THE MODEL HEALTH SHOW

EPISODE 1002

66% of Chronic Back Pain CURED: The Groundbreaking Study Changing Medicine

With Guest Dr. Howard Schubiner

You are now listening to The Model Health Show with Shawn Stevenson. For more, visit themodelhealthshow.com.

SHAWN STEVENSON: Welcome to the Model Health Show. This is fitness and nutrition expert Shawn Stevenson, and I'm so grateful for you tuning in with me today. Pain is one of the most widespread and pervasive aspects of the human experience, and yet we know so little about pain and where it comes from. And on today's episode, which I'm telling you right now, this is one of the most powerful episodes that we've ever done here on The Model Health Show, we have one of the world's foremost experts in not just the science of pain and pain management, but in helping people to actually achieve solutions for their chronic pain.

And he's actually the author of multiple peer-reviewed studies in some of our most prestigious peer-reviewed journals regarding pain management and pain treatments. In fact, one of his most recent studies, titled Effect of Pain Reprocessing Therapy versus Placebo in Usual Care for Patients with Chronic Back Pain, was published in the prestigious peer-reviewed journal JAMA Psychiatry.

And after compiling the data, the researchers found that pain reprocessing therapy cured 66% of back pain patients. This was six times more effective for reducing or eliminating pain than standard of care treatments. It's so astronomically more effective we can't even put this into words, and this is just one of the incredible studies that's been conducted. And you're gonna find out, if you're curious, what is this pain reprocessing therapy? Our special guest is going to unpack that for you today and help us to really understand what pain actually is and, most importantly, how we can find solutions for the pain that we may be dealing with. And so without further ado, let's dive into this incredible episode and today's special guest.

Dr. Howard Schubiner is an internist, pediatrician, researcher, and educator. He's a clinical professor at the Michigan State University College of Human Medicine, and he's played a major role in the development of innovative treatments for chronic pain and associated conditions. Dr. Schubiner has conducted and published multiple studies in prestigious peer-reviewed journals on effective treatments for pain management, and he's the author of multiple books, including his new book, Unlearn Your Pain: The Science of Recovering from Chronic Pain, Fatigue- anxiety, and depression.

Let's dive into this conversation with the incredible Dr. Howard Schubiner. Dr. Schubiner, thank you so much for coming to hang out with us today. I can't tell you how happy I am to be here. Let's start off by helping us to understand what pain really is.

DR. HOWARD SCHUBINER: Yeah. Yeah. So everyone has experienced pain, and it's necessary. It's important. If you break an ankle, you want pain. But it turns out, and this is the weirdest thing in the world, that you can have an injury and have no pain. So if you can have an injury, and this has been documented hundreds of times. I don't know if you've had that at all. I mean-

SHAWN STEVENSON: I just happened to my wife. She was walking away from me yesterday, and there was a big bruise on her calf.

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: Big it was, like, a couple inches wide, and I was like, "Babe, what is that on your leg?"

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: She was like, "I don't know." And she looked down, she touched, she was like, "It hurts too."

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: But she doesn't know where it came from, and she wasn't aware of it, so it wasn't hurting her.

DR. HOWARD SCHUBINER: Yeah, I mean, I have a friend who shot a nail in his hand by mistake, construction site, no pain. So it turns out if once you understand that fact, you then, the next step is to understand that pain is a function of the brain. When you touch a hot stove, it's not your finger causing pain. A finger can't cause pain. Only the brain can cause pain, and the brain has these circuits for turning on pain as a warning. So you break an ankle,

you get pain to tell you, "Don't walk on that. Rest and heal up." So pain is a function of the brain. But the other thing that is mind-blowing is that you can have pain without an injury.

And, you know, if you walk into a wall and you bang your nose, you say, "Oh, I injured my nose." But if you're walking around and you get pain in your nose for no reason, how can that be? And it turns out, I don't know if we can jump too far into this so quickly, but it turns out that when you look at brain scans, we give people a physical injury and scan their brain, certain parts of the brain light up, showing these pain circuits.

SHAWN STEVENSON: Yeah.

DR. HOWARD SCHUBINER: If you give someone an emotional injury and you scan their brain, the same circuits light up. And you can have pain without an injury, and this is h- this is hap- this happens way more than people recognize. It's happened to me. It's probably happened to everybody 'cause it's part of the human e- experience.

SHAWN STEVENSON: This already should be getting our antennas poked up a little bit because, again, seeing that something emotional or even when we talk about emotions, it's our response to something. It's our perc- perception of something stimulating the same parts of the brain as a physical injury.

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: All right? Now, with this being said, wha- what's going on there? Like, why would our bodies express pain? Is this like a ... As you mentioned with the physical injury, it's to protect us.

DR. HOWARD SCHUBINER: Exactly.

SHAWN STEVENSON: Why would it do that in the presence of something that is other than a physical injury?

DR. HOWARD SCHUBINER: And the answer is to protect us. But what is it protecting us from? Now, no one knows why, you know, an emotion can cause a physical pain. Emotions can also cause fatigue or anxiety or depression, of course. But we think, when you think about our ancestors you know, 60, 100,000 years ago, Homo sapiens were on the Earth at the same time as Neanderthals. Neanderthals were bigger, they were faster, better hunters. They had bigger brains even, and they died out.

Humans, Homo sapiens, lived probably because of working in clans, working together, hunting together, rearing children together, et cetera. And if you got kicked out of the clan, it's like a death sentence. So why would you get kicked out of the clan? Because of emotion. You know? You beat up somebody. You took somebody's wife. I don't know. And guilt, it's a powerful emotion that people have. And so when we fall in a situation where we feel trapped, when we're, when we have anger, when we have guilt, when we have extreme sadness that we can't express or don't know what to do with, our brain will produce a warning signal, like a s- like a smoke alarm does.

An alarm. And the alarm isn't in English. It doesn't tap you on the shoulder and say, "Hey, man, you know, you got a lot going on here. You gotta deal with this." No. It gives you pain, and then it's up to us to interpret it. And all I'm s- all we're saying to people is, "Think about it." The other day I was in the gym, and I have a bunch of gym buddies, mostly women, 'cause I go to the exercise classes. And one of the women, she's a great person, she's "Oh, I got this pain in my, up here in my trapezius muscle. It's really tense. I think I need a massage." And I go, "Yeah, that's cool. You can work it out." And then I said to her, "You know, but you might also think what if that pain was a message?"

Yeah. "What if you ask it what's going on?" Weird idea, right? She's going "Okay." So she thinks for a second and she goes, "You know, my husband's got this heart problem. He's got a procedure coming up. He doesn't take care of himself. I'm kinda angry with him. I love him to death. I'm worried about him." Could that be the message that her brain is sending her? Right?

SHAWN STEVENSON: Yeah. Getting us to pay attention.

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: And again, trying to protect us in a really interesting way. And we'll dive more into this, but can you talk about, you had a recent study that was published in the Journal of the American Medical Association Psychiatry.

DR. HOWARD SCHUBINER: Yes.

SHAWN STEVENSON: You and your colleagues. And you were looking at the onset of back pain and people experiencing back pain and measuring your strategies for dealing with this versus a placebo even. It's a really well-constructed study.

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: So can you talk about that a little bit?

DR. HOWARD SCHUBINER: Yeah. Of s- of course. This is-- We've done several randomized controlled trials in this field, and the beauty of what we're doing is we're bringing the, this high-level, high-quality science to the area of the mind-body connection that it hasn't had up until now. And I've just been blessed by having incredible research colleagues to do this research. This study we call the Boulder Back Pain Study, was run by our great colleague, Yoni Ashar, at University of Colorado, did it with Alan Gordon, Christie Uipi, Mark Lumley, all my great colleagues. And we evaluated, we had fifty people in our-- randomized into our arm of the study, the mind-body connection arm, versus a placebo injection versus a treatment as usual.

