What Your Pain Symptoms Are Trying to Tell You and How Recovery Begins with Dr. David Clarke Transcript

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Introduction to chronic pain and the guest

Hey friends, I'm your host, Dr. Elizabeth Samana, the intuitive psychiatrist, and you're listening to Stepping Into Soul Power. Friends, here in the United States, we are going through it.

As far as chronic pain is concerned, about one in four adults struggle with chronic pain here. And people are turning to all kinds of things, opiates, cannabis, like there's a lot of stuff out there.

We're so quick to jump to a medication, but what if our chronic is asking us to dig deeper. What if there is a message to hear? And our next guest is our board certified physician in internal medicine and gastroenterology.

He is the founder of Association for the Treatment of Neuroplastic Symptoms. Has more than three decades of experience where he has been helping to revolutionize how we understand pain.

Dr. David Clark, welcome to the show. Great to be with you, Dr. Samantha. Thank you. There's a story. Somehow you got here. How did you get to this point where you are really standing out in medicine and helping to change the way that we're thinking about treating pain?

Yeah, it started a long time ago, actually, when I was still in my formal training years. And like you, I learned that when there's pain or illness, that must be from an organ disease or structural damage.

That's what we were taught to look for. But it turns out there is a huge category of people that have pain and illness with their bodies being structurally sound with no disease.

How brain-generated symptoms changed Dr. Clark's career

Those symptoms which are completely real are generated by the brain. There are actual physical changes in the nerve pathways in brain that are producing real pain or illness anywhere in body, literally from head to toe.

Migraines, ringing in ears, visual disturbances, dizziness, pseudo seizures, trouble swallowing, certain kinds of rashes, fibromyalgia, irritable bowel, pelvic pain, bladder spasms.

A joint pain, pain in the spine, I should have led with that because that's one of the numerically largest numbers. Chronic fatigue, certain cases of long COVID, brain fog, the list goes on and on.

The only common denominator is that people tend to have more than one symptom at a time. According to our recent national survey, The average was almost three symptoms at at time These people go to the doctor and they get diagnostic tests.

No organ disease or structural damage is found and typically the physicians are throwing up their hands and there telling the patients or at least thinking that the patient have this all in their heads and their imagining it and or their neurotic or mentally weak or though it turns out none of that is true.

These symptoms are real. The patients themselves are atleast as mentally strong as anybody else. They're just carrying a burden of stress that is significantly greater for most of them than even they realize themselves.

I didn't know any of this through the first seven years of my training. It was very traditional, Western-oriented. And I was successful in that world and two-thirds of patients, that's exactly what they had.

The other one third were initially medical mysteries. It was very surprising to me to get to my eighth year of formal training. As you know, you've been through this.

The training goes on for a long time. Year eight, I encountered a patient I didn't know the first thing about diagnosing or treating. which you're not supposed to encounter somebody like that when you are eight years in.

But she was averaging one bowel movement per month, despite taking double the usual doses of four different laxatives every day. She'd already been evaluated by another university.

They couldn't find anything wrong with her. they sent her to us at UCLA for an additional highly specialized test. That was normal also. So it was left to me to do her exit interview.

Essentially, I had to tell her she was going to have to live with this. We didn't have anything else to offer, but the conversation continued for a while and eventually she trusted me enough to share that she had been sexually abused as a girl by her own father numerous, numerous times.

That had stopped happening when she 12. Now she's 37 and she has had this condition for two years. It's embarrassing to admit this as a physician, but I had no training in what to do with that information.

I'd never been told that it might be relevant to uncover it. But at least it gave me the idea of getting her an appointment with a psychiatrist who happened to be also certified in medicine and had an interest in these brain to body conditions.

And I thought, okay, well, maybe the psychiatrist can help this patient live with her condition a little more successfully. And I forgot all about her after that until I ran into Harriet Kaplan, the psychiatrist, in an elevator three months later.

And this was the elevator ride that changed my career because between the ground floor and the fifth floor, I found out that she had cured this patient with basically 10 sessions of weekly counseling.

And that just shocked me that you could alleviate a serious physical condition just by talking to somebody. You psychiatrists can't do that, can you? She did.

So I thought, okay, if I'm going to be a complete doctor, I should learn a little bit about how this was done. Next year and a half, I learned from Harriet a basic framework.

I started using it when I got into private practice in Portland, Oregon. There wasn't anybody else up here doing that work. I was getting good outcomes with patients, patients who were being failed by the rest of the healthcare system.

They were improving when I used this framework and I learned more and more by doing it. And today it's now, you know, 40 years later, 7,000 plus patients.

What treatment looks like for neuroplastic symptoms

Tremendously rewarding work for me personally. I spend my time now teaching all over the world for other physicians and the public how to do this. It's been very successful.

