone pain free to share it and bring this to kids.

She's a really inspiring example to me because nothing has changed about her structure. Her spine is still fused from top to bottom, but her suffering is gone. I think her ability to love herself and share that with the world has just really transformed her life.

David Hanscom: Well, it's also gratifying and inspiring, and we see this all the time, when someone breaks free of the suffering around pain, it's just radiant. It's not risky. It doesn't cost very much. I was a very aggressive surgeon, and I had my share of failures, I had my share of successes. But this is just different. It's so inspiring to watch these people wake up.

Kendra Bloom: Even though it is not medically risky to engage with this, I think it takes a lot of courage because it asks you to believe that you can take charge of your own healing, that you have an innate healing capacity, and that there is something truly whole and good about you that will sustain. ***It takes a lot to hope for something else when you've had so much disappointment and so much pain for so long.*** I know for me, it was terrifying to try to hope for something else. It took hitting rock bottom in a way to get me to commit to it. I'm glad that happened. ***I don't think it has to get to that point for everyone if we can really***

understand that it's going to be scary and that's okay. You can be scared and engaged.

David Hanscom: And still feel safe.

Kendra Bloom: Yes, and still know that you're safe and you're okay.

David Hanscom: I agree with that. I think that's an extremely good point—it is scary to allow yourself to feel anxious.

Kendra Bloom: Yes, and to not just stay in those familiar loops. Our brain is wired to be predictive and to stay with sameness. If I go in the same cave that I know there's just cobwebs and crappy light, okay, at least I know there's no bears. My brain is just going to want to keep me in that crappy cave as long as possible because it's trying to keep me alive. But I don't necessarily want to live in that cave forever.

David Hanscom: That's a great metaphor. Well, Kendra, thanks for your time. She can be reached at www.kendrabloomtherapy.com. If you go to my website www.backincontrol.com and hit Services Offer, it'll say DOC Coaching. Kendra's website will come up. She also does telecoaching. She does her own version of the DOC process, but she does coaching online. She's been a great resource for different people. I end up coaching around the country also, but she's in the South Bay in Woodland, about half-an-hour south of San Francisco?

Kendra Bloom: About a half hour. Woodside's about half hour south of the city.

David Hanscom: It's really worth your time to consider working with her. She's wonderful. I have watched so many people get better who I just did not think had a chance. So Kendra, thank you again very, very much. I'm looking forward to seeing what we can do next.

Kendra Bloom: Thank you so much. I really am so grateful for the influence this has had and what I've seen it do for other people. So it's really truly an honor always for me when I get to support your work, and this work.

David Hanscom: Thanks.

Tom Masters: Kendra, I'd like to thank you for being on the program and sharing your stories and insights about patient care. This is your host, Tom Masters, reminding you to return next week for another episode of **Back in Control Radio** with Dr. David Hanscom. In the meantime, be sure 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.

* Permission was granted to Kendra Bloom by her patients to share parts of their stories for the benefit of others.