



Dr. David Hanscom

## **Reconnecting with the Body to Heal Chronic Pain**

An interview with Mags Clark Smith  
on Back in Control Radio with Dr. David Hanscom

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**David Hanscom:** I'd like to welcome Max Clark Smith to the podcast today. She is a good friend of mine. I've known her now for a lot of years, more than we both care to remember, and she is somebody... I don't even remember exactly how we met her, but I do know we worked on the PPDA Board Association. That's the Psychophysiological Disorders Association Board, which has now turned into the Neuroplastic Pain Society. She and I had an idea years ago of creating a textbook on mind-body syndrome type pain. So she's one of the co-editors of that book. She also has an extensive background in working with people in pain, both mental and physical. And what's intriguing about her approach is she has 25... She's lectured, she teaches, but she also does a lot of somatic work with nonverbal communication and dance. And it's hard to introduce her, because she has so many different talents. So Mags, welcome to the show, and I'll let you finish the introduction. So did I cover some of it? I know I didn't cover most of it.

**Mags Clark-Smith:** You did cover some of it, and if I remember correctly, I think it was 2015 that we met. But I might be wrong. So who knows? Anyway, it's a long time ago, and we had quite a few conversations in those initial stages of thinking about the textbook and the direction it would go. And we obviously had a lot to say to each other, because we're still talking about it, which is great.

Where I started, I think it's good for me to think back. Starting with my interest in how the body moves really came from having older brothers who were adopted, and they were identical twins. Interestingly, no one could tell them apart at all. Like no one. My parents could not tell them apart, and my mother, bless her in her innocence, would knit them a jumper every Christmas. And one brother had blue and black, and the other one had brown and orange. And of course, everyone out there knows exactly what they did, because they just swapped them every time. We had a silver birch tree in the garden, and it was a tall one, and they'd climb up that. And my mother was convinced that one went up one tree and one went up the other. Of course they didn't. They swapped it around.

What's the connection with my interest in movement? I realized after a while, and I was considerably—I am much younger than them—but I knew by the gait, looking at them from behind, who was who. And that information was sometimes very useful, and also sometimes not great for me to know, because they knew that I knew who was who and I was their little sister. So sometimes they silenced me to make sure that I didn't spill the beans to people.

**David Hanscom:** Wow! I did not know that part of the story. That's fascinating.

**Mags Clark-Smith:** But what it engendered in me was a lifelong interest in how we move, because as a really young child, I couldn't understand how everybody else didn't know who they were. Because I could see it. And what we realize now, of course, is that all children assume that everybody else is the same, and they have the same experiences as them. So it seemed to me that everybody was playing a game, and they were pretending they didn't know which brother was which. But obviously, as I got older, I began to realize that actually they really didn't know.

Obviously, also, I didn't actually understand how I could exploit the potential of that knowledge. They were much sharper than me and realized that they needed to keep me quiet. But for me, it was only later that I thought, actually I really could have got up to quite a lot of mischief. Perhaps I was just too young. And the end of that story is that when they were 11, they were caught by somebody trespassing, and one of them fell off a gate. He ended up with a gold tooth, and from then on their cover was blown, because I could still hear my mother saying, "Smile," because she wanted to see which brother was which.

That is the story of how I got into movement and then went on to do a degree that was looking at dance and movement, and worked as a lecturer in dance and movement at Lancaster University.

**David Hanscom:** Backwards for a second. So that's really fascinating. Your capacity to pick up subtleties in movement and expression was really, really high from a very young age—probably, in a way, a genius level because you started so young. What I know now is that I have patients that are sort of stuck with sort of thinking-learning type things. Your approach helps people heal. So I'm curious from your perspective how you started to figure out how your knowledge and somatic work would help people heal. And I'm assuming you have a bit of your own story also about how that applies to you. Can you give me some background about your evolution from that knowledge into understanding people's pain and how to heal?

**Mags Clark-Smith:** Yeah. So when I started lecturing at Lancaster University, one of the responsibilities I had was to take the master's class in movement. Every year, there were big, burly Rugby players who were not interested in movement or dance, and there were a sprinkling—and I don't want to sound like I'm making too many assumptions here—but there were people with eating disorders that came to light too, and that's the link. The people with eating disorders, I noticed that their understanding of their body and the shame around that was something that we could work with over the year.

It was a year-long master's program, and it was practical, and they were doing practical work with me. Some of those people still keep in contact with me because it transformed their understanding of their body. We didn't use mirrors. We worked from the internal sensations of how you feel, and that improved their self-confidence. That then had an impact on how they conducted themselves, not just physically, but mentally too. And so that was the beginning of the link.

