

TRANSCEND PAIN, ANXIETY, ANGER,
and REPETITIVE UNWANTED THOUGHTS



CALM YOUR BODY

HEAL YOUR MIND

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UNCORRECTED PROOF

Introduction

“The cave you fear to enter holds the treasure you seek.”

—JOSEPH CAMPBELL, *A Joseph Campbell Companion:
Reflections on the Art of Living*

If you’ve picked up this book, chances are you know what it feels like when your mind becomes your worst enemy. Perhaps you lie awake at night as the same worrying thoughts circle endlessly: *What if I lose my job? What if something terrible happens to my family? What if I’m not good enough?* Maybe you experience more intense, intrusive thoughts: *What if I hurt someone? What if I’m going crazy? What if I can never escape this mental prison?* Or perhaps your mind replays past mistakes on an endless loop: *Why did I say that? Everyone thinks I’m an idiot. I always mess up everything.*

These repetitive unwanted thoughts—what I call RUTs—affect virtually everyone, but they exist on a vast spectrum. An estimated 95 percent of people have some level of unwanted thoughts, and they interfere with the quality of life for about 70 percent of us.¹ One problem in understanding their prevalence is that many people don’t want to admit having them, much less discuss them, because they often feel intensely inappropriate and disruptive when they arise, and tend to worsen over time. My acronym for repetitive unwelcome thoughts—RUTs—highlights the idea that these thoughts can drive our thinking and behavior into a deep rut.

Some people experience occasional ruminations that keep them up at night or distract them during important moments as they go through their day. Others find themselves in the deepest, darkest abyss of destructive thinking, when every waking moment feels like mental torture. You might be a high-functioning professional who appears successful on the outside while battling an internal storm, or someone who has lost nearly everything to the relentless assault of anxious and angry thoughts, or a person caught

somewhere between these extremes. Wherever you fall on this spectrum, if you have ever struggled with RUTs, you are in good company.

My Journey into the Abyss

One late evening in 1990, I was driving home to Seattle, Washington, feeling good about the Spine Society meeting I had hosted. I was tired after a long day. As I cruised down the ramp onto the Lake Washington floating bridge, I suddenly began to sweat, and my heart raced uncontrollably. I became light-headed and felt as though I might pass out. Traveling at fifty miles per hour in traffic, I couldn't pull over. For over a mile, I struggled to stay on the road. Then, as mysteriously as they had begun, the symptoms faded. Relieved, though still shaken, I cautiously drove the rest of the way home.

My sense of relief was short-lived. Not knowing what had just happened, or why, was terrifying. Why wouldn't it happen again? Even though I was a physician and an experienced spine surgeon, I had no firsthand experience with anxiety that I recognized and had never even heard of a panic attack. I learned from my internist friend that it is caused by the body experiencing a normal stress response of fight or flight, without an apparent reason.

About six weeks later, on a sunny Saturday afternoon, while relaxing at a college reunion with friends, I experienced another full-blown panic attack. I was grateful not to be in my car but rather at a close friend's home. I spent the next hour upstairs, lying on the hardwood floor of a bedroom. When I re-engaged with my friends, I was fine and told them I had a family matter that needed my attention. Then, another attack struck while I was on the freeway heading back to my hotel.

I discussed the situation with a colleague, and he prescribed Prozac. After taking it for about five days without noticeable effects, I doubled the dose. Chaos ensued as I had a severe adverse reaction. I became so overwhelmed with anxiety that I couldn't sleep for an entire week. That marked the beginning of what I now describe as "the abyss," a prolonged period of unrelenting anxiety, depression, and multiple pain symptoms without the slightest glimmer of hope for an end.

I was thirty-seven years old when I crossed that bridge spanning Lake Washington, and experienced the first of many panic attacks. In just one minute, I changed from a fearless, complex-spinal-deformity surgeon into someone

battling relentless, growing anxiety along with sixteen other progressively worsening mental and physical symptoms. These included migraines and tension headaches, burning feet, major depression, tinnitus, migratory skin rashes, an itching scalp, heart palpitations, fatigue, back and chest pain, and tendonitis in both my arms and legs. As I struggled to stay functional, I withdrew from my family, friends, and colleagues, and the social isolation became overwhelming. My RUTs had become noticeable during my orthopedic training ten years earlier, but this bridge incident marked an unexpected surge. Of my seventeen symptoms, the RUTs and the social isolation were the worst part. For the next fifteen years, I couldn't escape this downward spiral.