And in our arm of the study, I evaluated all the people. Of the fifty who randomized to our arm, forty-five actually got evaluated, and I spoke to all of them, and I reviewed all their MRIs. Guess what? These people had chronic back pain for an average of ten years duration. So long time to have back pain. Most of their MRIs are abnormal. Okay? So what does that mean? And most people aren't aware, but this data has been around for a long time, that most people have abnormal MRIs who have no pain. As the older you get, forty percent of

twenty-year-olds have disc degeneration with no pain. Fifty percent of thirty-year-olds have disc degeneration with no pain.

Ninety percent of s- of sixty-year-olds, eighty percent of fifty-year-olds with no pain. So we don't over-interpret an MRI unless it shows something, you know, an abscess, a tumor, something serious. Anyway, so we evaluated all these folks, and looking at it carefully by some other diagnostic criteria that I can talk to you about, I determined that forty-three out of the forty-five had pain, real pain That was coming from their brain. It wasn't due to their back. And the first thing that people say when you hear that is, "Oh, are you saying it's all in my head? Are you calling me weak? Are you calling me mentally deficient?" And none of that could be farther from the truth. Just like this woman I was talking about earlier. It's like when she tells you, she's, "I've got this pain, and it's linked to my fears about my husband," what do you have for her?

Compassion, caring, understanding. And that's what we did with all these folks in the Boulder back pain study. And so we treated them by using this technique that we call pain reprocessing therapy, which is helping them to change their view of what the pain is, to stop fearing it, to stop thinking of it as structural, to start moving a little bit more, a little bit more. I think you know something about this. And of the people we treated after one month of this therapy, twice a week for one month, for four weeks 75% of the ones we treated were pain-free after 10 years of back pain. I mean, this is amazing result that has never-- we've never seen chronic back pain get better.

SHAWN STEVENSON: Yeah.

DR. HOWARD SCHUBINER: Zero or one pain scores compared to four or five or higher. So it's amazing.

SHAWN STEVENSON: Yeah. I mean, to say the least, you know. I mean, if people really understand, and even just analyzing some of the basics of a study like this, we're talking more than six times more effective than the standard of care that these people were exposed to in other arms of the study.

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: It's just so much more effective. And as you know, and the people listening who've experienced pain, especially chronic pain, it can just shatter your life, you know, into a million pieces, just make everything more difficult, and it becomes the lens through which you see life. And so to have that veil lifted and to help people to actually get out of pain with a treatment like this, and just again, reorienting your association with pain, that's one of the main things that I heard from that..

DR. HOWARD SCHUBINER: Yeah

SHAWN STEVENSON: was changing the way that you see the pain. Because oftentimes we ha- mistakenly, and I wanna ask you about this specifically. When somebody comes in, and this is standard of care right now, this is the predominant way that people are treated. They come in, they're experiencing some sciatic pain, say. And they get an MRI, and the surgeon puts it up for them to see, and he says, "This is why you are having that sciatic pain that is causing you to struggle to get sleep at night." When somebody does that, again, maybe even, again, a well-intentioned physician gives a diagnosis like that, what do you think about something like that?

DR. HOWARD SCHUBINER: You have to look deeper. You have to understand what I just said, that people can have dis-degenerative disc with no pain, bulging disc with no pain, even herniated disc with no pain. So we can't over-interpret the MRI findings. We shouldn't do that. On the other hand, we have to examine people and make sure that it's not actually the disc causing. If someone has a foot drop, if they have neurologic findings, then that's a structural problem. So we only treat people in our neuroplas-- what we call neuroplastic symptoms. It's all about how the brain is neuroplastic, how it can learn pain, and then it can unlearn pain. We don't treat people using our model if they have a structural problem, if they have a tumor, an infection, a autoimmune condition, et cetera.

But we also look more deeply and say, "Well, tell me when the pain started. Was there an injury? Does the pain shift and move? Is it in one place some days and then another place? Is

it there in the morning and gone in the afternoon? Is it worse with the weather? Is it worse with stress? Is it better when you go on vacation and it comes back when you go to work?" And when you start going deeper, and that's what we did in this study, I took the time to ask people about that, because when pain turns on and off like that, it's more likely to be a neural circuit that the brain is turning on and off as opposed to a structural problem. When you have a broken sh- arm, the pain doesn't turn on and off.

It doesn't shift to different parts of the body. So that's why we need to look deeper to really ask the question. All I'm saying, like I said before, is just ask the question. Are you sure it's structural? If we're sure, fine, let's do it biomedically. I'm not against modern medicine. Someone-- If you have appendicitis, you're gonna get the right diagnosis and the right treatment in almost any hospital in the country. If you have a broken arm, you're gonna get the right treatment. But if you have chronic pain, headaches, irritable bowel, fibromyalgia, chronic fatigue syndromes, anxiety, depression, modern medicine has failed a lot of people with those chronic conditions. And all we're saying is let's look deeper and see, is there evidence that it's being turned on and off by the brain? And then deeper than that, what's going on in someone's life?

SHAWN STEVENSON: Yeah. You're the perfect person to do this because we were talking before the show, you tend to be skeptical and come into things looking to poke holes in things, and also being able to actually run well-constructed studies to find is there validation in this?

And one of the things you've already brought up is how unfortunately we have this instead of correlation when we see abnormalities on an MRI, which you're probably gonna find abnormalities on an MRI- ... we turn that into causation. This is what's causing your pain. And when a physician, again, especially, and we got data on this as well with the nocebo effect, and having somebody who's in a position of authority and giving you that diagnosis, isn't that gonna anchor it in potentially even deeper that your pain is a structural thing and there's nothing you can do about it?

DR. HOWARD SCHUBINER: I can't tell you how many people I've seen who have seen their MRI and the doctor's telling them, "This is the cause of your back pain. You've got the back of an 80-year-old," or, "You're gonna be crippled," or, "You're gonna need surgery eventually." And their pain gets worse just after hearing that. That's a nocebo effect. And we see the same thing with migraine and tension headaches. We see the same thing with irritable bowel syndrome, fibromyalgia, chronic pelvic pain, where the doctors are giving diagnosis of pudendal neuralgia or pelvic floor dysfunction. And if you look-- And that's what I really tried to do in this new book, is really try to take apart all these conditions and give the data so people can understand how often it is that the findings that we see, such as the MRIs of back pain are seen in normal people.

And therefore look deeper, look closely, and try to avoid the nocebo effect. One of the amazing stories that's in the book also is this guy, had twenty-five years of pain. Twenty-five years. So bad. It was back pain and leg pain. Back pain so bad he couldn't sit, leg pain so bad he couldn't stand. So he's reduced to a recliner, and he's depressed, he's suicidal, had to quit work. Twenty-five years. And someone told him about this, a physical therapist. He said, "You know, I've examined you, and I don't see all the damage that they say you have." And he explained a little bit about the idea that the brain can cause pain, and that it's real pain. It's not imaginary, it's not fake. It's not all in your head.

And this guy, you know, had so much pain with standing, so he walks into a pharmacy and he sees a long line. As soon as he saw the long line, his pain went from a five to a nine. And he was like, "Oh my God-" It's true. I didn't stand in the line. I was just anticipating standing in the line, and my pain doubled. And that was his click moment of saying "Whoa, wait a minute." And at that moment, he started recategorizing his pain. The brain needs certainty. If you think about neuroscience of predi- what's called predictive processing, the brain predicts and guesses and infers what it should do in any moment- 'cause it has to think ahead of time about our safety and protecting us. You walk down the street, friend or foe. It's constantly doing that. And you go to stand, and your brain's "Pain." You go to sit, and your brain's "Pain." But he recategorized the pain as and so as a harmless sensation, so to speak, as coming from his brain, that he wasn't damaged, and he started walking, and it hurt. But he did it anyway

'cause he told himself, "I'm fine. I'm safe. I'm gonna be okay." You know something about that. Little by little, and in six weeks, his pain was gone. And he was the happiest man alive.