**David Hanscom:** Okay. Well, you and I both have talked a lot, and we do know that mental pain—i.e., body image disorders and your thoughts about yourself—is a big deal. Humans don't really tolerate mental pain. What I found out in the work that I'm doing is that mental pain is actually a bigger problem than physical pain. You get these crazy, intrusive thought patterns that don't stop. In the mental health world, those are considered unsolvable. But what's happened is that they are solvable. What has happened in medicine is they're not addressing the physiology—the fight-or-flight physiology that drives the thoughts. I'm going to make an assumption here and have you correct me a little bit: by teaching people to be with their sensations, not fight them, and learn to truly relax, the thought patterns drop down. Of course, as the thoughts drop down, the physiology drops down. I mean, I think what you're doing is brilliant anyway, but that's my basic assumption about how these thoughts are driven by the physiology. You have to calm the physiology in order to calm down the thoughts. If you try to work on developing more self-esteem and feeling better about yourself, it doesn't work as you start monitoring yourself even more. Just learning how to calm down through what you do is really a huge aspect of actually successfully solving chronic pain, including eating disorders.

**Mags Clark-Smith:** Allowing people the opportunity to actually be within their own body was the first step here. That's relevant to the eating disorders, but it's also relevant to the big Rugby players who tended to solve problems by using brute force. I could see the frustration and anger that was going on. They weren't, to my mind, occupying their bodies. They weren't within their bodies. So the course that they did with me opened up the possibility of them actually occupying their own bodies, feeling those sensations, as you said, but also recognizing through proprioception where they were placing body parts in space. Understanding the different qualities of movement.

If I go back to the Rugby players as an example, they had a sort of on-off mode. So I learned a lot about Rugby to try and help them to understand that even though their role might be at the front pushing through, you needed the fast, slim players as well. What quality of movement were they bringing? Could we get them, these large, burly Rugby players, to consider moving in that way? All that focus on the physicality helped enormously because then the thought process was not playing a part at all. They were in the moment. It was basically a form of mindfulness, but somatic mindfulness, that taught them so much.

**David Hanscom:** Can we stop just for a second? I think the word "mindfulness" is tossed around a lot, and it's not really defined very clearly. "Somatic" is also tossed around a lot, and we also don't know exactly what that's like. Could you define each of those words a little bit for us, and also together?

**Mags Clark-Smith:** So mindfulness to me, very simply, I always explain it as just being in the moment, noticing that tiny bit of dew on a flower, seeing it, being aware of it. So if you're moving, noticing how your body is moving, the quality of the movement. That would be the mindfulness bit. Bringing in the somatic bit, which is how your body is feeling and how it is moving. Together, you become very aware of your place in this moment in time.

**David Hanscom:** Absolutely. Here's a tricky question, which I think is a big one for everybody. We talk about deep healing versus self-help. With self-help, we're going to get an armory of tools so we don't feel pain, but pain is still running the show. Inadvertently, by trying to have less pain, we actually end up fighting it and reinforcing it. Self-help helps, but the real answer is deep healing, where you learn not to fight the pain, to be with the pain. It's one thing to be with physical sensations, but it's another thing to be with the pain. When you fight the pain, you've actually reinforced it. What are your comments about that? Because obviously, a lot of the sensations you're trying to work with are unpleasant sensations, especially with eating disorders.

**Mags Clark-Smith:** If we just backtrack slightly and focus on this moment in time when I was actually lecturing. If I take it forward to how I use that information now, bringing people to a point where they are following a series of suggestions that prompt them to move fully occupies their attention. By fully occupying their attention, their focus is on the movement and the quality of the movement rather than the fight or flight, that sense of fear dominating in the moment.

**David Hanscom:** That's brilliant. I like that a lot. Can you say that again? That's really critical. So you're...

I've also said, to have a good life, you have to live a good life. In other words, you have to live what you want to live, which sort of crowds out the negativity. So instead of trying... I wrote a website post called "Quit Fighting Darkness. Just Turn on the Lights." What you're saying is by focusing on the current moment, whatever it is, you're sort of crowding out all these random, crazy thoughts, catastrophizing, or whatever. You just get to connect to the moment, which takes a lot of mental space. In a way, you're crowding out the negativity. Is that a way of saying this?

**Mags Clark-Smith:** I wonder if it would help if I gave an example for the movement of the arm and taking it out to the side. Now bear with me because I'm trying to describe, and I know if people are just listening. If you bring the hand up in front of your face, then I would ask people to track the hand with their eyes and move the head from the neck out so that they're watching the hand the whole time. The shape of the arm—they're also aware of that because their eyes are following it. That takes them to a

point where they are really concentrating on what is moving, how it is moving, what's the pace, what's the quality of the movement. There is no room to be thinking about pain as well. It's like there's too much information. There's too much stimulation there that you're creating in the movement in that moment in time.

**David Hanscom:** Does that help?

**Mags Clark-Smith:** No, it does a lot. I know. Talk about my experience in a second. Then you add in things like music and rhythm and dance and other movements, correct? It gets more complex. I want to talk about that in a second. That'll be the second half of our podcast when we actually talk about what you actually do.

The thing is about pain: we don't like pain. We want to fix it, get rid of it. You're saying just be with the moment without the pain. If you're trying to get rid of the pain, the pain is running the show. You're saying connect with what is right in front of you, no matter what. I've said this for a long time: there's no goal to my process or other people's processes. The only goal is to connect to the moment you're in. That is it. Because if you're starting to measure your own progress, then the pain is still running the show. So you're just connecting, connecting, connecting.