How could I be experiencing so many symptoms? I consulted with many physicians and underwent numerous diagnostic tests. It made no sense, and I found no relief until I finally learned that all these symptoms were originating from a common cause: sustained threat physiology.

The Physiology of Mental Pain

Physiology is a term that describes how the body functions, encompassing factors such as blood pressure, body temperature, sweating, heart rate, digestion, and a wide range of other bodily processes. The body maintains an intricate balance of interconnected systems to function precisely and sustain life and health. Like a finely tuned race car, everything must work in flawless coordination. It takes only a few glitches for the vehicle to malfunction. Like warning lights in a car, the danger signals (symptoms) flashing in your body, if ignored, will eventually result in chronic illness and disease—in other words, dysfunction. The term we'll use for the body being on alert is "threat physiology."

Imagine a cat stalking through tall grass, every sense alert for predators. The moment it detects a threat—the snap of a twig, an unfamiliar scent—it instantly transforms its entire physiology. Heart rate spikes, muscles tense, and stress hormones flood the system. This is threat physiology, and it's beautiful in its efficiency. The cat either escapes the danger or fights it off; within minutes, it's back to grooming itself peacefully in the sunshine. The threat response has served its purpose and switched off completely.

Our earliest human ancestors operated with the same elegant simplicity. They faced genuine external threats—predators, rival tribes, natural

disasters—and their bodies responded appropriately. When the danger passed, they returned to a state of “safety physiology”: rest, digestion, social connection, and healing. But human consciousness came with an unexpected cost. Unlike other animals, we don’t simply respond to external threats—we create internal ones through our thoughts. A worried thought about losing your job triggers the same physiological alarm as a saber-toothed tiger charging toward you. Your unconscious brain can’t distinguish between a mental or physical threat. The problem is that while the saber-toothed tiger eventually either catches you or gives up, your worried thoughts can continue indefinitely.

Now consider the stressors of modern life, including career demands, family conflicts, financial pressures, and nonstop news and social media feeds. There is little time for rest in this state of sensory overload. It’s no wonder that millions of people are stuck in chronic threat physiology. We’re living like cats that can never stop scanning for predators or settle into the restorative peace of safety physiology.

As your brain becomes inflamed, blood flow shifts away from your pre-frontal cortex, the thinking and rational part of your brain, to your limbic system, the ancient fear-and-survival center.² This is why you can’t simply “think your way out” of anxiety or depression. Your physiology has hijacked your higher levels of thinking.

In a state of sustained threat physiology, every cell in the body, including those in the brain, is bathed in stress-related chemicals and responds in its unique way. But why the anxiety and obsessive thoughts? The nervous system is also involved and becomes hyper-reactive. In short, our thoughts are caused by threat physiology, and in turn, the thoughts become a source of threat that we cannot escape. It is a torturous loop.

Everything changed when I discovered the difference between “threat physiology” and “safety physiology.” As I learned to regulate my stress response, I became symptom-free and have remained so ever since. I’ve dedicated my career to helping others achieve the same freedom.

Repetitive Unwanted Thoughts

Repetitive unwanted thoughts (RUTs) are a universal phenomenon arising from the interplay between the conscious and unconscious brain. Since, for

most of us, stress is a constant factor of modern life, these thoughts can be unpleasant and persistent.

For example, if a friend hasn't called you back promptly, you might ask yourself, *Did I say something to upset them? Do they like me anymore?* Other situations might prompt you to think, *I am not good enough. No one likes me. I am too thin, tall, short, overweight, ugly, stupid, unathletic, unlikeable, unlovable, weak, dull, boring, incapable. I'm a fraud, an imposter, worthless.* Most people feel others have more than they do. This causes fear of missing out (FOMO). These thoughts feel so real and urgent because your body is treating them as actual threats. Then, when we fight them, or try to prove them wrong, we inadvertently reinforce them—a phenomenon that we'll examine more closely in chapter 1. Why don't we have repetitive pleasant thoughts? We don't resist them.