SHAWN STEVENSON: Yeah. That was one of my favorite stories. I actually shared that story with my wife.

DR. HOWARD SCHUBINER: No way.

SHAWN STEVENSON: And just to see because he thought his life was over.

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: And then to see him in his senior years doing all these incredible things that he wasn't doing four years prior- Yeah ... you know, getting out and, you know, playing pickleball and-

DR. HOWARD SCHUBINER: Exactly

SHAWN STEVENSON: ... traveling with his wife and all this stuff and- Yeah ... to say getting his life back, but under those conditions, there's an even greater appreciation for how valuable this life is-

DR. HOWARD SCHUBINER: Oh my God.

SHAWN STEVENSON: And also how powerful we are. And in the book, one of the things that you cover are these pain lessons, you know, just to really kinda kick things off and get us started. And you dig in deeper and, on all these things, but I just wanna touch on these pain lessons. So pain lesson number one is not all injuries cause pain. And we've touched on this a little bit-

DR. HOWARD SCHUBINER: Exactly

SHAWN STEVENSON: ... already.

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: But specifically, you say that the subconscious brain decides whether pain will be experienced.

DR. HOWARD SCHUBINER: Exactly.

SHAWN STEVENSON: Talk a little bit more about that.

DR. HOWARD SCHUBINER: It's a decision, and it sounds weird because we're giving the brain this idea that it's human. But it's a s- it's a millisecond decision that the brain makes, and it's based on prior experience. It's based on what it sees as danger or not danger. You know, the famous story we tell is about the guy who jumped off a scaffolding, landed on a nail. The nail impaled his way, all the way through his boot. He sees the nail sticking out of it. He gets severe pain, screaming, rush him to the hospital. They take his boot off, and the nail is between his toes. There's no injury. So this is the opposite situation, where the brain made a decision to produce pain But there was no injury. But it looked like there was an injury.

The brain was trying to protect him. And it's incredible how much power the brain has over us to produce in a millisecond what it seems like would be protective of us. I mean, we don't actually see with our eyes. Light comes in our eyes, but our brain creates the image that we see. You can see in your sleep when you're dreaming, so brain can create anything. And lawyers know that, and police officers should know, that if someone sees a crime happening and they go to the police station and they have a lineup and they pick out the person, they say, "I'm sure that's him," or, "That's her," mostly him, and they're wrong 'cause what they saw isn't what they saw.

Their vision is skewed by what they think a criminal should look like, by what they've seen, by the stress they were under. And so our vision can be skewed and biased and faulty. When you listen to lyrics of a song, what do you hear? I mean, you don't know what they're saying. I don't know. But your brain fills in the details.

And when you feel something, it's created by your brain, and that's the neuroscience of predictive processing. And most doctors are unaware of that. They don't really understand that. So that's pain lesson number one.

SHAWN STEVENSON: That's so powerful.

If you're looking for a way to save on groceries today like so many families are, cost of living is already going bonkers. We could find a way to save money on our groceries But the key is the quality of the foods as well. And Wild Pastures delivers 100% grass-fed, grass-finished beef, pasture-raised pork, pasture-raised chicken, and wild-caught seafood direct to your door at savings of 25 to up to 40% of what you would find in conventional grocery stores.

Now, Wild Pastures doesn't just stop there. They're sourcing their foods from 100% regenerative family farms. There's no antibiotics, no added hormones, no added steroids, no feedlots, and absolutely no GMOs. Again, fast delivery from their farms direct to your door. And right now, when you go to wildpastures.com/model, with a Wild Pastures subscription, you're going to receive an additional 20% off for life, free shipping, and $15 off your first order. Again, just go to wildpastures.com/model to take advantage. That's W-I-L-D-P-A-S-T-U-R-E-S.com/model to take advantage right now. Head over there, check them out. Now back to the show.

SHAWN STEVENSON: You know, this reminds me of, you know, my friend and mentor, Dr. Michael Bernard Beckwith, says that you don't describe what you see, you see what you describe.

DR. HOWARD SCHUBINER: Exactly.

SHAWN STEVENSON: And we are living life in the reverse as if it's true, but it's not true. Every single person in the history of all of this, we ne- none of us see the same thing the same way. Yeah. You know? It's... If there's a thousand of us in a room, there's a thousand different perspectives based on our life experience, based on our genetics, based on our stressors at the time, based on countless other factors that color the way that we see a certain thing.

And so if we are aware of this, we can start to describe the world that we want to see. And it's instantly available. That's the crazy thing about it. You know, even in a painful moment- ... we can start to see things differently. We can start to see some of the beauty that's still around, and it just starts to turn the volume down even on that pain.

DR. HOWARD SCHUBINER: And so much of it is bimodal safety or danger.

SHAWN STEVENSON: Yeah.

DR. HOWARD SCHUBINER: You know? Security and peace or threat, and our brain really operates in these two ways. And when you're living in pain, as you were saying before, you're living in constant danger. You're living in constant threat. You're living in constant fear, and it feeds on itself. And most people with chronic pain get worse over time because... And the pain tends to spread over time, and they tend to fall into this pain-fear, pain cycle. They're focusing on it. It becomes their life.

SHAWN STEVENSON: Yeah.

DR. HOWARD SCHUBINER: They're afraid of it, and who can blame them, you know? It's an overwhelming experience. And, you know, we've seen hundreds, thousands of people literally get better by doing this work when they were told they were incurable. And that's what drives me, you know, to do this work. I mean, I was a doctor for 18 years before I found this work, and I give credit to Dr. Sarno, who I write about in my book, because he taught me about it. And I-- but I was skeptical of his results. I'm like, "Are you sure, Dr. Sarno? Is this real?" And so I tried it out myself, and then we did studies.

But in those first 18 years as a regular doctor, internal medicine doctor, m- few people come to you and say, "Dr. Schubiner, you saved my life," you know? That doesn't happen that often to m- wouldn't happen that often to me. And since doing this work, it happens all the time. It happens to people that I've never met, and it's not because of me. It's because the ideas are so powerful.

SHAWN STEVENSON: Yeah. Oh, man, thank you so much for what you're doing. Thank you so much. You know, this is, again, just basic neuroscience. The different parts of the brain are dedicated to certain things. Although there is this kinda whole brain integration, but we know that our focus, what we focus on expands. Literally, it just, It's like having that dominant question that we talked about before we got started, and this phenomenon in the brain called ins- instinctive elaboration. And so what I'm focusing on, the question that I'm asking, my subconscious mind is looking for answers to that thing that I'm constantly asking.

And so when we are so consumed and focused on that pain, all, m- so much of our resources unconsciously are looking to validate that pain, and it becomes, it consumes us. Yeah. It can become all-consuming because our focus is there. We can s- and train ourselves unconsciously to constantly look for the pain, to constantly be monitoring the pain, and being hyper cautious about basic things that we could actually probably do, you know, a very significant amount of time. And one of the things that I really was illuminated for me in, in reading your book was how, and I said this term earlier, like the volume of the pain could be turned up or down. And that's a great signal that, and this goes to pain principle- ... number two, not all pain is due to injury. Right. That this is, there's a good chance that this is more of a neural circuitry issue and not necessarily due to an injury.

This is something that is more something that we can have more influence over if we're aware. And just being able to see, and again, that, hey, you know what? Sometimes my pain is a five, but then other times it's like a three or sometimes a two. Sometimes it's like a seven. Right. But just the fact that it's constantly changing, if you have an injury, it's pretty consistent. Right. You know? But different conditions, you mentioned the weather changing- Right, right ... stress changing the value- Time of day ... you know, this is a good indication- Absolutely ... that this is not due to an... Can you talk a little bit more about that? So-

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: Pain lesson number two, not all pain is due to an injury.

