

**Shrink Rap Radio #341 March 7<sup>th</sup>, 2013**

**“The Hidden Psychology of Pain”**

**Dr. David Van Nuys Ph.D., aka ‘Dr. Dave’ interviews Dr. James Alexander PhD**  
(Transcribed from <http://www.shrinkrapradio.com> by Gloria Oelman)

**Introduction:**

My guest today is Dr. James Alexander and we’ll be discussing his new book *The Hidden Psychology of Pain*. By way of biographical statement Dr. Alexander writes: “I became a psychologist after the harrowing experience of being nearly killed in a car accident as an 18 year old when my VW Kombi van was hit by a drunk in a head on car accident. The van collapsed in on my legs and trapped me in a badly injured state for the next two and a half hours before being freed. In addition to being very physically damaged, I was emotionally traumatized by the experience. When I began to physically recover, I found a collection of pop-psychology self help books in my father’s book shelf, and my psychological recovery began. Within the year, I decided I wanted to become a psychologist so as to help other people that had been similarly traumatized. This was 30 years ago, and for the past 25 years, I have been providing psychological services to a broad range of people in hospital settings, pain management clinics, rehabilitation services, and for the last 10 years, in private practice in NSW, Australia. I have a PhD in clinical health psychology, and because of my interest in mind/body health issues from this, as well as resulting from the chronic pain, which I experienced for 18 years following my accident, I have chosen to specialize in the psychological treatment of chronic pain and psychological trauma. Whilst open to a range of approaches, I am these days primarily an EMDR practitioner. Ironically, this approach has opened me up to depth-psychology approaches as well. I am a founding Fellow and current Board member of the Australian Association of Psychologists.”

In addition Dr. Alexander is author of the 2012 book *The Hidden Psychology of Pain*.

Now here’s the interview.

**Dr. Dave:** Dr. James Alexander welcome to Shrink Rap Radio.

**James Alexander:** Hello, Dave, thanks very much for having me here.

**Dr. Dave:** Well, it’s great to have you here, officially. You and I have chatted back and forth some and you helped me put together a Shrink Rap Radio jingle that I was able to sing along to and we’ve had some good sharing back and forth over email and Skype. So I’m pleased to be able to now have you on in, quotes – I’m making air quotes – in an official capacity as a guest.

**James Alexander:** Yeah, well I don’t think our song will win too many awards but it was certainly good fun putting it together.

**Dr. Dave:** Well, I don't know – the Academy Awards are this weekend so we can keep our fingers crossed. Maybe there'll be a mention or something.

**James Alexander:** Could very well be.

**Dr. Dave:** Yeah. Well I've wanted to interview you about your book – I believe it's just recently come out and it's *The Hidden Psychology of Pain* and boy, what an authoritative and complete book it is.

**James Alexander:** Thank you.

**Dr. Dave:** Yeah. Well I seem to recall from one of our earlier discussions and also I think you mentioned it a bit in the book that you learned about pain first hand as a result of a tragic accident when you were a teen. Maybe you can give us a bit of a run through on that.

**James Alexander:** O.K. well when I was 18 years old, my ambition was to drive around Australia in the course of a year in what we here call a VW Kombi van. I'm not sure what you call it in America but it's a VW van and I was probably about 2,000km away from home one night when I was run into in a head on car accident by a drunk driver.

