

Ep #296: Why Manage Pain When You Can Reduce or Eliminate It?



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With Your Host

Susi Hately

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Male Announcer: You're listening to *From Pain to Possibility* with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Welcome and welcome back. I'm so glad that you're here because I'm recording this episode after reading for about a month now multiple articles in mainstream magazines about pain and pain management specifically and what the author's take has been on what's missing in pain management. It's been somewhat surprising, but not entirely stunning, and overall very, very, very curious.

I've been working in the field of helping people reduce and eradicate pain now for 30 years. We're going on 31 years now. And what I have found so interesting in reading these articles, I'll call it modern day versus back in the day, is that they're basically saying the same thing. It's sort of surprising, but not stunning. They're all saying, the ones I've read in the past month, that what's missing in pain management, what's missing in modern day pain management, is the need to focus cognitively on how we're thinking about pain. And when we can address how we're cognitively thinking about pain, the experience will change. And they're not wrong.

But what I have found so interesting in reading them is that 30 years into my career, 30 years of helping people connect with and feel their bodies, that's not what's been considered a missing part. In fact, in all of my career, mainstream media steps away from this idea of connecting with our bodies. Even though there's a lot of people like me who help people out of pain by helping them sense their bodies, I'm certainly not the only act in town, but the mainstream media is not there yet. And that's the part I found so curious and so surprising.

And the reason why I said at the outset of this is the conversation hasn't really changed is because back in the day, 30 or so years ago, when a patient was going to the doctor time and time again saying I can't figure out why do I still have pain why do I still have pain the number of times I heard from people that they were told that it was all in their head that there is

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nothing wrong there's nothing going on their body it's all in your head it happened a lot I was working in a chronic pain center following graduating from my kinesiology degree at university and we saw those folks. We saw the folks whose physicians told them it's all in your head.

So they were left with sometimes a diagnosis like the go to one back in the day was pharyngalgia or chronic fatigue syndrome. That was the one where the physicians kind of threw up their hands and really I don't know what is going to give you this. I don't mean to be so crass, but that's often the way a patient felt. And the conversation was simply, it's in your head.

And today, reading these articles over the past month, same thing, it's in your head. Now, these days, we're a lot more elegant in the discussion about this. There's a lot more science to say, "Hey, yes, there is clearly some cognitive processing. When we perceive the pain, or the symptom or the sensation to be a threat, yes, it heightens. When we perceive that it's not a threat, the sensation goes down." So clearly there is a cognitive process to this for sure. Our thoughts matter, but that's only part of the process. That's only part of the solution.

We need to bring in the brain and body. We need to bring in sensing and logical processing. But then again, I ought not to be totally surprised. Because when an article in mainstream media is talking about pain management, management implies something ongoing, something that you'll carry on with indefinitely, it's chronic, it's persistent.

So really, what I'm saying here is, okay, cognitive processing makes a lot of sense in the pain management world, but why manage pain when you could actually reduce or even eliminate it? Food for thought. If you're new to this podcast, this is the essence of my entire podcast and my entire body of work. I've been helping people reduce and eliminate pain for 30 years going on 31 years now.

I have plenty of evidence of when we can help someone downregulated in their system, relax, and help them improve their recovery. A lot of folks who maintain pain are under recovered. When we help them interceptively tune

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into their bodies, proprioceptively tune into their bodies, connect that with the analytical processing power of their brain, yeah there's all sorts of change that can happen.

So what I'm hoping from this episode is I can continue to highlight this more fulsome and perhaps empowering perspective. Human beings are not powerless. Change can absolutely happen. It does not have to be complicated. There are layers to the process, of course, yes. There is work to be done, both as a practitioner and as a professional, and how I work with my client and also in the client side and overall and ultimately healing is possible so grab your cup of tea let's get comfortable and get into it.

So I think the first piece of this that becomes important is to unpack pain management and what it often looks like in today's world. And that when someone has a long standing experience of pain, they're typically turning to one of two places medication or movement-based therapy and medication can be over-the-counter or prescription and they often aim to dull or mask pain and then there's the physical-based therapies like physical therapy like therapeutic aspects of yoga and Pilates and other fitness modalities, strengthening, mobility, in some cases people might call it stretching. Then there's the body work, massage, osteopath, chiropractic and more. And most of these will treat the specific area that's painful and they all have some short-term gain. There is relief and these approaches are only part of the picture.