DR. HOWARD SCHUBINER: So we did a study, my good friend in Louisiana, Bill Lowry, he's a physiatrist, PM&R doctor, and he took two hundred and twenty-two consecutive people coming to his practice with chronic neck and back pain. No exclusions, so if they had a tumor or a fracture, whatever, they were all included. And he looked at their MRIs, and he examined them, and he asked these questions that you're asking right now. Ninety-eight percent of them had abnormal MRIs. The average age was fifty or so. So, you know, a typical doctor would have said, "Ninety-eight percent of you have damage in your back. That's the cause of your pain. It's obvious. Couldn't be more simple." But Bill didn't do that because he knows the data that eighty, ninety percent of people in these age groups have had these same abnormalities.

So then he looked deeper and asked these questions. The results, and we've published this study in the Journal of Pain, the results were eighty-eight percent were non-structural. Eighty-eight percent were non-structural. About six percent were he thought structural, about another six percent were probably a hybrid of some of each. So obviously, injuries can cause pain. I'm a doctor, I know that. But when you think about the fact that we think, and this has been corroborated in some of our other studies, eighty to ninety percent of chronic back pain non-structural, what about headaches? The vast majority of people with headaches are non-structural.

The vast majority of people with abdominal pain, pelvic pain, widespread pain are non-structural. The vast majority of people with chronic anxiety, chronic depression, chronic fatigue, non-structural. I mean, there's things that can cause, medical things that can cause anxiety, high thyroid levels cardiac arrhythmias. There's things that can cause depression, low testosterone levels low thyroid levels, right? There's things that can cause chronic fatigue. But when you examine closely, as we've done over these last, I've been doing this for twenty-three years now, the vast majority of people with these chronic conditions that modern medicine has not great answers for, sometimes they do, and that's great, but oftentimes they don't, and people are suffering We think that people can have a good chance at not just coping with it better, but recovery by using this model.

SHAWN STEVENSON: Yeah. Can you talk a little bit more about the neural circuits?

DR. HOWARD SCHUBINER: So, you know, I've, I wrote a chapter about the neurophysiology of chronic pain a while ago, and I wrote it with a great neuroscientist named Ian Kleckner at University of Maryland. And I kept looking at the literature and pointing out why, saying, "Well, what about the dorsolateral prefrontal cortex, Ian? What about the insula? What about the anterior cingulate cortex? You know, what about the prefrontal cortex?" And he's "Howard, it's the brain." And it's, and you know, and there's data, and we-- you know, part of that Boulder back pain study, we did fMRIs of people, and we found areas, and a lot of great neuroscientists that I've worked with and others that are doing this work have found different parts of the brain that are responsible f- and can be seen as being involved with chronic pain and other conditions.

But the circuits are very broad, and it's circuitry, you know? And that's why he was telling me, "You gotta think about it more in total." And the thing is that they can be lear-- The whole point of neuroplasticity is understanding that neural circuits can be learned. Why do some people have pain that's worse with certain types of weather or certain-- Some people it's worse with heat, some other people it's worse with cold. Because that's been learned by the brain. These associations have been learned. So the story I always tell about this learned associations is my helicopter story. So, and it's a true story, is a guy I met who was in a war a long time ago. He got injured, shrapnel wound to his leg, he had a lot of pain, got medevaced out in a helicopter.

Okay? What happens to his injury? They heal. All injuries heal. Rule number one, all injuries heal. Rule number two, scars don't hurt. Okay? So his injury heals. What happens to his pain? It went away. His brain turned it off. His brain could have kept it persistent. I saw-- I got an email today from a person who said, "I had surgery, and I've had pain ever since." Well, unless the surgery went wrong, which chances are it didn't, everything's healed. The pain is now being run by the brain. Anyway, his injury healed. He-- pain went away. He's fine. Twenty years later, he's walking down the street. He gets startled by the sound of a helicopter in the sky. All of a sudden, he gets the same pain in his leg he had twenty years earlier.

His brain learned the pain. It remembered it as a neural circuit, and then it activated it at the sound of a helicopter. That's a conditioned response. That's the kind of pain that once we see that, we can help people unlearn it.

SHAWN STEVENSON: Wow, that's so powerful. You know, just even thinking about that and how these emotional injuries create pain as well, it has the potential for that. In that instance, it's like a danger signal.

DR. HOWARD SCHUBINER: Totally.

SHAWN STEVENSON: Right? And that circuitry exists from a traumatic thing that happened, and he just went on about his life. But there was a danger signal. There was a triggering event that can activate that pain pathway- Right ... essentially. Right. And it can be as real as an injury happening.

DR. HOWARD SCHUBINER: And what if you were criticized when you were young? You know, what if you had a critical parent who nothing was good enough for? What if you had abandonment you know, parental loss and then you get older, and your brain is remembering that. It's sensitized to that specific type of emotional injury.

And then you grow up, you're in your teen years or you're in your twenties, and then you get a partner. Oh, the partner's really critical, or the partner seems to be abandoning me or threatening to leave. And what does that do to those neural circuits in the brain? The neural circuits have been sensitized to that specific type of danger, and then the brain can turn on stomach pain or headache- or anxiety. And so the danger in this case wasn't a physical danger that the brain is responding to but an emotional danger that the brain is responding to. And when people can understand that, it can open up a whole, whole new way of understanding, you know, what's going on. 'Cause the brain is trying to protect them from being abandoned. The brain is trying to protect them from being criticized.

SHAWN STEVENSON: Silly brains.

DR. HOWARD SCHUBINER: Yeah. And, but what happens when you do that? You know, when you look at it that way, you don't develop disdain for this person because they have pain that's not real. You don't develop contempt for them. You don't blame them for faking. You understand them, and you understand their in this pain or other symptoms in the context of their life, and you help, and then you have compassion for them. You wouldn't wanna be in their shoes. And if-- And how many times have I seen people who were heavily criticized or abandoned or whatever when they were younger, and they learn not to have compassion for themselves? And then that compounds the injury. And so part of our work is helping people have more compassion for themselves.

SHAWN STEVENSON: You mentioned this already, but just to touch on this really quickly. So pain lesson number three, all injuries heal. And this is directly from your book. "All injuries heal, and it is the brain that decides whether to turn the pain off or make it persistent."

DR. HOWARD SCHUBINER: Exactly. And nothing could be truer than that. We're talking about injuries healing, and the corollary to that is that scars don't hurt. People have keloids, really big scars don't hurt. And one of the-- Again, just going by the data if you look at post-surgical pain in scars, areas of scarring where the surgery was, if you look at cesarean sections, women who have childbirth, they have a scar from the surgery. The rate of post-scar, post-surgical pain is three to five percent.

It's pretty low. If you take women who've had a mastectomy, breast surgery for cancer, the rate of post-surgical pain is thirty to fifty percent. What's different? It's not the scar that's different. It's the emotions that are different. Having a baby versus having cancer. Huge difference.

SHAWN STEVENSON: I wanna ask you about this, and I-- you know, this is something that we have not talked about recently, but it is this cultural phenomenon that's taking place right now. You took some time in the book to even kinda lay out morbidity versus mortality and talk about all the morbidity issues that our society is dealing with right now. But in recent decades, there's been this strategic war on pain, like a war targeted at eliminating pain. And the result, have we won the war?

Pain's gotten worse. And, you know, there was of course behind that has been this focus on, specifically on external ways of manipulating biochemistry through medications, pain medications, specifically the opioid crisis.

DR. HOWARD SCHUBINER: Exactly.

SHAWN STEVENSON: ... specifically. And this war on pain, again, you lay this out in the book as well, it's not really bearing very great results because we're not addressing where the pain is really coming from. And what a lot of people who've turned to these very strong pain medications have found it's not just the physical pain, but it also is the emotional- ... as well. And being on these types of things can start to mute all kinds of data potentially, and it's not helping us to address the root cause of the pain. So I wanna ask you about your perspective on this war on pain.