**Dr. Dave:** Oh, no.

**James Alexander:** And I was told later on that I was trapped in the car for two and a half hours before they could free me from the wreck. Time sort of lost any real meaning to me. I was passing in and out of consciousness, I had snapped every bone in my right leg in half and broken two ankles and cracked my skull and for all intents and purposes I was basically bleeding to death and in a state of shock. So it could have been two days, or two minutes for all I was aware but I was trapped in the car apparently for two and a half hours before they could eventually free me. After that I had to undergo surgery and I was in hospital for about six weeks and then I spent around six months on crutches and then a couple of months on a walking stick before I eventually physically recovered and at around the time when I began to physically get better, my emotional recovery began. I wouldn't say it ended at that point but it certainly began around the time when I started to get physically better and it was probably around twelve months after the accident happened that I began to have a pain in my left groin, which felt like a permanently torn groin muscle and this pain stayed with me for the next 18 years. Well, in fact it was from about the age of 20, so it's probably a year and a half after the accident, until I was 38 and like most people that experience a persistent pain, I sought any intervention I could to try and help with that and this included physiotherapy treatment and chiropractic treatment and basically nothing made any difference to it whatsoever. The pain was such that if I was working physically for a living, probably around fifty per cent of the time I would have been unable to work at all, so I was lucky in the sense that during the first quite a few years of that experience I was a student and then I went on to become a psychologist, so obviously wasn't needing to use my body physically...

**Dr. Dave:** Let me cut in there and ask if that experience – that very traumatic experience – did that have any bearing on your later decision to become a psychologist?

**James Alexander:** Absolutely. It was probably somewhere between 6 and 12 months after my accident – well, in fact it was around 6 months after I had my accident that I discovered self help psychology books in my father's bookshelf and this got me into the practice of daily meditation and developing a level of awareness about psychological issues that I never had before in my life, so at this stage I was probably 19 and it opened up a whole new world to me and I became an info-holic. I was a voracious reader of psychology self help books and probably read just about all the self help books that were available at the time and within a few months... and in fact this is what began my psychological recovery... it wasn't until I came across these books, that I began to emotionally recover from the shock and the trauma of the accident and it was probably within 6 months of discovering these books that I decided that I wanted to be a psychologist so that I could help people that had been traumatized in similar ways.

**Dr. Dave:** It probably wouldn't be too great a leap on my part to assume that it also impacted your career choice of becoming a chronic pain specialist – would that be right?

**James Alexander:** Yeah, well it was many years later... it wasn't until I was thirty eight, so twenty years after the accident, that I became aware that psychology actually had a role to play in therapeutically working with chronic pain. Between the ages of 23 to 38 I was focused on... in terms of my pain, I was focused on a physical way of making sense of the pain experience. So, I'd been told by a physiotherapists and chiropractors that my pain was resulting from damage to my spine and/or to my hips which resulted from the car accident, which then sent a referred pain into my groin by pinching a nerve. And so I was satisfied with that explanation for 20 years, regardless of the fact that the explanation did nothing to help to resolve or reduce the pain whatsoever and it wasn't until I was 38 that I came across the notion that psychology could have a role to play in explaining chronic pain and therefore eradicating chronic pain. So, by that stage I was well and truly into my career as a psychologist and up until that point in time I hadn't seen psychology as being a relevant factor in chronic pain, so I guess my work in psychology up until that time was focused primarily on helping people with psychological trauma in all the various forms that it comes in and it was when I came across the notion that psychology could have a role to play in addressing chronic pain that I thought 'Well, this is a wonderful possibility here' and I was working – as all psychologists do – I was working and seeing quite a few people that were in chronic pain amongst my general case load and where, in the past, I hadn't considered there was much that I could do to help them other than to help them to adjust to being in pain, when I was 38 I came across the notion that I could actually work therapeutically with their chronic pain to help them to eradicate both it, as well as the trauma which is often underlying the chronic pain.

**Dr. Dave:** Yeah. You tell a delightful story in your book – first of all you do almost 180 degree turn in your career because you were trained as and started out primarily as a behavior therapist but later you become tuned into the importance of

psychodynamics and the unconscious and in the book you tell the story of your wife convincing you to go to a special workshop, so tell us about that experience.