Unwanted thoughts range from mild to intrusive. The duration and severity of your stresses influence their intensity, frequency, and degree of interference. Where do your thoughts fall on this spectrum?

- **Nonissue:** You occasionally notice them, but you are enjoying your life.
- **Irritating:** They are a part of life and don't interfere much with your day-to-day experiences. "I would like to lose some weight." "I wish I had accomplished more."
- **Disruptive:** Perhaps you are upset with someone who did not appreciate you. You feel as though they don't like you. That may or may not be true, but your mind continues to analyze the evidence. Even when you are on a dream vacation, relaxing in the sun, these thoughts keep spinning around.
- **Disturbing:** As their intensity and frequency escalate, they might consume a significant portion of your day, leaving you with less energy to enjoy it. The focus might be on your body image, accomplishments, personality, experiences, or intelligence.
- **Intrusive and invasive:** You have inappropriate, destructive, and bizarre thoughts. They are embarrassing and make you question your sanity. They cannot be suppressed without consequences.

Most people feel that they don't have OCD, and they don't. It is a condition with a lifetime incidence of 2 to 3 percent.³ Psychological diagnoses have significant overlap, the criteria for specific diagnoses are vague, and there

is considerable debate about their value, aside from their use for billing purposes. One research paper has looked at the five most commonly used categories of the Diagnostic and Statistical Manual of Mental Disorders (DSM) mental health coding system: schizophrenia and other psychotic disorders, bipolar and related disorders, depressive disorders, anxiety disorders, and trauma- and stressor-related disorders.⁴ This paper also cited other studies. One showed there are almost 24,000 combinations of symptoms for panic disorder in the DSM-5, which is the authoritative diagnostic manual for mental health disorders, and only one for social phobia.⁵ The findings of another paper is even more unsettling, in that in the majority of diagnoses in DSM-5, 58 percent of people could receive the same diagnosis and not share any common symptoms. This paper goes into great detail analyzing the problem of creating such specific diagnoses from multiple vague symptoms and perspectives.⁶

Diagnostic mental health diagnoses, in my experience, are not only unhelpful but also cause a lot of damage. When a person is labeled, the diagnosis follows them. Often, they unconsciously live out the diagnosis. It is the reason I will not refer to any mental health diagnoses in this book. That being said, OCD falls under the intrusive and invasive category of ruminations. It is the diagnosis I carried, and it is considered a condition to be managed, not solved. It took me a long time to escape it, and I almost gave up. There is a well-documented link between rumination and suicide.⁷ The same concepts that helped me escape this misery can also apply to anyone with less severe manifestations of repetitive thoughts.

From Spinal Surgery to Solving RUTs

There are many extremely stressful professions, with spinal surgery being among the most demanding. The training is long and rigorous, and that is easy compared to dealing with the demands of being in practice. For most of my career as a medical resident and surgeon, I had no idea how to cope with the stress effectively.

I began my career with two years of internal medicine training before I entered my orthopedic residency in Honolulu, Hawaii. I spent six months in an orthopedic trauma fellowship and finished my training at a renowned complex spinal deformity fellowship in Minneapolis, Minnesota. When I

began to practice in Seattle in 1986, I instinctively spent time with my patients before and after surgery to optimize the outcome, but I was also aggressive in performing fusions for back pain. During that period, Seattle was performing a high number of spine fusions compared to the rest of the country, and I was enthusiastically a part of it all. In 1993, a published paper showed that the success rate of a spine fusion for resolving lower back pain was less than 30 percent.⁸ So, I stopped performing the fusions for back pain, but I did not have effective alternatives. In the meantime, I was spiraling down into my own ordeal of chronic pain.