DR. HOWARD SCHUBINER: Yeah. So to give props to modern biomedical science, we have had improvements in cancer therapy in the last couple decades, improvements in heart disease treatment, improvements in stroke treatment, improvements in diabetes treatment. All these have come about for biomedical problems with bi- good, reasonable biomedical solutions.

Rates of a lot of these disorders have actually gone down. In pain, it's doubled. Back pain has doubled over the last 20-some years. Other pains have doubled. We're talking about a worldwide epidemic of chronic pain. Anxiety has gone up. Depression has gone up. Chronic fatigue has gone up. All of these things have gotten worse, not because people are different, our genetics are different, our bodies are different, but because of what's going on in society and how biomedical treatment is geared, as you say, toward the biotechnological approach.

If you look at, There was an article just recently in JAMA Neurology, just came out, and they're talking about how pain is in the brain, how the brain constructs pain. And I'm like yeah, you're right. Exactly." And you read the article, and it goes on, and they say, "Okay, what are we gonna do about it?

We're gonna modulate pain." Well, how are we gonna modulate pain? We're g- all these biotechnological solutions, that was-- that's their solution. We're gonna do the zapping, we're gonna put electrodes in, we're gonna... All this stuff. And pain is so diffuse, and it's so individual, and it's so related to changes in our society, social injustice, COVID polarization in society social media neglect and abuse of children. I mean, there's so many things that are involved in these disorders that are of a psychological and social nature, and the biomedical solutions haven't worked And so all we're saying is at least ask the question, at least ask the question of what's going on underneath. And most of the time, it doesn't ta- it's not hard.

It's not hard to find the answers when you tune into people and you talk to them and you listen to them, and you hear about their lives, and you see what's been going on in their lives and how that is connected to the onset or the exacerbation of their pain or other symptoms.

SHAWN STEVENSON: Yeah. Amazing. Can you help us, and again, everybody needs to have this book. If it's not for you, you know somebody who is struggling with pain. So Unlearn Your Pain, please get yourself a copy. Get a copy for somebody that you care about. You help us to actually analyze some of these pieces and also provide some direction on what to actually do about it to find that relief that we're looking for. But just for everybody listening today, if we could talk a little bit about how we can assess for ourselves, maybe have some insight into, is this a neuroplastic pain versus a true structural injury that's causing the chronic pain that we're experiencing? What are some ways that we could start to assess this?

DR. HOWARD SCHUBINER: Yeah. Great question. Well, first, you know, everybody needs medical evaluation. You don't wanna miss a medical disorder. Nobody wants to do that. I don't wanna do that. I'm a very careful and cautious doctor paying attention to looking for disease if it's there. So doing that first, ruling out a structural problem.

Most of the time, most of the people we've seen have gone to great lengths to rule out a structural problem and haven't found it. Either the doctors say, "We don't know what's causing it. We're not sure. All the tests are normal." Those are signs that it's most likely neuroplastic condition. Then if you get a diagnosis, if the diagnosis is one of the conditions that is commonly seen in our ballpark, irritable bowel syndrome, migraine headache, tension

headache, fibromyalgia, chronic pelvic pain, chronic neck and back pain, again, making sure there's no structural problem, Anxiety, depression, chronic fatigue, long COVID. There's a whole variety of other new or emerging disorders POTS, postural orthostatic tachycardia syndrome, MCAS, mast cell activation syndrome Ehlers-Danlos syndrome. All these are being viewed by a lot of physicians now as being structural, and maybe they're not. So that's first step. Second step is what we were talking about before is investigate deeper.

Do the symptoms come and go? Do they turn on and off? Are they variable? Are they in a wide area? Do they not make sense medically? Are they triggered by innocuous stimuli like sounds, light, heat, cold, weather, stress? Do they come on when you anticipate having-- being in a certain triggering situation? And that's one of the tests we use. It's amazing how common this is, and I write about this, and I do it every day, is one of the stories in the book, I was talking to a woman who had severe stomach pain. It was like three or four years she'd been to the top medical centers in the country. Nobody could really figure it out.

Nobody could tell you what it was. But she noticed that she had more discomfort when someone touched her belly. And why would that be, you know? Doesn't m-really make sense. There's something going on inside just touching the skin. So I had her close her eyes and have-- take her own hand and start moving it toward her belly. And the closer she got within a couple inches, she said, "Oh, the pain just went up." She hadn't even touched herself. Or I can h-- or I had her imagine touching herself. It's another way you can do this. Just imagine touching it there, and the pain goes up. And it's wow. It's like that click moment where people can understand it.

So we're using all these techniques and tools for evaluating the source, underlying source of the pain, and then looking at your life. What was going on in your childhood? Were there sensitizing factors? And then looking at your life later in life, were there stressful life events that correlated with the onset or exacerbation of the symptoms? When you put all that together, it's usually pretty clear, Shawn. It's usually amazingly clear.

SHAWN STEVENSON: With this being said, again, being able to have some awareness, which is part of kind of-- if we're looking at practical with this being related to the brain, re-rewiring

techniques really, and what you're teaching people, I wanna talk a little bit about some of these. And you mentioned this a couple of times already, and I don't know if this is the first piece of it, but it's validation. Yes. So why is that so important?

DR. HOWARD SCHUBINER: People need to know that they're seen and they're heard. People know-- need to know that their pain, their fatigue, their anxiety, their depression is real. It's not all in their head. It's not made up. It's not fake. It's not imaginary. People need to be validated. It's so important. I can't stress that enough. I say it all the time. I say it to every person I see. I teach it to every doctor and therapist that we do training for. Nothing is more important than that.

If people aren't seen and heard, why would they trust you? Why would they believe you? Why would they trust you when you tell them something, especially something that's at odds with what other doctors have told them or with what other alternative doctors have told them? Why would they believe you unless you know you love them, basically? I mean, that's just how I put it. Yeah. And so that's-- it's just crucial. That's step one. And then once we kinda do that, people don't-- they sometimes can lose-- drop their guard. And, you know, we've had people who, and I understand it, who are offended because no matter how nuanced we say it or we say it's not in your head, but it is in your brain, that's hard to grasp.

And people are in such severe fatigue or such s- they can't get out of bed, or such severe pain that they can't move without severe pain. How can they possibly grasp this idea that, "Oh, it's all in my brain?" Come on. It's so at odds with what we all know. But on the other hand, people sometimes can get it so quickly. And I think we were talking earlier, sometimes you can read a book. Dr. Sarno's books have been famous for this for forty years now, at least. People can read the book. They see themselves in the pages. Bang, pain goes away in a day or a couple weeks or whatever. Or it goes away, and then it comes back, and then it goes away again, then it comes back.

It's "Holy God, what's going on?" Well, neural circuit's on, neural circuit's off. So it's frequently amazingly obvious once you open the door to understanding this model.

SHAWN STEVENSON: Yeah. Thank you for bringing that up, too, of somebody again, if you're experiencing the pain, you're like, "No, this pain is in my leg.". "What the hell are you talking about my brain?"

DR. HOWARD SCHUBINER: Exactly.

SHAWN STEVENSON: "This is the pain right here."

DR. HOWARD SCHUBINER: Right.

SHAWN STEVENSON: And this is a result of separating ourselves into parts and not really understanding we are one whole synchronistic system, and everything is connected to everything. And so keeping this in context, but also part of this as well, and this is another star-- step in this rewiring the brain, and you do this so well, is just bringing about the awareness That it is the brain that is potentially behind the pain that you're experiencing. Just having the idea, because for most people, we don't n- we don't think about that, we don't consider it, because we see the pain as the pain. And our practitioners, unfortunately, are trained, like- Right ... to attack the pain. "Oh, the pain is in your back? Let me crack your back." Right. "The pain is in your back? Let me do this surgery. Let me prescribe this medication." And again, it's this superficial-

DR. HOWARD SCHUBINER: Exactly.