And there's now research too. We've got randomized trials published in prestigious journals like JAMA Psychiatry and coming from leading research institutions that show that this can be dramatically successful even when rigorously studied.

So, sorry, long-winded answer, but it was quite a turnaround for me early in my career. For our audience members who don't exactly know what that entails, can you give us a brief description of what treatment looks like?

Yeah, absolutely. For people that are curious about whether their own pain or illness is connected to this, at Symptomatic.me, the website, we have a 12-question screening quiz that comes with some explanatory information about it so people can get insight into their personal conditions.

But when we don't find organ disease or structural damage, I start looking for sources of stress in a person's life. It could be anything bad that's happening to them right now, whether it's domestic violence or stress in the workplace or any of a range of other possibilities.

I want to make sure also that we don't have a hidden case of depression, anxiety or trauma going on. Some of my patients have been through really bad traumas right before their symptoms began and they've got PTSD symptoms that nobody is aware of in connection with this and you have to know to go looking for those things.

So all of that can be treated. Once you see the connection between a stress in somebody's life or depression or anxiety or trauma, we can address that directly.

The more challenging ones are people who had adversity as children, like my very first patient. I asked my patients to imagine a child of their own or another child that they care about growing up exactly as they did.

And if you imagine that happening, are you going to see anything happening to that child that you care about that would make you sad or angry to witness?

Because if did, that might still be having an impact on you today. It can lead to stressful personality traits like perfectionism or people pleasing or neglecting your own needs or choosing relationship partners who are toxic.

It can also lead to strong negative emotions that are largely unrecognized and that can be manifesting in your body as symptoms. And it can lead also to triggers, people, situations or events that is highly stressful for you because they are in some way connected to the past.

So by identifying all of these issues, bringing them into conscious awareness, usually the treatment from there is pretty standard, you know, something that you do in office every day.

So that's not the challenge. The challenge is uncovering which of the many mental health stresses are connected to the person's symptoms. And sometimes it's very simple.

One of my patients, the only time he got his pain was when he was driving to work. When he driving home from work, he fine. So we investigated what was happening in his workplace and he had a huge stress going on there that had been happening for the same period of time as his pain.

And as soon as he saw that connection, he hadn't put it together before then. As soon he as saw it, went to his supervisor, said we got to make some changes and symptoms initially just got better and then eventually went away.

So in the world of psychiatry, you see a lot of pain, a LOT of PAIN. But in our culture, if they don't take a med, they feel like they're getting treated.

So what do you have to say to those people? Yeah, a lot of the patients have come to me and they're already taking pain medication and I'm perfectly happy to have them keep taking it, but I am also identifying the sources of stress, past or present, that are responsible for their condition and we begin treating those issues and helping people make changes in their lives to bring the stress level down.

And as they do that, their pain is going to improve and their going be able to taper down the medication that they are using. And I don't force people to do that.

They just do it naturally when they start feeling better. One of the more dramatic examples was a 17-year-old girl with unexplained abdominal pain for two years.

I was asked to see her after six other gastrointestinal specialists had seen her and not been able to find a cause for her pain. This was on her 70th day in the hospital.

She was getting 250 milligrams of morphine by PCA pump around the clock, which is for your listeners who are not familiar with morphene doses, five or 10 milligrams would be enough to alleviate the pain of a fractured leg.

Medication, trauma, and real-world recovery examples

And she was giving 10 mg every hour. And it was all connected to stress. I was able to identify an issue in the family that, you know, everybody in this family was doing the best they could, but there was a major stress happening that they just weren't dealing with in a best way.

And by helping them to change how they were managing it, the patient was able to start turning down her own morphine dose. And she went home from the hospital on opioid tablets after a week and started weaning those down.

30 days after we met, she was not taking any medication at all. Now that's, I remember that story because it's a very dramatic improvement. There's another patient of mine after 20 years of therapy, her morphine dose went from a 200 milligram equivalent down to about 60 after twenty years psychotherapy.

So that was a measure of just how traumatized a person she was. She was doing her best, she getting good therapy but it was just a long slow process for her.

It sounds like you're saying the results can vary depending on whatever the individual's situation is. Yeah, the level of trauma they went through, their own resilience abilities, lots of factors that come into play there.

But many of my patients, they weren't really taking much in the way of medication. They were just simply looking for answers and hadn't found them from the traditional biological approach to pain and illness.

But when we start talking about sources of stress, frequently they were quite obvious. A patient that was described to me by a colleague in Arizona, she was going from doctor to doctor for six months and he was the one who found out that right before she became ill, that she had been a hostage during the robbery of a store.

And for 40 minutes, she had a handgun pointed at her neck. And she has all kinds of post-traumatic stress symptoms after that, one of which was the physical symptoms.