**James Alexander:** Yeah, well this was probably still in my early 30s at this point. I guess I'll preface this by saying that when we were 30 we relocated our family from Melbourne, which is a major capital city at the very bottom of mainland Australia and we moved 2,000km to the north to an area which is... it has a whole lot of different sort of different names it goes by but one of the names that it goes by is *The Rainbow Region* and it's probably our cultural equivalent to your California and as a result I was exposed to a whole lot of very innovative and funky ideas in health care and psychology and one of those was rebirthing and my wife had attended a week long residential rebirthing workshop and found it a wonderful and therapeutic experience for her. Being a relatively young family with young kids at the time and with pressures on, we were facing some of the normal pressures and strains that young marriages face and I was given something of an ultimatum to attend this rebirthing workshop, which I'd been married for long enough to know the wisdom of following this suggestion from my wife and I attended the rebirthing workshop – as I said it was a week long residential workshop and I guess you could say that as a cognitive behavioral psychologist, there would probably be nothing more removed from my world view and my notions of psychology than rebirthing. You probably couldn't get anything more diametrically opposed to where I was as a psychologist at the time.

**Dr. Dave:** Well, a lot of people would not have heard of rebirthing because it was very popular, I think, in the early seventies in places like California and California like places, can you just give us a quick thumbnail sketch?

**James Alexander:** Well to be truthful about it, I never explored it in a great detail, other than simply doing it for a week. It involves accessing deep unconscious psychological material through your breath – it's often called breathwork as well and there's a particular pattern of breathing that you're instructed in, which involves sharp, shallow rapid breaths and maintaining this breathing pattern for some time and this seems to somehow evoke a connection with deep unconscious material. Now I can't really explain why that happens, I can only tell you about my experience and on the first night of the workshop I could not have been any more skeptical than what I was – I was there simply because my wife had told me this is where I needed to be and I had been instructed in this breathing technique. I was laying there on the ground – there's probably about 20 people in the workshop – so we were broken up into pairs – 10 pairs – and I was laying there on the ground with somebody sitting next to me guiding me through the experience, following the instructions, laying there breathing rapidly and all that was going through my mind was 'What an incredible waste of time this is and what madness had I allowed myself to get involved in as a cognitive behavioral psychologist. It's costing me good money to lie here and breathe rapidly' and after about five minutes of doing that, I became cold and I thought 'Fantastic, now I'm lying here breathing rapidly, paying for the privilege and now I'm getting cold' and then after another five minutes or so, I started to shake and my body began to gyrate fairly vigorously and none of this was happening with either my conscious intention, nor might I say even being open to the idea that anything was going to happen and as this continued my body was gyrating fairly uncontrollably – and I was still doing the rapid breathing – in a moment I was transported, in a virtual reality way, back to the time when I was wheeled into the emergency department of