SHAWN STEVENSON: ... going after the pain, targeting where the pain is expressing, and not rooting it back to the brain's decision of whether or not to express that pain for you.

DR. HOWARD SCHUBINER: And I've had this myself, and everybody has really. It's a hu- it's part of the human condition. It's part of the mind-body connection that everyone has. When I was in my 30s and 40s, I was being a young doctor. I wasn't sure I was good enough. I had young kids. I had a family. I was trying to teach. I was trying to do research. I was trying to run this, run these programs.

And every now and then, you know, every month or two, I'd wake up in the morning and my neck would be like way over here. And I'm like, I'd go to work like this, and they'd go, "What's wrong with your neck?" I said, "I don't know. I must have slept wrong." Yeah. 'Cause I had a physical understanding of it, and I went and I had X-rays, and I had bulging disc in my neck.

And I went to PT, and then it would get better, and then it would get worse again, and then it would get better. And it was a signal. My brain was giving me a time out every now and then when things built up too much, but I didn't recognize it at the time. And I still get pain now. I mean, I'm not immune from this. I'm human. And you know, it's funny... It's not funny, but it's funny when I s- when I lie down in bed at night and my legs are, like, aching and I didn't do anything. I mean, nothing changed. I was, did my normal day or whatever, and it's like my brain just doing its thing, you know? And it's just so strange when you have this understanding and you can see these things, and you can see them in yourself.

SHAWN STEVENSON: Yeah. How often do people come in "You know, I think I slept wrong," you know? Yeah. People... we're getting into fights at night, you know? Apparently you're waking up, yous went through a battle. But it's- Right ... again even when we're sleeping, we- our brains are very active and processing, and there's so many stressors. And, you know, just to go back to... i'm so grateful that you're talking about this because the fact that back and neck pain has doubled, you know, in our society is not an accident. And I think that the conditions that we're existing in today when we are, this piece with validation and for somebody to s- feel seen and heard and to feel like they matter. Our attention is so scattered today.

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: People are reaching out through social media, for example, and posting, looking for attention, looking for likes to feel validated. And the people that might be there in your life, your friends, your family, might be so distracted, they're not really seeing you. How many kids are now growing up in conditions where they're not really being seen and acknowledged as much by their caregivers, by their friends?

Because friends get together and they hang out on their phones together. Right? And so, you know, we're adapt- adaptation machines as well, so you know I'm always optimistic that we'll figure things out through this. But we can see that there's this very strong connection between our lack of attention for one another and that deep human need to feel seen. To feel like we matter, to feel that sense of contribution as well. And so we can find ourselves looking to abnormal places to address these needs, or we can start to express dysfunction or even pain because of not getting these needs met.

DR. HOWARD SCHUBINER: Yeah. And how many people... I've just seen so many people who just put pressure on themselves and aren't feeling good enough and aren't feeling smart enough or beautiful enough or whatever, especially young people. Because these disorders that we're seeing, they're not increasing with age, like the mortality conditions, cancer, stroke, heart attack, they all increase with older age. These conditions strike young people, people in their teens, in their 20s and 30s and 40s, people who are going through their lives and trying to figure things out in stressful life conditions.

And every now and then, when there's enough stress builds up, your brain is gonna send a message, and the message could be a knee or a toe or a nose or, you know, a shakiness or, you know, a stutter. So many things, or dizziness and lightheadedness. So many ways the brain can send these messages of alarm. And then if we don't understand it and we kinda go to the biomedical and start to worry about it and focus on it, and it gets worse and worse, and our focus is on that as opposed to what's going on in our lives.

SHAWN STEVENSON: Yeah.

When it comes to energy and performance, it all starts with the powerhouse, power plants of our cells called the mitochondria. Our mitochondria are so abundant, they actually make up about 10% of our overall weight as adult human beings. We got a lot of mitochondria to run a lot of processes. Now, we wanna make sure that we're not gumming up that process of energy creation, and not only that, how can we add to it to create more mitochondria and more energy efficiency?

Well, one of the most important components nutritionally has to do with these incredible minerals that carry an electric charge called electrolytes. In particular, something like magnesium, for example, is required to make new mitochondria. It's a process called mitochondrial biogenesis. The creation of new mitochondria depends on magnesium to be present. Pretty amazing. Plus, we've got this remarkable sodium potassium pump that has a lot to do with the energy exchange going on throughout all of our cells. It isn't just about the mitochondria, of course. There's a huge data network that runs this amazing human entity. But again, it all works together, and those three electrolytes in particular are an important place for us to focus.

And so we wanna make sure that we're getting plenty of electrolytes from our diet. But today more than ever, whether it's high-performance athletes, top CEOs, or just everyday folks looking to fuel their days and fuel their performance, supplemental electrolytes are one of the most popular things in the world. But for decades, that medium has also been a source that has been rampant with artificial colors, artificial flavors, and ridiculously high amounts of refined sugars. And to that, we've said, "No more." Enter the age of LMNT. It has no artificial colors, no added sugars, and no dodgy ingredients, and it has science-backed ratios of those three key electrolytes based on hundreds of thousands of data points with real people.

When people utilize LMNT, they truly notice the difference, whether it's in their stamina, their cognitive performance, helping to manage hunger and cravings. There really isn't a metabolic process in the body that an electrolyte supplement like this cannot support. And right now, when you go to drinkLMNT.com/model, with every electrolyte purchase, you're going to get a free sample pack with two servings each of their four most popular flavors. Incredible. Go to drinkLMNT.com/model right now to take advantage of this incredible offer, this very special gift. LMNT is a big part of my life, my team's life, my family, friends. It's really an incredible supplement, super easy to travel with. I always have their little packets on the go with me when I'm traveling.

Also, when I'm working out, it was just in my water bottle today during my workout. Truly love LMNT. Head over, check them out. It's drinkLMNT.com/model to take full advantage of this very special offer and this special gift. And now, back to the show.

SHAWN STEVENSON: One of these preceding steps as well, and you talk about this in the book, is pain reprocessing therapy. Right. So PRT. Can you talk a little bit about that?

DR. HOWARD SCHUBINER: Yeah, so, so pain reprocessing therapy got a long history. There's a lot of ways to do it, and it's recategorizing the pain or the other symptoms as non-dangerous. It's viewing them from a lens which looks at it from a lens of curiosity, like what's going on here? Why did it go up? Why did it go down? Why did it shift? Why did it move? And what's, and what was I thinking about when it happened? Can't tell you how many times people have seen, well, pain wasn't there, and then I thought about it, and then it came. Okay, that explains it. Now you understand it better.

And so it's lean, allowing yourself to lean into the sensation as opposed to fearing it and s- being scared by it. And we all have experience in leaning into a sensation. Nobody liked coffee when they first had it when they were a baby. Nobody liked beer or whiskey. Nobody liked these things, lemons, dark chocolate. But we leaned into them, and we learned to actually like them. If we can take these sensations and not fear them and lean into them a bit and tell our brains we're okay, as I was saying with that guy who was walking, tell ourselves we're safe, we're not in danger. This is not dangerous. I'll be fine.

Even if I experience it now, I'm gonna get better, and I'll just keep moving, and I'll expand my life because, as I think you said earlier, people with pain, they tend to, their lives shrink, and they get smaller and smaller, and they do less and less. More fear, more pain, more fear. It's a vicious cycle. And when they can reverse that and expand their life and do more and find joy and meaning and purpose in life, all of that is involved in pain reprocessing therapy. I love this. So this, and it works. It's amazing.

SHAWN STEVENSON: Yeah. Oh, my gosh.