But she never thought to mention that she'd gone through this trauma. He knew specifically to ask about events like that in people's lives, and that's when the story came out.

There's this huge delay in people getting the health that they need. Why do you think that it's so hard for people to make that link? That's a great question.

I think as a society and I include the healthcare profession as part of that society. We have a belief that pain and illness are linked to organ disease or structural injury.

And the idea that your brain can do this to you as well can create real symptoms in your body. It's just a foreign concept. generally known to the public, just how prevalent this is.

25% of the general public is 40% percent of everybody who goes to see a physician. So it's on the order of 60 million people in the United States alone that have this.

And there just is a lack of awareness and a lot of training by medical and mental health professionals. We medical professionals don't learn the questions to ask of somebody when their organs and structures turn out to be fine.

And mental health professionals don't learn what kinds of questions of people who are physically ill. Mental health

professional know about all the mental issues, but when they're client also has physical symptoms, they kind of draw the line, and they are not crossing that line.

They are leaving that to the medical professionals. When the medical professionals have ruled out a disease or injury, then that's when the mental health professionals can step in and they can say, look, this is brain generated, and that means that it's coming from stress or trauma or emotions or adversity in childhood or other challenges in life.

And that is absolutely in your wheelhouse. issues that are a little different than you would get in a patient who's got primarily a mental health concern that they're coming to see you about.

But the physical symptoms in these patients, they are kind of a form of communication. The mind is trying to stay something here. And if you can learn to read what that message is, you're going to understand your clients a lot more deeply.

Yeah, you mentioned a couple of different things. Culture also plays a big part in this. In the United States, for some people, it can be very difficult to even admit to any sort of mental health issue.

It's tough. Yeah. And it absolutely is. I see that the most in my male patients who have come from a childhood adversity environment that Those environments very often have the effect of making people feel like they're second rate or that they are not measuring up or they were worthless.

And if you are a person who is different in any way from the majority of people around you, that can contribute to that. So if you're a person of color or you are LGBTQ or your neurodivergent or a large person, all of that can contribute to this wounding of your self-esteem.

So that when you then try on top of, that to tell somebody they've got a mental health issue, my male patients in particular are fighting against that.

That's the last thing that they want to hear that, they got an additional problem or issue on, top everything else that there. feeling about themselves.

Why chronic pain is misunderstood in medicine and culture

So I try to reassure people that if you've been through these challenging adverse experiences, that you have actually demonstrated heroic perseverance in many cases.

If you imagine a child of your own growing up like that, you'd be telling them, wow, look at what you overcame. It's as if you were parachuted into a dangerous jungle as a toddler and you somehow found your way out of there.

You deserve tremendous credit for that. My patients are like in many cases, in most cases they're like Olympic weightlifters who've been asked to carry 50 pounds more than the world record for their weight class.

Anybody's body is going to break down. under that kind of a load. But we as mental health professionals can teach them how to put that load down. And when they do, not only do they feel a heck of lot better, but they realize how strong they have been all along.

So beautiful. Because in many ways, you are helping them reframe the story that they're telling themselves to tell a more empowered story. Yep, that's absolutely right.

Stepping into soul power, as you might say. People who've been taught the opposite, their failures. A simple example, a patient of mine Age eight, she is trying to treat her father's alcoholism by hiding his liquor bottles.

And of course she fails. He finds the liquor bottle, he gets drunk, loses his temper, and she feels terrible because she has failed yet again to successfully treat his alcohol.

She grew up feeling close to worthless from that. I had to try to teach her that in fact through no fault of her own she had found herself in this highly challenging environment and she has coped with it extraordinarily well and should think of herself as heroic for having done that.

Completely 180 degree flip in the way it was framed. Yes, that is powerful. I do want to go back to something that you said. You said male patients, like they fight against, they're fighting against it.

And what are the things that need to change so that there's less of a fight? Yeah, it's so important. And men really struggle with this. In our society, they are asked to feel strong.

They're asked feel like their emotions are not going to bother them. Asked to be tough under extraordinarily difficult circumstances. What I try to do is help them realize the reality of what they went through.

I recall speaking to a man earlier this year, just went through absolute hell as a kid. Just one example was that his father used to make he and his brother fight with each other all the time just to see them fight.

Obviously a horrible situation, but he wasn't fully recognizing the magnitude of it. He was trying to tell me it wasn' that bad. It was just one of those things that happened.

That didn't affect me that much. So, I asked him to imagine if his own daughter was growing up, he had a 10-year-old daughter, asked them to image her in that environment and what it would be like if he was a butterfly on the wall of his childhood home and had to watch her try to cope with that.

He was horrified. You could see his facial expression change, the idea that he wouldn't leave his daughter in the home for five minutes, let alone for 18 years that had been through there.

really gave him a different perspective on the difficulties he'd been forced to overcome. The purpose of his imagining this was not to re-traumatize him, it was to help him see, as I mentioned earlier, the heroic perseverance that it took to survive in that and to give himself some credit.