I tried everything to pull myself out of my misery, and if something seemed to help, I would offer it to my patients and carefully observe what appeared to help them. When I escaped from my multitude of symptoms in 2004, I had little idea of why it all had happened in the first place or how I had escaped. In 2009, I met Dr. Howard Schubiner, who was a pain specialist from Michigan.⁹ He was the keynote speaker at a conference I was hosting. As he presented the thirty-three symptoms of Mind Body Syndrome, I counted that I had seventeen of them. My wife and I had met him the evening before the conference. She walked up to him without trying to give me away, and she told him she had a friend with these symptoms. He immediately said, “You mean your husband?”

That was the beginning of solving the complex puzzle, and many concepts snapped into place. I published the first edition of *Back in Control: A Surgeon's Roadmap Out of Chronic Pain* in 2012, and the second edition in 2016.¹⁰ I also created a Back in Control website that presented an organized self-directed healing plan. That is when patients began not only to heal, but to thrive at a level they had not realized was possible.

I began implementing the concepts from *Back in Control* at least three months before every elective surgery. More than a hundred patients with surgical lesions cancelled surgery because their pain resolved and remained that way. When I performed surgery, the outcomes were more consistent. It was gratifying to see patients who had felt hopeless and trapped resolve their pain symptoms. I noticed that anxiety would drop along with the physical pain.

My protocol was to have them fill out a detailed intake questionnaire, which provided almost everything I needed to know about their conditions and their living circumstances. I gave them their “homework” of reading

Back in Control and working through the website. A few weeks later, we would meet again and begin the healing process. Not every patient was willing to engage with the material, but most were willing to give it a try. I took the time to get to know these individuals and guide them toward deep healing.

Understanding anxiety and anger was always part of the process, and it took me a while to understand that chronic mental pain and chronic physical pain are closely intertwined. You cannot treat one without the other. The treatment approach is the same: Learn the tools to regulate your body's chemical responses to inputs, shifting from threat to safety. Eventually, I witnessed hundreds of patients become free of pain—physical and mental.

Meanwhile, I was seeing many patients being badly damaged by failed spine surgeries. Often, the effects were devastating. Usually, the first operation was performed for chronic lower back pain from “degenerative disc disease”—in other words, a normally aging spine. Seeing patients heal at minimal financial expense and physical risk compared to the expense and devastation of a failed spine surgery, I decided to quit my clinical practice in 2018 to advocate for data-based healing concepts.

In 2020, I met Dr. Stephen Porges, a pioneer of the Polyvagal Theory,¹¹ and his wife, Dr. Sue Carter, a prominent researcher in peptides and sex hormones.¹² We formed an informal scientific study group, drawing on insights from thought leaders in clinical and basic science research as well as clinicians from diverse disciplines. Stephen and Sue had numerous connections in many fields, including evolutionary biology, neurophysiology, endocrinology, genetics, and psychology. Their lifetime of relationships with diverse experts facilitated a productive exchange of ideas. We met about twice a month, and the combined knowledge emanating from this group has been groundbreaking. Clinicians involved in patient care have made significant changes to their practices as a result of this dynamic exchange and, in turn, have educated basic science researchers. Many concepts in this book have come from this study group. It still meets regularly, and we are continuing to dig in and refine our knowledge base.

My current efforts operate at the intersection of medicine and mental health, where breakthroughs in our understanding of physiology, neurology, and clinical medicine merge with advances in psychotherapy and behavioral science. I call this approach Dynamic Healing, which addresses

the whole person and root causes—not just isolated symptoms. I work with people through a combination of workshops, online programs, and group sessions. I actively teach interested medical professionals and spend a significant amount of time educating the public through various media. Many people find me after years of suffering and ongoing, endless rounds of traditional therapy with minimal improvement. Others have tried every medication available. I have discovered that anyone can heal, regardless of the length of time they have been in pain.

It took me many years as a spine surgeon to realize that many of my patients weren't seeking relief only from physical pain; they were desperate for relief from severe anxiety, depression, and the mental torture of RUTs. I had escaped my own mental prison of anxiety and RUTs and had watched others heal. However, I realized that there were some additional factors involved in addressing these persistent unwanted thoughts.