the hospital after they'd freed me from the car wreck and I could have sworn that I was there – it was a complete sensory re-experience and a visual re-experience. I guess I didn't... I didn't feel the physical pain when I was doing it, revisiting it through rebirthing but you could say every other aspect of the experience was basically there for me. The visually, the auditory experience, the emotions, the thoughts that were racing through my head – for all intents and purposes I was back there and it took me back to a moment that I have since clearly remembered. When I was 18 years old and I was on the examination table, I had probably... given mind I'd just been freed from being trapped in a car wreck for about two and a half hours, I'd lost most of my blood supply, I had bones sticking out of my body. My femur was sticking probably four inches out of my thigh, I'd broken multiple bones and been wounded all over the place and as you would expect I was in a highly shocked state – both emotionally as well as physically and there was a moment when the shock of the experience really dawned on me and I began to cry and within several seconds I noticed that quite a few of the medical staff that were around me, cutting items of clothing off me, checking my body, were attractive young nurses and as a dumb 18 year old, I became embarrassed and I stopped myself from crying. Now, I've since wondered whether that was a survival strategy to prevent me from getting fully in touch with the distress that I was obviously in, in that people often die from shock from the kinds of wounds that I had and it may very well have kept me alive and then again it may have just been the dumb embarrassment of an 18 year old boy. For whatever reason, I stifled my crying and I put a lid on it and I suspect that I put a lid on it for probably, well, right up to the time when I was in my early 30s and I had this rebirthing experience. When that was going on for me, when I was reconnecting with this experience, I began to bellow like a wounded bull and I was howling and howling and howling like a broken record that just simply wouldn't stop and part of me was aware of what was going on and thinking 'Wow, what is this about and where's this coming from?' So part of me was witnessing and observing what was happening to me while I was undergoing this in the rebirthing and another part of me was just simply giving full and free expression to the emotional trauma that I'd experienced and I continued howling like that for probably about 20 minutes, until the woman running the workshop came and started talking me out of it, or you know started talking to me about what was going on for me and started talking me down from that. But it was in that moment it was a very clear indicator to me that this distress that was finding an expression, was coming from a place within my psyche that I had previously had no conscious awareness of. I was definitely not intending to connect with this stuff, I had not programmed myself to connect with this stuff. In fact I believed it was a colossal waste of time and money and I resented it, so I certainly wasn't going there with any positive expectations. I had no conscious thought of connecting with my car accident experience in anticipation of going to the workshop but it came up spontaneously and it came up within a matter of probably ten or fifteen minutes, without any prior planning or programming or expectations and it was clearly coming from a place where I, being my conscious awareness, had no involvement. It wasn't coming from a conscious place, it was coming from a very deep place that for many years I'd had no conscious awareness of. In fact I'd got to the point where I related to my car accident experience as being something akin to a bad movie I'd seen many years earlier. I didn't like the movie but it wasn't happening now and it didn't have any impact upon me as far as I was consciously aware and I guess in the moment of this experience with the rebirthing, I became aware of the reality of the unconscious mind and the power of it and it's need for

expression and I guess it's kind of turned my world on its head, in that up until that moment, you could say you know half an hour earlier, I was a fairly standard cognitive behavioral psychologist that really gave no truck to the notion of the unconscious and certainly didn't work with the unconscious and saw there as being no real relevance to the unconscious in the work that I was doing with people and you could say half an hour later, I was completely and utterly aware of the existence of the unconscious and the relevance that it has for our moment to moment experience and the need to work with it therapeutically. So that's a long way of answering your question, Dave but yes, it certainly had an impact on me.

**Dr. Dave:** Well, it's such a powerful story and it is loaded with so much meaning and important messages I think for our listeners. It's a wonderful example of the hidden gems in adversity that can be discovered and of so much more, enough to kind of turn you around in terms of your whole direction in psychology. The title of your book in fact is *The Hidden Psychology of Pain* and so I assume what you're getting at by hidden, is this unconscious dimension.

**James Alexander:** Yeah, absolutely. I guess there's two ways that I'm using the word hidden and one is certainly referring to the fact that when we're talking about chronic pain as opposed to acute pain, which is a very important distinction and chronic pain is the pain that people feel beyond around the 3 month mark. So any of us may fall over and injure ourselves and the pain that we feel within the first three months is referred to as being acute pain. There's generally no medical mystery as to why we're in acute pain, if we've done soft or hard tissue damage, you know there's a recovery process that our body needs to go through and in fact the body's very good at undergoing this recovery process, in that let's say with all the bones that I broke in my body from the car accident, each of those had mended within about the 3 months, which is the standard time that the body requires to recover and pain that we have during that first 3 months is referred to as acute pain and really there's no medical mystery as to why people experience acute pain – clearly it's related to the injury and the recovery process. Chronic pain is the pain that we feel beyond the 3 month mark after the time which the body has needed in order to do the recovery work of both soft and hard tissue, give or take a small amount of time but it's roughly around the 3 month mark. So the hidden element to chronic pain, as you suggested, refers to the fact that there are often hidden psychological factors within us which are causally related to the experience of chronic pain, as opposed to acute pain and I guess it's just the kind of stuff that I learnt of and connected with through my rebirthing experience and of course that's just simply one person's account of becoming aware of the unconscious and there are millions of people across the planet that have their own stories of becoming aware of the unconscious, I'm certainly not on my own in that and of course if we have a look at the history of psychology a great deal of that is in fact focused on the unconscious and it's only in the last several decades that psychology as a discipline has lost this focus on the unconscious. So it was a revelation for me but it's obviously not a revelation for other people, or for psychology historically anyway. And that's the first aspect of the hidden quality of psychology when it comes to chronic pain and the second meaning of my use of the term hidden, is in reference to our cultural discussion of chronic pain. So for the last thirty odd years psychology has been largely hidden from the cultural discussion of chronic pain and ironically if we go back to earlier decades last century – if we go back to let's say the 30s, 40s and 50s and 60s of the last century there is a far greater awareness of psychological