DR. HOWARD SCHUBINER: Yeah. It's amazing that it actually works, right? It's like what? Yeah, and I've seen it firsthand. I've seen it firsthand.

SHAWN STEVENSON: You know, just again, it's a shift in perspective because it takes it away from It being one problem and one solution only to in- internal investigation and s- self-assessment, the ability to be more aware of the potential information, the data. Because pain is information as well. And we tend to just attribute it to "I have this pain because this bad thing happened."

DR. HOWARD SCHUBINER: Yeah.

SHAWN STEVENSON: And that's the end of the story, this bad physical thing.

DR. HOWARD SCHUBINER: Right, right.

SHAWN STEVENSON: And going back to one of the most important overarching messages from today is that emotional insults, emotional pain lights up, from the knowledge that we now have today, the same parts of the brain that are associated with physical pain as well.

DR. HOWARD SCHUBINER: Absolutely.

SHAWN STEVENSON: And so we can have physical pain manifest by emotional input, by s- what we would consider stressful events taking place. Now, I know sometimes, again, it could be something that we might see as a micro stressor. That wasn't a big deal, but it can be an accumulation, you know, the death by a thousand cuts type of scenario.

DR. HOWARD SCHUBINER: Yeah. Absolutely.

SHAWN STEVENSON: And there are certain emotions that tend to be very inflammatory, and also the accumulation of these things over time. And what I wanna ask you about specifically, because some of these emotions, especially today in the way that we're conditioned societally, they are deemed to be dangerous, unnecessary, primitive. We've got this full, they're bad emotions, full bad emotions, right? We got bad emotions.

DR. HOWARD SCHUBINER: Exactly.

SHAWN STEVENSON: Anxiety is bad. Anger is bad.

DR. HOWARD SCHUBINER: Exactly.

SHAWN STEVENSON: But we've been blessed with this vast array of different emotions that we create names for that are means of us expressing ourselves and helping to process data. Now, of course, there can be, quote, "bad anxiety," there can be, quote, "bad anger," but this can also be good anxiety. And as a matter of fact, one of my friends and colleagues who was sitting right in that chair Dr. Wendy Suzuki, neuroscientist at NYU. Good anxiety is what her recent book is, and the, you know, the work that she's been focused on, and the value that can be found in these bad emotions. So with that being said, we can, and I know coming from the conditions I come from, suppress certain emotions, especially, you know, once I learned how dangerous anger was and how I was expressing it in my environment, constantly fighting, to just being like, "I'm just not getting that angry anymore."

Right. And not seeing the value in expressing if I'm starting to, again, taking all these insults, these micro things, and I'm just like, "I'm not an angry person." And so I don't give myself permission to even feel that, and how that can build up and potentially manifest as a physical symptom.

DR. HOWARD SCHUBINER: So important, what you're saying is so important. So let's talk about anger for a minute. So one of the pain reprocessing therapy is one of our treatments, but the other main treatment is called emotional awareness and expression therapy that I developed with my colleague, my great brilliant colleague, Mark Lemley. And emotional awareness and expression therapy is recognizing that there are no bad emotions. That, that emotions are there for a reason. If you're-- if you get angry, there's a reason for it. You were hurt, you were slighted, and you were neglected, you were abused, you were disrespected. There's social injustice in the world that makes you angry, and we need anger to protect us.

People religious say, "God gave us anger to protect us." And it's true. We have this emotion, and we need anger if someone attacks us to protect us. If we're angry all the time about things in our lives, and we take offense at every slight, and we're holding in that anger all the

time, year after year, that's gonna be toxic to us, and that's gonna, that's gonna cause our brain to turn on messages of pain, fatigue, anxiety, depression, whatever.

So what do we do with anger? Well, people are stuck because if they hold it in, they're hurting themselves. If they let it out in violence in the real world, they're going to jail. That's not good. So what do we do? This emotional awareness and expression therapy helps us to allow our anger to be expressed in a safe and healthy way. For example, one of the stories I like to tell is about three years ago, my hospital fired me. Well, they didn't fire me, but they let me go. They terminated my-- They didn't renew my contract. Now, I'm a doctor there for twenty years. Esteemed doctor, right? What doctor gets fired? And but it's a budget crisis, and I-- what do I do?

Do I make money for the hospital? Not really. I talk to people. Doesn't make a lot of money. So they let me go. One month, gone. Okay. And then I get back pain. And I'm telling people, "Hospital let me go. Hospital let me go." And they're like, "Oh, yeah, everyone gets fired. Every-- I've lost jobs, too." And I'm like, "Okay, it's funny. You know, I'm a, I'm this well, you know, well-esteemed doctor, supposedly." "Oh, we love you. Don't take it personally," right? And then, and I have back pain. And so I'm in my car a couple weeks, and I'm doing this pain reprocessing therapy, mind you. "It's okay, Howard, you're fine. Keep moving. Keep bending. Go to your classes or whatever."

Not working. Still got this pain, limping around. And so I'm in my car a couple weeks later, and I'm like, "You know what? It's not funny Do you guys swear on this show? You have full permission. It's not fucking funny. It is not fucking funny. And I have anger about it, but I was just holding all that anger in. So I start screaming, yelling, and there's no one in the car. I start screaming, yelling, "Fuck the hospital. Fuck this. Fuck that." Screaming, yelling, getting all this anger out in a safe and healthy way, right? It's-- I'm angry. Honor that anger, but don't take it out in the world. And then I imagined, so I took the anger to the highest level.

So I imagine blowing up the hospital with TNT, like in a cartoon. Yeah. And then I'm like, bam. And then I could relax. I just let it all out. I didn't hurt anybody. I didn't go to, not going to jail,

but I let it out in a powerful way. And sometimes that means imagining imagining beating up somebody. If someone, you know, women who've been assaulted, you know?

And they're holding all this anger in. There was a woman-- One of the stories in my book is about a woman who was assaulted as a young girl, and she had this back pain later in life. And she imagined going back and beating up the assaulter, imagined take-- tearing him off of her, you know, hitting him, punching him, throwing him out, knifing him whatever the anger does, it doesn't matter, letting it all out. And she took herself to safety, and she gave herself compassion. And she came out of that experience, which was, like, fifteen minutes, back pain gone. So for me, I could let all that anger out, and I just took a deep breath and let it go. So now I'm in a much better place, right? But I had another emotion, hurt.

Sadness. Yeah. I'm kicked aside, you know? Who wants to be kicked aside? And I had to recognize that I had sadness that I hadn't expressed either, that I wasn't even acknowledging to myself. So I allowed that sadness to come in. Well, anger calls to protect. You wanna protect yourself from anger. Sadness calls to connect. You need to connect. And who did I need to connect to? Myself. I needed to connect to myself. I needed to soothe that hurt with compassion and caring. And a friend just happened to call me, one of my doctor buddies. He's "Howard, I'm so sorry," you know, being really kind and sweet to me, and I allowed this compassion to come in to soothe the hurt And then I began to find compassion for the hospital.

They put up with me for 20 years. I never made any money for them. And they gave me a place to do this work. And I forgave them, which is a powerful act, right? What happened to my pain? Gone. Yeah. And that's an example of working with emo- understanding. And so often, like you said j- a minute ago, Shawn, really s- really wise what you said. You said, "It's often the emotions that we don't recognize-" Yeah ... that are the ones that are kinda eating us up inside.