Many years ago, I worked with a middle-aged woman who had done incredibly well with the healing concepts presented in *Back in Control* and the action plans on my website, www.backincontrol.com. Her diffuse body pain had been resolved, and she resumed an active lifestyle on her farm. I had gotten to know her well and stayed in touch. About five years later, she began experiencing intense, intrusive thoughts, although she did not experience a recurrence of her pain. That motivated me to figure out more about RUTs. Early on, addressing anger seemed to be the tipping point for healing, or remaining in, pain; but I did not comprehend the physiological nature of anger. Nor did I understand RUTs. No matter how hard I tried, I could not help her.

Recently, a young professional contacted me about persistent lower back pain. It quickly came to light that he was suffering from intense, intrusive thoughts. He had been in this state for over fifteen years, and had read numerous self-help books and tried almost everything. His condition kept worsening. Over a period of four months, through multiple conversations and the implementation of the strategies presented in this book, he resolved his RUTs, and years later he continues to thrive. As a licensed social worker and counselor, he had enough medical and psychological knowledge to understand how and why this strategy worked, and his feedback has helped me gain a deeper, more precise understanding of ruminating thoughts. We will revisit his story at the end of the book.

How This Book Is Different

If you're familiar with my previous book, *Back in Control*, you'll notice that while both books address chronic pain, this one focuses specifically on mental and emotional pain, which is often even more debilitating than physical symptoms. I wrote *Back in Control* primarily for people dealing with chronic physical pain. *Calm Your Body, Heal Your Mind* is for anyone whose anxieties and negative thoughts have become a source of suffering.

The healing plan offered here fundamentally differs from other self-help approaches to anxiety and intrusive thoughts: Rather than merely learning to manage or cope with your symptoms, you'll learn to address the root cause of your symptoms, which is the state of your physiology. Instead of fighting your thoughts, you'll learn to change the internal environment that gives rise to them.

Calm Your Body, Heal Your Mind can also serve as a foundation and framework for other therapeutic tools and can be combined with other interventions. Once you have a strong grasp of these concepts, it is easier to choose effective treatments. The solution isn't another coping strategy—it's a transformation of your nervous system that allows for sufficient safety physiology, enabling healing to occur naturally.

Who Is This Book For?

If you ever feel imprisoned by your own thoughts, this book is for you. You might be dealing with:

- anxiety that seems to come from nowhere and everywhere at once
- obsessive thoughts that won't leave you alone
- rumination that keeps you awake at night
- anger that erupts without warning
- depression that feels like a heavy blanket you can't remove
- perfectionism that makes everything feel like a potential disaster
- social anxiety that isolates you from meaningful connections
- panic attacks that make you fear your own body
- intrusive thoughts that make you question your sanity
- any combination of the above

Whether your symptoms are mild or severe, whether you've struggled for months or decades, whether you've tried traditional therapy or medication with limited success, the principles in this book can help you reclaim your mental freedom.

The Path Forward

I've organized this book into four main parts to guide your transformation.

Part One: Defining the Problem will show you how repetitive unwanted thoughts develop and why they persist. You'll discover the science behind threat physiology and safety physiology, and why trying to suppress unwanted thoughts makes them stronger.

Part Two: Stuck in RUTs will teach you about the neurological and physiological mechanisms that can keep you in a mental prison. Understanding them is basic to learning strategies that will ultimately set you free. You'll understand why your body holds the key to healing your mind.

Part Three: Your Healing Journey will guide you through a comprehensive fourfold approach to transcending RUTs and reclaiming your life. Rather than chasing symptoms, you'll learn to transform the underlying conditions that create them. You cannot fight RUTs, but you can "give up" the unwinnable battle and allow your body to heal.

Part Four: Your New Life shows how you can actively create the life you want. The transformational journey isn't always quick or easy, but I've now seen it happen hundreds of times, and I've experienced it myself. The mind that once felt like your greatest enemy can become your most trusted ally. The thoughts that once tormented you can fade into the background noise of a life fully lived.

Your healing journey begins now. Let's take the first step together.