factors in the cultural discussion of chronic pain and chronic health issues across the board. It's really only in the last three decades or so that psychology, in particular the psychology which is addressing unconscious factors, have fallen out of the cultural discussion of chronic pain and there's a whole range of reasons for that.

Psychology's become hidden from our cultural construction of chronic pain and like any people in any era in history, we tend to view this as being a reflection of reality, whereas in fact I think it's a reflection of our cultural construction of reality – in this case the cultural construction and discussion of chronic pain.

**Dr. Dave:** Well this gets into I think a section in your book where you talk about chronic pain myths, so how about taking us through some examples of the myths – cultural myths, I guess, that surround chronic pain.

**James Alexander:** O.K. Well there's an enormous amount of those and I've only referred to a few of them in my book. Well, probably the first one to begin with is that the spine is a fragile and vulnerable structure. Now the reason why I'm discussing the spine is because most forms of chronic pain in our culture present as chronic back, neck and shoulder pain.

**Dr. Dave:** Yep, I've got all of those (laughter).

**James Alexander:** O.K. Well, you're in good company, a very large part of the population has and I've certainly experienced pain in my back, so I know what it feels like. The assumption which has been fed by what we can, I guess, facetiously call the pain industry which involves the health professions in our culture which attempt to address chronic pain and primarily that's physiotherapy, chiropractic and some elements of medicine, makes sense of experiences of chronic neck, back and shoulder pain in reference to the spine and in particular in reference to spine pathology, such as disc pathology. When researchers, as opposed to clinicians, look at this whole issue of the relationship between disc pathology of the spine and the experience of chronic pain, what they find is that there is clearly no one to one relationship between those two experiences. Lots of this kind of research has been done over the decades and I'll give you an example of the research. Let's say if they get a hundred people off the street – ordinary people and they ask them... these are not people that are a clinical population and they ask these people 'Do you have any back, neck or shoulder pain?' If these people say 'No, I'm fine, thanks very much,' and they then take these people through X Rays or MRI scans to examine what's actually going on in their spine, it's not at all unusual for this kind of research to show that the majority of people that are pain free actually have demonstrable pathology in their spine and in fact some research suggests that in the pain free population, it's up to around sixty eight or seventy per cent of people that are not in pain, have demonstrable pathology in their spine and this is the exact kind of pathology of the spine which is usually viewed as being causing the chronic pain, when it's seen to exist in the chronic pain population. So that perhaps needs to be unpacked a little bit because there's enormous implications in that. So again, the myth is saying that we experience chronic back, neck, or shoulder pain because of structural pathology of the spine. However when the researchers actually get hold of this population of people that are not in pain, they find that most people have exactly the same kind of spine pathology which is typically seen in the chronic pain population and which is viewed as being the causal factor in producing chronic pain. Now this is a really important bit of research and in fact it's