SHAWN STEVENSON: Yeah. Yep. Wow, thank you for sharing that story. That is so powerful. And, you know, thankfully your life has unfolded in a way that you had those tools, but a lotta people don't. Right. And those 20 years that you were there not making money for them but

changing a lot more lives than anybody else, you know, it was just, it was a chapter. It was an important chapter. And now to be able to, you know, really expand this message in such a powerful way. And you've impacted the lives of so many people that I've already, you know, that I know who are in my life-

DR. HOWARD SCHUBINER: Yeah

SHAWN STEVENSON: Prior to even meeting you. And it's just really remarkable. And it's, and I just gotta say this. I'm just gonna say it like it is. You know, the way that our system is constructed, you know, this is, what, f- over $5 trillion spent in healthcare in the last, you know, annually at this point. 5.7 tri- some crazy amount of money, and yet we're the sickest society in the world. You know? We're just not getting better. And people are not living longer, per se. They're dying longer. So we're great at, like helping to subdue some of the symptoms. But the quality of life is just diminished so much. And what you are giving people is something that is already within them.

And, you know, again, to say that this isn't making money for that system, you're generating incredible wealth for the economy by people getting back their quality of lives and being able to contribute, and being able to, you know, invest that back into society. And so ..

DR. HOWARD SCHUBINER: And it's beginning to, it's beginning to be noticed because of the research in part in the medical field. This change that's happening in society is not gonna come from within medicine for the most part, because it's probably too well entrenched. All these economic incentives, et cetera, are kinda going in the wrong direction. But, you know, including the pain reprocessing research, we also have some research, randomized controlled trials with emotional awareness and expression therapy, this emotional type processing work.

And these randomized controlled trials have shown far better results with this method than the standard psychological treatments for pain, which is cognitive behavioral therapy. And so it's beginning to be recognized if you look in some of the publications. The AARP had a magazine the other day where they mentioned pain reprocessing therapy and emotional awareness and expression therapy as standard treatments.

It's getting into the literature, and so, you know, we're optimistic. Right. We're optimistic that this change will, you know, gradually... It's a person-to-person thing, really. It's not-- People just have to discover it for themselves and hear about it.

SHAWN STEVENSON: Yeah. And this isn't-- And this, again, just to summarize this isn't an investment in this multi-trillion dollar system in a monetary way, really. Again, this could be the cost of a book or the ability for a patient to come see you. Yeah. And, you know, again, having these tools and being directed to a treatment that is already within them. And so I gotta say this outright, it's the most valuable treatment that there is, and there isn't a a price that you can place on that when somebody gets their life back or just to feel better, just to be able to do some of the things they wanna do in their life or just to reduce the volume of that pain or turn that pain off.

And I appreciate you so much for doing this work and for, you know, really being a powerful leader, you know, to really get this message out there. And more practitioners, again Several of the people that you've helped that, you know, that I know, they're MDs as well. And so they- them being able to affect their patients in a greater way.

DR. HOWARD SCHUBINER: When people do this work and they find it for themselves, the first thing they wanna do is they wanna tell somebody else. The first thing they wanna do is they wanna help other people. And that's the gift that keeps on giving, and that's why this work has been so great, 'cause we've trained so many people.

We're training people all the time. We're affecting people, and that's a person-to-person thing that lead- leading to a spiral of recovery. And nothing could be more, nothing could be more gratifying than seeing that 'cause it's the ideas. It's not me. It's not one person. It's not one research study. It's the putting it all together. And it's the ideas that make a difference. And there's nothing more powerful than a good idea whose time has come. Yes. And so that's what we're talking about. Is this the time? You know, what time is it? And is this the time that we should we can s- begin to see this spreading and making a bigger difference?

SHAWN STEVENSON: Yeah. It's time to wake up. Unlearn Your Pain. So what can people expect from the new book?

DR. HOWARD SCHUBINER: Well, I try I tried to not hold anything back. I tried to put everything we know about it. You know, all the research that we have is in there. All the science is in there. The science of the brain, how the brain works. There's a whole chapter on placebo and nocebo effects we hinted about a little bit. There's sections on each of these processes that we talk about. There's a lot of myths that are exploded in there. Myths, there's about, there's four big myths about back pain. There's some myths about depression and antidepressants.

So there's a lot of stuff, a lot of stuff in there. And then there's a whole sequence on treatment, on pain reprocessing, on emotional awareness. All that stuff is in there. So there's actually a recipe in there for people if they want to use the techniques for themselves. And a lot of times people don't need a doctor. They don't need a therapist, you know? They can really find what makes sense for them and use the model to get better.

SHAWN STEVENSON: That's right, The Model Health Show, baby.

DR. HOWARD SCHUBINER: The model.

SHAWN STEVENSON: Where can people pick up a copy?

DR. HOWARD SCHUBINER: It's you know, it was published by The Open Field, which is Maria Shriver's imprint through Viking Penguin Life, which is Viking Press, which is Penguin Random House. You know, it's big. So it's available, it's available everywhere. And we do have... I wanna say one more thing. We do have a nonprofit organization, The Association for the Treatment of Neuroplastic Symptoms. This is our nonprofit, educational 501[3]. I'm on the board. We've got a lot of great people, doctors, therapists, the public.

Anybody can join our organization. In a sense, it's a movement of people who believe in this work and wanna tell others about it. And you know, we have an annual conference, and we

have lectures and all sorts of stuff that we're really trying to, you know, not profit off of this work so much, but spread it in a way that's educational.

SHAWN STEVENSON: Yeah. I believe that this is gonna be normalized, this information, this science this treatment, because it works. And as you mentioned, there's nothing more powerful than an idea whose time has come. And people want to feel good. They want to live a full life. And just to go back to that sentiment, we don't describe what we see. We see what we describe. Right. And we can start to describe a world that really works for us a body and a sense of purpose that works for us, and start to cultivate our life around that. But we're gonna have to take back control of our minds, you know? Yeah. And really get this training, get this education. One of those first dominoes with unlearning your pain is the awareness.

DR. HOWARD SCHUBINER: Right. Right.

SHAWN STEVENSON: And so you do such a great job of again, peeling back the layers, lifting the veil so we can see oh, and you start to inquire, and, you know, it's really special. So everybody pick up a copy. Unlearn Your Pain right now everywhere that books are sold.

DR. HOWARD SCHUBINER: Oh, it's such a pleasure, Shawn. I ca- I appreciate you, appreciate what you're doing. Thank you.

SHAWN STEVENSON: Same. Same. I appreciate you so much. The one and only Dr. Howard Schubiner, everybody. Thank you so much for tuning into this episode today. I hope that you got a lot of value out of this. If you did, please, you already know what to do, share this with somebody that you care about. This is a very powerful and important topic to get more education on, as we discussed. Awareness is one of the first dominoes with helping to ease and even cure, and I don't use a term like that lightly, but to be able to truly have an effective and sustainable treatment when it comes to pain. This resource with Dr.

Schubiner is invaluable. So absolutely make sure to check out his new book, Unlearn Your Pain. Follow him, check out his work through his other videos, and he's actually a part of an incredible documentary and literally just going through and sharing the experience of

patients who've gone through this therapy and when so many things failed them and they tried what they believed to be everything to reduce or to eliminate the pain that has debilitated them in their lives and finally being able to find a solution.

Dr. Howard Schubiner is truly a pioneer and a leader in not just pain management, but finding real science-backed solutions. So please share this with somebody that you know this could be helpful for, and let's make good health, let's make education, let's make empowerment go viral, all right? And it happens just one person, one share at a time. So make sure to share your voice. You could share this on social media as well, and you can tag me. I'm @ShawnModel on Instagram. Just share your voice, and again, you never know whose life you can touch who are looking for solutions because tens of millions of people here in the United States alone are dealing with chronic pain every single day, and they are looking for a solution.

And we have on today, this individual that you heard from has published multiple well-constructed peer-reviewed studies in some of the world's prestigious peer-reviewed journals in outperforming standard of care over six times in one of his recent studies, six times more effective utilizing his strategies versus standard of care. And so it's incredibly powerful and valuable. And again, I appreciate you so much for sharing your time with me today and of course, extending your ability, sharing your voice to help other people. We've got some amazing masterclasses and world-class guests coming your way very soon, so make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon.