Ep. #384 - There Is No Culprit: Why finding the “problem” may be keeping you stuck – and how I help my clients out of pain.

Full Episode Transcript

With your host:

Susi Hately

From Pain to Possibility with Susi Hately

Introduction (00:00.00)

You are listening to From Pain To Possibility with Susi Hately. You'll 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.

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Welcome and welcome back. I'm so glad that you're here because I often get a question, sometimes in the form of a statement—whether it's in my courses or classes, or on DM, or in my comments—where people are looking for the actual problem.

So they know that I say that where the pain is is not the problem, and that where the problem is is under your level of awareness. And so because of that, they're then saying, "Okay, so where's the problem? I'm looking for the problem, I'm hunting down the problem." And really, it's such a reasonable question.

Something isn't working. Somewhere in there must be the thing that's causing it. So find it, fix it, and move on.

It's how we think about almost everything else in life, right? The car won't start—find the faulty part. The sink leaks—find the pipe. So why wouldn't we think about our body in the same way?

So today, I want to spend some time exploring why that question, as sensible as it sounds, can quietly lead us into a dead end. Not because it's wrong, but because of what it assumes.

So let's begin where that assumption has some roots. Over 30 years ago, after I graduated from university armed with my Bachelor of Science in Kinesiology with some summer work at the hospital, I began a job at a chronic pain center. And back then, when someone came in with persistent pain and nothing obvious had showed up on a scan, there was often an accompanying diagnosis which really had become the diagnosis of the day back then.

Many of those people were labeled with fibromyalgia. Others were told that there wasn't really anything wrong, and some had the belief that they had been told that it was all in their head—and likely they had been told that, too.

The treatment model for clinics like the one I worked at made sense in the sense for what it was trying to accomplish. The goal wasn't really about helping them reduce pain, because nothing on the scan suggested that that's what needed to be done. But rather, it was to get them stronger and get them back to work.

We had physical demands analyses for almost every occupation, and our job, our role, was to help people meet those demands again. So again, whether someone had pain or not really wasn't the primary measure—strength was, and return to work was.

So, even as I tell you all that now—and even though I'm still a bit flabbergasted that that's the way we did things back then—think about what it taught us and what it has kind of rooted for us: that somewhere there must be "the thing," the diagnosis, a weak muscle, damaged tissue, a scan finding. Find it, fix it, and we're done. And again, that's the soil that the thinking of "where is the problem muscle?" grows in.

So then when someone asks me, right? "So Susi, where the pain is is not the problem, so the problem is under awareness. Okay, so is it my psoas, or my QL, or my core?" The reality is is they're not asking strange questions; they're asking exactly the questions they've been taught to ask.

But notice what the question assumes. It assumes that one muscle simply woke up one morning and decided to become a problem. And muscles don't do that. Muscles contract, they release, they do what muscles do. They respond to forces at play, but they don't create the entire story.

To highlight this, let's just pretend for a moment that a psoas is really tight. The question I like to ask is: Why? What is it responding to? What forces are at play? What movement pattern has developed? What adaptations have occurred over weeks, months, or years? The psoas isn't living its own independent life; it's participating in a whole system. Which means even if I successfully make that muscle relax, there's still a whole system to understand.

There's also another binary sitting underneath all this. Not just "where's the problem?", but rather: pain on, pain off. Our culture tends to think about pain like a light switch. When pain is gone, go, do everything, catch up, and take advantage of the good day because you don't know when the pain will come back. And then, inevitably, hey, the pain returns. And so you rest, eventually it settles, and then you do it all again. Pain on, pain off.

Except that's not actually how our bodies work. Pain isn't a switch; it's a spectrum. Most people have never been taught to notice that spectrum. They're waiting until things are really good or really bad.

And the reality is is there's an enormous amount of information that lives between—those quieter changes, the subtle ease in breathing, the shoulder that feels a little freer, the hip that doesn't grip quite as much, the walk that feels just a little smoother. Those aren't insignificant; they're data.

Because awareness changes everything. And once you notice something, you can't unnotice it, you can't un-know it. And that awareness becomes the beginnings of change.

This is why I spend so much time helping people notice relief. Not because relief is the goal, but because relief teaches us something. Pain is a pattern output, and relief is a pattern output. If there are patterns that contribute to pain, then there are also patterns that contribute to relief.

And if we can begin recognizing those patterns, we have something that we can work with. Not hope, not wishful thinking—actual information.