Because when you can give yourself that foundation of self-esteem, it changes so many other things. It takes the pressure off you to be perfect. it alleviates the tendency to to extremely self critical.

Reduces the possibility that you're gonna be in relationships with toxic people. Because you gonna feel like, you know what, I deserve not to in relationship with people who who think I showed heroic perseverance back in the day.

And it's going to give you the strength to set boundaries.

Reframing childhood adversity and setting boundaries

You know, his father was still in his life. His father were still toxic and causing problems. But this floor and foundation for his self-esteem gave him the power to say, I am not going put up with this man to the extent that I have in past.

And all of those things helped him to feel physically better, to alleviate the physical symptoms that he was suffering, which were numerous and severe.

So it sounds like you're saying, like, in addition to reframing how you look at the story, this particular individual started to maintain healthier boundaries.

Yeah, absolutely. That so many of my patients, somebody who mistreated them when they were kids is still in their life as an adult. And they've never had the ability to set boundaries with that person because when we were growing up, they we're dependent on that.

So they had to interact with them and try to cope as best they could. Now, as adults, if I can empower them to say, look, you deserve better than this.

You deserve to have this person be so toxic towards you that they're making you physically ill and to set some boundaries so that you don't have your physical pain or illness anymore.

Yes. And it strikes me that not only does there need to be change as individuals, but we may need what it means to be a man, that you are allowed to have feelings.

Yeah, absolutely. So many of the feelings, both by men and women, get buried. When you're in a toxic environment as a kid, you don't have much choice.

If those emotions start coming up, they're not going to help you if you are in toxic or adverse environment. And so kids learn to take the emotions and bury them.

Part of that treatment process, as you know, is to connect with those emotion. That exercise of imagining yourself watching your own kid try to cope with your childhood environment, that can bring up the anger or fear or shame or grief or guilt or all of the above and you can finally start to feel some of those things.

the child you care about that you're imagining and then transfer those feelings to where they're really coming from, which is yourself. And then you can begin to put them into words.

You can speak them to your psychiatrist or write them in a journal or speak to a loved one. The more you put those feeling into the words, the less they need to go into your body in the form of symptoms.

Many people struggle with, there's a book in psychiatry that a lot of people read that the body keeps score. People suppressing their emotions is very common.

I think sometimes the hardest thing to do is to let go of these emotions. And you described using writing or talking as types of release. Yeah, absolutely.

Putting them into words is, to me, a necessary step before you're able to move beyond them. You have to first feel them, and then you have express them in words.

And then once you've got it all out there on a piece of paper or a computer screen, then it's possible to potentially, not always, but potentially to forgive the person or people who created the emotions in the first place.

Something else that comes up in a lot of patients who struggle with chronic pain is this feeling of being powerless. And I wonder for you as a physician, are there practical mindset shifts that you think will help people who just feel like I've tried everything, these people aren't listening to me, I give up?

Yeah, if you're focused on other people, then yes, very often the other, people are not going to change. They are. Going to reconcile with you, they are, not, going, to apologize for the transgressions they've committed.

That's the usual outcome. they, are dealing with their own issues that are too powerful for them to enable them, Patient, you have to recognize that that is part of the burden that you've been carrying around.

When I was talking about Olympic weightlifters carrying more than the world record around on their shoulders, that's part that weight. And part recovery from the physical symptoms is taking that wait and putting it down, which when it comes to other people is recognizing that they were part the jungle that your parachuted into as a toddler.

and that you should give yourself tremendous credit and recognize your own power of having made your way out of that jungle. And you're just going to have to leave certain people behind in the jungle as you move on.

Well said, well said. Dr. Clark, I know that our audience is going want to connect. Can you tell us how they might go

about doing it? Well, we have wonderful resources available at the symptomatic.me website, starting with that 12-question self-assessment quiz.

Resources and closing remarks

But we've got a podcast of my own called The Story Behind the Symptoms, where I interview patients, much as I used to do in my office for many years. We've got recorded conferences.

We have got courses that have been recorded. If you become a member of the AT&S, you can attend monthly Q&A sessions where experts will answer your questions.

And we've one coming up for the general public that anybody can come to, whether they're a members of AT & S or not. I believe that's on December 8th.

and you can find out the details there on symptomatic.me. So lots and lots of resources to help people with this condition. Well, Dr. Clark, it was a pleasure having you on the show.

Thank you so much for being a beacon of light in the field of medicine. It was an honor to have you. If you haven't heard it yet today, I appreciate you.

The soul in me honors the soul and you if you'd like to see more episodes like this, please subscribe or click here. And friends, if this spoke to you, leave a comment below.

We would love to hear from you