Pain and the actual problem are often not the same. My long-standing line is that where the pain is is not the problem, though it does indicate that something is going on.

Let's take this as an example. Let's say you've had an ankle sprain and the first phase of an ankle sprain is an inflammatory phase and there's all sorts of physiological responses in this inflammatory phase that are meant to protect the ankle and then as you move along in the healing process you get into a proliferation phase and then a remodeling phase and these two phases they continue to support the healing process and then there is

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physical therapy and other types of body work therapeutic exercise work that can help facilitate that proliferation phase and the remodeling phase.

People can go through the motions of getting the exercises and getting the taping and doing the rest and all the things and they can get better. Now in the process of getting better there might be still some lingering aspects of pain. There might be some lingering aspects of limping. There may be because of how someone continued to move after the ankle sprain, there's some compensatory patterning. Maybe someone moved their weight over to the opposite hip, or they held their breath and held tension up in their rib cage. And while the ankle has now recuperated, the way that we're transferring load through our body has not.

Maybe there's still some breath holding, maybe there's still some fear about spraining the ankle depending on the way the sprain occurred. My point here is that there can be remnant beliefs conscious or not, where there may be a threat still present in our system. And our system continues to respond to that threat with signals that might be painful, or other type of straining type of signals that are like either quite clearly pain or more like this stone or pebble in your shoe that's just this irritating aggravating annoyance that you really would rather get rid of and you can't quite get rid of it.

Related or unrelated to number one, as I've mentioned, is that these compensatory patterns that can be present like shifting weight to another side of the body or holding the breath, were strategies initially meant to provide some relief. They were initially meant to provide freedom and an opportunity for the ankle to get better. But because compensatory patterns are using areas of the body that weren't intended for the actual movement, this uses extra resources and can contribute to subtle levels of overwork, under recovery, and as a result, depletion. And depletion does not really provide for a great physiological stage for ongoing healing and recovery.

Now, related to number one and number two, the belief patterns and the compensatory patterns, much of these patterns lie under our awareness and we can't solve what we're not aware of. So these patterns continue to

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hone and groove, making them a bit more difficult to change. And so the cycle continues and continues and continues. And this leads to whatever thought patterns we have about the way our body is operating about the way our body is feeling to become more ingrained. And thought patterns, long standing become beliefs, beliefs about perhaps not being able to recover fully. And these thoughts, these beliefs, start to really play a part into our recovery processes.

This then can lead to cognitive approaches, specifically let's change your thoughts about what you're feeling, particularly when you're in this pain management world. If someone's thinking like they're never gonna get better or life sucks or the body is betraying them, It's not uncommon for someone in the cognitive based world to say, well, let's help you shift the way that you're thinking. Or let's shift your way of thinking to like, what does your body do well? What is working here?

So you're not simply focusing on what's not working. And there's a ton of evidence to show that this way of approaching cognitive based approaches is very helpful. And it's important that I use the word and here not but. And what I have found with people who come into my world is that they're super imposing these positive thoughts on top of the beliefs of not being able to recover. So the underlying thought pattern is not changing. And this can lead towards a false positivity. To be a bit more crass about it, I'll often call it chocolate-covered caca. Right, so the caca are the belief patterns of not being able to recover, and then the positive thought is whatever the positive thought is, but we're not resolving that which is underlying. So it's still there.

And because thoughts and emotions are so closely tied, and those lead or fuel the behaviors or actions that we take, they contribute to the results that we have. So if those underlying thought patterns aren't resolved, guess what? We're going to sabotage ourselves in the process and we're still going to have the result that we have, especially if those belief patterns are stronger than the positive thought that we're trying to make real.