Here's an example: I worked with someone recently where we did a little bit of ankle work. And shortly after the ankle work, her shoulder had released. I didn't predict that. I wasn't trying to make that happen; it simply emerged. We found part of the pattern.

There's also another story of working with someone whose Chinese medical doctor had told her one thing to not do. She had had a knee replacement and she was getting a lot of swelling. And the Chinese medical doctor had said, "Don't work your knee." And she thought it was ridiculous—"My knee is stiff, of course I need to work the knee!" But yet every time she did, the more swollen it got.

And so I decided to play a different game. I said, "You know what, let's just consider that your Chinese medical doctor is right. I have no idea why, I don't know what they're thinking or what the lens is or the theory or any of that, but let's just pretend."

And so we explored breathing and her rib cage, her shoulder girdle, and we barely touched the pelvis, and we never touched the knee or her foot. But within 45 minutes, just as we were finishing up, as she was getting back up to standing, low and behold, her knee started to bend and straighten much more easily, and the swelling had gone down.

Again, do I know what her doctor was seeing? No, I didn't know what the Chinese medical doctor was seeing, and I'm comfortable saying I don't know, because that's the point. The improvement didn't depend on identifying one problem area, one culprit; it came from changing the system.

The same thing can happen with scans. One of my clients came in with back pain and hip pain many years ago, and within three sessions, she was feeling dramatically better. She had less pain, better movement, she could get back on the slide with her kids and her grandkids, she was able to get down to the floor and pick up one of the youngest of the grandkids who still could be lifted. She was getting better and better and better.

Now, she already had had an MRI booked before she came to see me. And when the MRI came back showing spinal stenosis, she was devastated. And she looked at me and said, "I am basically screwed for the rest of my life."

And after talking through it a little bit, I reminded her that in three sessions she was getting significantly better—her pain reduced, her movement improved, she was back down to the floor and back up again, on the slide, and being able to pick up the youngest of the grandkids.

So what does that tell you? The scan wasn't wrong. It was simply answering a different question. A scan tells us about structure; it doesn't by itself explain pain. People can have pain with very little showing on imaging, and people can have significant structural findings and have

no pain at all. Pain and structure aren't the same conversation, and yet when we're looking and thinking about finding the "problem muscle" or finding the culprit, it can quietly collapse them into one.

One of the ideas that helped me help my clients make sense of this was a model from David Butler and the NOI Institute. And I've already spoken about this on the podcast before—it's this idea of DIMs and SIMs, where DIMs stands for Danger In Me and SIMs is Safety In Me.

Think of them as two sets of evidence your nervous system is constantly collecting. Your body and your brain are asking, "Am I safe, or do I need to protect myself?" Each experience you have can add evidence to one side or the other: a scary MRI report, someone telling you your back is degenerating, a painful experience doing a movement, stress, poor sleep, fear of making something worse—all of these can become DIMs. They can increase the evidence that your body needs to protect you.

And on the other side are SIMs: a movement that feels easier than it did yesterday, a shoulder that releases, realizing you can walk further than you thought, a good night's sleep, feeling supported, breathing more freely, recognizing that you can influence how your body responds—these become evidence of safety.

What's important is that DIMs and SIMs aren't just physical. They include your thoughts, emotions, your past experiences, what somebody has told you, what you've read online, how well you've slept, what your body is actually doing. They're all pieces of information that your nervous system blends together.

Here is the part though, I think, can often get missed: Some people hear DIMs and SIMs and think the answer is to simply think more positively. And that's not what I'm talking about. I don't start by trying to convince someone they're safe. No, I start with movement. Because movement gives us something we can actually observe, something we can test, something we can experience.

And when someone moves in a way that's easier, when they notice their breathing change, when they discover they can get up from the floor with less effort, when they realize their pain settles more quickly—those experiences become SIMs. Not positive affirmations, but rather evidence. They're experiences the nervous system can use.

And that's one reason I spend so much time helping people notice yellow lights and whispers, and helping them notice relief. Because every time someone experiences a genuine change, even a small one, they're adding another piece of evidence that says, "Maybe my body has more options than I thought." That's where possibility begins.