I'm just curious about the eating disorders, which I want to talk about also in the next podcast. That's a big one. It's a very rampant problem, and my hypothesis is that everybody has some degree of a body image disorder only because everybody has some part of the body they don't particularly care for. If you think about it, it becomes a problem. If you try not to think about it, it's even worse. There's some tipping point for many people depending on their backgrounds and stresses, etc., that it turns into a body dysmorphic disorder or eating disorder. I'm extremely interested because the general chamber of eating disorders is pretty marginal. I mean, the prognosis is not great. So I'm guessing you have a fair amount of success with this, as your principles are pretty deep. You've had, I'm guessing, quite a bit of success with this. Can we just backtrack and talk about the eating disorders a little bit? That's a pretty big realization and awareness that you figured out pretty much on your own, I'm guessing.

**Mags Clark-Smith:** Absolutely. That's the point. I sort of stumbled across it. That's the reason why I wanted to give the two different illustrations, because that gives an insight into how I was definitely stumbling across it. I was certainly shocked by the eating disorders and receiving letters from GPs and people saying that they might have to sit out because they would find it too challenging. But gradually, they didn't. They wanted to get involved, and they wanted to move. I think the key was that we took the focus from external to internal.

That is equally true with the representation of the Rugby player too. Rather than the focus being on what's happening and what other people might see—the external—we went to the internal and would do sessions inviting the students to close their eyes. To note that therefore the proprioception—it's really important in that moment for them to understand where they are and to be able to move. Awareness of the environment is definitely important, but coming from a sense, an internal sense of where they were in space. That is connected to a really strong understanding that their body is what their body is. There's no expectation for it to be anything other than what it is. We're just interested in how it might move and observing the internal sensations, and whether they promote moving in one direction or in a different direction as opposed to moving because there's an external reason to reach over and pick something off the shelf.

**David Hanscom:** What I'm really fascinated with is this commonality between a Rugby player and somebody with an eating disorder. I mean, I just... I'm blown away. Because what were the changes? Let's go to Rugby players just for a second. What changes did they notice by doing this? Because they're obviously in some way dissociating from their pain to go through that much pain of a match. Don't you have to dissociate from your pain? I've always wondered why NFL players or Rugby players or cage fighters can take so much pain. And so you're saying to be with the pain. It's just really an interesting concept about what happens to them as they learn to internalize all these different sensations.

**Mags Clark-Smith:** So again, I might give you an example. At the beginning of the course, there would be much raucous laughter because I'm not as tall as I might be, and you recognize that. But I'm an average height, and I would say to everyone in the room, by the end of this course I will be able to pick up every one of you and give... I will move you into a lift. I will raise you off the floor, and then I will place you down. It will be done smoothly and with grace. At which point there's tremendous laughing, because the Rugby players clearly thought this was an absolute hoot—that this little thing would be able to do that. By the end of the course, that's exactly what happened. But we worked together to make it happen. So they started to understand how they could make their body into... to be filled with tension, so that I could pick them up easily.

I would always use the example of a sleeping toddler. If you try and pick up a sleeping toddler, they're really, really heavy because they're so relaxed. But if you want to pick someone up, you need them to actually use the tension in their body to allow you to lift them up. What we learned through the year and what I got lots of feedback on was that the Rugby players had no idea of what their body was capable of. Then they learned new techniques, apparently, on the Rugby field as part of that. I hope that explains it a little bit.

**David Hanscom:** Yeah, no, it's really interesting. So by connecting to what's actually going on, you actually can work with it, is what you're saying.

By the way, I didn't say this. Mags lives in Scotland, just across the southern part of Scotland. Ireland's your home, though, right?

**Mags Clark-Smith:** Ireland is my home. I'm Irish.

**David Hanscom:** And so she does work. She's worked with patients of mine and had some nice successes. So, Mags, let us know how we can get ahold of you. You do online work. Obviously, she lives in Scotland. What's the town you live in again? Because we saw you a couple of years ago.

**Mags Clark-Smith:** So I live just outside Edinburgh. I live in a little tiny village just outside Edinburgh. In fact, one of the people that I've worked with today is from the States. She's in the Midwest. There you go. I have people every day from the States, in different parts of the States. People can get ahold of me at [resolvingchronicpain.com](http://resolvingchronicpain.com). And if you can't remember [resolvingchronicpain.com](http://resolvingchronicpain.com), then you can get ahold of me at [magsclarksmith.com](http://magsclarksmith.com). It feeds into my website, which is [resolvingchronicpain.com](http://resolvingchronicpain.com).

**David Hanscom:** And she's also on my website on [backincontrol.com](http://backincontrol.com), under clinical resources. She's listed under health coaches and life coaches. Anyway, Mags, thank you very much. You opened up a whole other line of conversation we can talk about in our monthly meetings and stuff. I appreciate this very much. So, thanks for being on this podcast.

**Mags Clark-Smith:** Thank you very much. It was a pleasure to be here.