It's a big, big reason I see for the people who come to see me, why their pain remains persistent. They're doing all the things. They're doing them all

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really, really well. But they're missing out on this embodied state, this embodied experience, they aren't tapping into their body in an interoceptive and proprioceptive way that can help focus our thought patterns with what we're actually sensing, which is really a fuller approach to helping people out of pain. And it's the one I've been using for 30 years.

Let me say that again. So one of the ways that I'm supporting people in shifting their thinking patterns is by where I am focusing them. And I'm helping them focus on their body specifically. But I'm engaging their brain in a way that kind of reintroduces them or maybe introduces them to the sensing experience of their body to that subjective reality of what's being felt so that then they learn that pain isn't necessarily bad or wrong but it's a signal just as every other sensation that exists in our body is a signal. They're all messengers. There's all the information. So let's try this on. Let's reframe pain as a messenger.

It's not an inconvenience per se. It's a way that your body communicates. And when you feel pain, your body might be saying, "Hey, something needs attention here." Now, did you notice I didn't say there's something wrong here. I've said something needs attention here.

And so often, because the people that I see have a chronicity, a persistence of pain, very, very rarely is a problem where the pain is. So yes, I can provide them with some exercises, I can provide them with some breathing techniques, I can support them in helping reduce the pain in that area. But so often where the actual issues lie is in joints and in tissue away from where the pain actually is existing so as they are becoming aware of their body they're addressing some of the other physical, real movement issues, they start to have a reduction of pain.

When they have that reduction of pain. Now they've got a different thought. They're like, "Hey, wait a second, my pain's going down." It's like, "Yep, your pain's going down." "Huh? There's something possible here." "Yep, exactly. There's something possible here." So now they've got a different thought pattern that's happening, which now starts to open up new fuel sources for how they might act, which then leads to better results.

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Right, so I'm helping them focus on maybe paying some messenger. Let's go and explore what's going on with your body. Let's see what happens as we start to move your body in different ways. Now what's that result? And how is that result being interpreted?

What's interesting is I've also seen this very, very clearly, not only in the physical realm, but also in the emotional realm, not only with some of my clients who've had depression or anxiety or other levels of that kind of pain, but also directly with my husband's healing process. And I've spoken quite a bit about it recently in my email list.

He has PTSD and hypervigilance as a firefighter and when he has tuned into his body signals he is able to now notice with my help he was able to notice when he was two days away from an episode flowering for him. I could see it in his behavior and he could start to feel it physiologically and anatomically in his body.

So now he's able to tune in what I call the whisper level and address things at a whisper level so that the primary episodic symptoms that he experiences from PTSD and hypervigilance are not experienced nearly as often. He's retraining, re-grooving new patterns. And while these are emotional experiences that very much have a physiological and real body experience, as we're working with the body, we're helping focus the brain in a certain way. Now he's able to see a more holistic view of what's happening in the system.

Much like with my clientele with persistent physical pain, they're getting a more holistic view about how this pain lives in their body. So I can utilize things like movement patterns, nervous system downregulation, mindfulness, emotional awareness, and they are oh so powerful. And inherently, this is the crazy part, inherently, they shift up cognitively the way that we are experiencing pain.

Okay, now, I wanna get into another piece of this that's also really, really important. And it's a piece about data. Pain can really feel quite elusive. It's subjective and very hard to measure, but by focusing on objective

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measures and tying these objective measures to the subjective experience of pain, we can make some big gains.

Like I've mentioned a moment ago, biomechanical data, for example, when I'm helping someone learn how to move better, I'm helping them really recognize the objective movement patterns of their body. Is their arm moving? Yes or no. Does their leg bone move in their hip socket? Yes or no? Does their pelvis move when their leg bone moves? Yes or no? Is this body part meant to be moving with this exercise? Yes or no? Like they're very specific binary actions, simple things I'm asking someone to pay attention to that both my client and I can see.

When we can combine that with what they subjectively feel, now we've got a very powerful formula for helping someone recognize objectively what's going on their body and how that matches subjectively what they feel. And what they'll notice time and time again as they objectively become more clear about their movement patterns. That helps them down regulate that also helps them subjectively feel better. So now they start to tie their subjectiveness of feeling better with them moving better. So now they're gaining more and more trust in the way that their body moves.