Now, as helpful as DIMs and SIMs are, I also want to add one statement that might sound like "please be careful with this." Because sometimes when people hear about DIMs and SIMs, there's a tendency to go looking for that explanation: "Ah, maybe it's my nervous system, or my

vagus nerve, maybe it's trauma, or it's my stress." And before long, you've simply replaced one problem or one culprit with another. You've stopped looking for the psoas and started looking for the perfect theory. It's the same pattern, just different vocabulary.

The theories are useful, and they give us context. They help us appreciate that pain is more than tissue, and more than muscles, and more than a scan. But they're not where I start. I start with the body, because the body is real life and it gives us something objective. It either moves or it doesn't.

When I ask someone to move their arm in their shoulder socket, we can both see whether it moves or not, whether the rib cage moves with it or not. And they can feel that, they can observe it. That's very different than asking someone to engage in one particular muscle. Can we really know that they're engaging only that muscle? No, not really! Our muscles don't work in isolation.

I clearly saw this when I was digging into a lot of core work back in the early part of my career. And I had the chance to be a fly on the wall watching people's core being ultrasounded. The thing about real-time ultrasound—the same ultrasound that you can see kidneys and babies and all of that—and the PT was assessing people's core and core dynamics.

And the initial thought was, we had heard for so long, that the transversus abdominis was the golden child of core stability. We want to isolate that transversus abdominis. The reality is that the transversus abdominis, like every other muscle, does not engage in an isolated way. Muscles work together; movement happens through coordination.

So instead of trying to prove which muscle is responsible, I begin with something we can actually observe and tangibly see. And then we notice what changes—like the ankle to shoulder, or breathing and the knee.

Sometimes pain reduces in a place we weren't even trying to work with. I don't need to predict those outcomes; I simply need to notice them. Because those changes give us information—they're evidence and they're helping us understand the pattern.

And that's really where this all lands. Whether we're talking about muscles, or scans, or DIMs and SIMs—truly, none of them are the destination. They're simply a different way of understanding why the body might be producing the output that it is.

Our work is still the same: to observe, become aware, notice what changes, and build on what helps. Because awareness does change everything. Once you're aware of something, you're aware of it—you can now make change to it, and you can't unsee it, you can't un-know it, and much like toothpaste out of the tube, you can't stick it back in.

And while awareness is not the same as change, it what makes change possible. So if you're looking for the problem muscle, for the culprit, I offer gently a different question. Not so much

"what's causing this?", but "what is my body showing me? What patterns are contributing to this? When I do X movement, what am I actually noticing that's moving? And is what is meant to be moving moving, and where am I compensating?"

These are questions your body can answer. And each answer gives you another step towards moving from pain to possibility.

So to all the people who send me DMs, who post comments in my courses and classes, the ones who are asking, "I'm looking for the actual problem." My answer is this: I understand why you're asking, I really do. For years, we've been taught to think about our bodies as being "where is the problem?"—find the muscle, find the scan, find the diagnosis, find the thing that is wrong.

But after working with thousands of people over the past three decades, I've found that that question itself is often too small. Not because there isn't a reason for what's happening, but because our bodies are more intelligent than a single explanation. They're adapting, compensating, protecting. They're constantly responding to the information they're receiving.

So instead of asking, "What's the culprit? What's the problem muscle?", my offer and invitation is for you to become curious: What's your body responding to? And what are the patterns that have developed over time? And what happens when you breathe differently, or when you move differently? And what happens when you stop trying to force the change, and instead become interested in what your body is showing you?

Because each one of those observations is data. They each teach you something. Every one of them moves you away from guessing and toward understanding.

Here is what we've learned: The idea here is it's not about finding the problem, but rather to see a pattern. And when you see the pattern, and when you start recognizing yellow lights, you start making different choices. And those different choices become different movement patterns, different neuromuscular patterns.

And those patterns become different experiences, which—most often, in my world—are combined with less pain, greater ease, and more confidence. Your body is communicating. Your symptoms are signals. And you have a way of listening, learning, and responding. And that really changes everything.

If this episode has resonated with you, I'd love to hear what stood out. And if you're a teacher and you want to deepen this understanding of supporting your clients in reducing and eliminating pain from this perspective, you'll probably love my Therapeutic Yoga Intensive, which you can learn all about over at functionalsynergy.com/intensive. I would love to see you there.

Until next time, here's to moving from pain to possibility.

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If you enjoyed this episode of From Pain to Possibility and you want to dig into the ideas further, we have the Therapeutic Yoga Intensive coming up this October, which you can learn more about over at **functionalsynergy.com/intensive**.