But there's also another piece of data that is really, really important. And it's something that I've been using for myself quite a bit since the summer and that my husband was using as well. And my clientele who have access to this, it actually amps up their ability to get better. And it's utilizing physiological tools like the Garmin or the Oura Ring. And these are tools that help measure heart rate variability, sleep quality, stress response, body battery. And these are important because the metrics reflect how one's body is coping and recovering.

So let's say for example, and this happens for quite a number of people I've worked with, is that they might notice that their pain is worse after a poor sleep. And with the Oura Ring or Garmin watch, you might notice a drop in your HRV or your heart rate variability on those nights, confirming perhaps that your nervous system is overworked or under stress or under recovered.

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On the flip side, you might also notice that your pain decreases on the days when your heart rate variability is higher and your sleep was more restorative. And utilizing this kind of tracking helps people recognize patterns. And they start to be able to see what's contributing to pain relief and what's getting in the way and how you can contribute during your day or preparing for sleep, how you're pausing today, what you're doing to support yourself in terms of managing your energy levels and how that can make a difference to your healing journey, right?

So when you combine this biomechanical data with the physiological data, so much begins to shift. So again, with this shift, you start to change cognitively the way that you're thinking. You're starting to change your belief patterns of what is possible. This is what becomes really, really interesting. And you combine that with what I mentioned about the biomechanical movement patterns, now people stop the process of just doing exercises and they're actually feeling their inner world. And that I think is the most powerful thing about being able to use objective data, whether it's something like learning how to reduce compensatory patterns by tuning in objectively and subjectively to those movement patterns, in addition or combined with using the Oura or the Garmin technology to see physiologically what's going on. Because when you can see that you're under recovered, when you can see that you haven't slept well, it makes so much sense while doing some of the other tasks in your day to day are harder, or you just don't have the fuel source to do them well, then you can make some great, great decisions about what you can do to support yourself to help bolster and boost up your energy levels. Totally doable, straightforward when you have the right guidance, and not get buried by the data.

Overall, when you can blend data with subjective experiences of what you're feeling, when we as professionals can help our clients really feel. We give an opportunity to slow down, to notice, to adjust, and in turn rewire and restore balance.

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Okay, so where does this leave us? There is a missing piece in pain management and that might be that cognitive part of the process. When someone wants to speak solely about pain management, when someone wants to be in the reality for themselves that pain is ongoing and is not going to change. And then if there's a desire to take a look at the possibility that pain can reduce or be eliminated, then we get to utilize some other factors being let's get to know one's body, let's start to incorporate biomechanical principles to support the exercises that have been offered, let's utilize physiological supports, let's really help understand how our physiology and our biomechanics are contributing to the patterns that we have and then bit by bit step by step start making changes to really support ourselves.

So we're not under recovered. So we slept well. We are recuperated and we're learning subjectively how these sensations called pain are actually indicators, they're messengers to let us know if we're on or off track.

As a client, then, take some time to pay attention to your body signals. What's your pain trying to tell you? Tools like an Oura ring can be really invaluable to help track your patterns of what works and what doesn't work. Focusing on your awareness, whether you are moving or resting or breathing? How can you tune in and grow your sense of awareness about what's working and not working?

Professionals? How can you help your client become more aware of their body signals? How can you help them engage in this idea that pain is a messenger? Not to be afraid, but it's a messenger that has something to say.

Does it help them to track their patterns? How can you help them become more aware? How can you help them tune in interoceptively and proprioceptively to their bodies?

There are layers to this process, yes. Healing is possible. Humans are not powerless. There is work to do, both as the professional and the client it's totally doable with the right care and the right support.

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If you would like my help in this process if you are a professional you would love the therapeutic yoga intensive and you can read more about that over at functionalsynergy.com/intensive and if you are someone as a client who is not seeking professional support who would like my help on a one-to-one level then you'll want to come to my consumer website, which is over at SusieHatley.com. And you can read all about different stories of people who have reduced and eradicated their physical pain, and also look into the one-to-one sessions that I offer.

Overall, you all have a great rest of your day. Happy exploring, being curious, and we'll see you next time.