been around for a long time and it keeps on being replicated. People over the age of twenty – the majority of people over the age of, or let's say between 20 and 40, that have no pain in their back whatsoever, the majority of these people have at least one site of structural pathology in their spine but they're not in pain and when we're talking about the population over the age of 40, the majority of the population have multiple sites of spine pathology but no chronic pain. Now these are very large parts of the population and what this is suggesting is that the structural problem in our spine and it might be a bulged disc, or a desiccated disc, or a disc intrusion or extrusion – these kinds of structural pathologies are basically statistically normal in the pain free population but when a person that has chronic pain goes to a physician or physiotherapist and they're assessed as suffering from this exact same kind of spine pathology, then the wrong one and one are put together and the conclusion is arrived at that the person is experiencing chronic pain because they have this spine pathology and in fact the spine pathology is more than likely simply a correlation to the experience of pain and not a causal factor. In fact when we look at the spine pathologies being statistically normal in fact spine pathologies are often referred to as grey hair of the spine, nobody's gonna suffer pain, well not physical pain, from grey hair, maybe there's some emotional pain that results from it but nobody's gonna suffer physical pain from grey hair. It's a benign experience which will occur to most of us if we are alive for long enough and the structural pathology of the spine seems to be in the same category – that the spine begins to naturally deteriorate from twenty onwards but it doesn't mean that we must be in pain from twenty onwards and when we hit our forties, the experience of structural pathology is so widespread that it's not a statistical abnormality at all. In fact it's a statistical normality and clearly by virtue of that fact, it can't be the causal factor that's producing chronic back, neck or shoulder pain. However this myth is very deeply entrenched in our society promulgated by the pain industry and it's not a conspiracy, I think it merely reflects what's been accurately referred to as the mechanistic bias in human sciences and human health professions, in that we've created a culture where we've come to view the human organism as being a very clever collection of nuts and bolts, i.e. a machine. This idea has been around... there were some elements in ancient Greek philosophy that suggested that the human body was machine like. This mechanistic bias got a massive shot in the arm with Rene Descarte several centuries ago and it's been a very popular cornerstone of Western culture ever since then. It was also part of the Christian theology of the time and with the rise of a mechanistic science as per the model of Isaac Newton again several centuries ago, this notion has become a very powerful cultural force – the mechanistic bias – and I think with the incredible advances in medical technology that we've all seen in the last 30 or 40 years, the mechanistic bias has simply become even more deeply entrenched and any awareness of the human organism as being a living, growing, feeling, psychological reality has sort of fallen further and further by the wayside as the mechanistic bias has become even more powerful. And this mechanistic bias is not only relevant to physical health sciences but I think we've seen the same thing in psychology, with the falling away of an awareness within psychology as a discipline of unconscious psychological factors we've sort of been swayed towards – as a profession – towards the cognitive behavioral paradigm, which is a fairly mechanistic kind of a way of making sense of human experience.



**Dr. Dave:** Well I'm thinking that one of the things that has arisen in the last forty or so years in hospitals and outpatient settings is something called behavioral medicine right?

**James Alexander:** Right.

**Dr. Dave:** And so you have people who are, quotes, pain specialists that call themselves practitioners of behavioral medicine. Where does that fit in with what you're talking about?

**James Alexander:** Well, you know I think behavioral medicine is another term for health psychology, which I guess has some overlaps with psychosomatic medicine but the term behavioral medicine is really a reflection of the power of behavioral psychology, which of course is psychology's zenith when we're talking about a mechanistic epistemology in psychology. You could probably get no better example of a mechanistic approach to the human being than behaviorist's psychology. And so behavioral medicine is applying behavioral psychology to health issues including pain. Now as we all know, there's been a real merging of cognitive psychology and behavioral psychology to such an extent where it's kind of meaningless these days to talk about behaviorism or cognitive psychology, though they're separate categories. And what this has resulted in – when we're talking about the treatment of chronic pain in psychology – what this has resulted in is the standard sort of psychological input to chronic pain programs that have sprung up all across the Western world and no doubt these chronic pain... and I've worked in these chronic pain programs and no doubt they do help people and they produce beneficial outcomes for their participants, however because the psychological input is operating from a mechanistic kind of cognitive behavioral paradigm and by that I mean there's no appreciation or awareness of, or working with, unconscious psychological factors. What the psychological input has aimed at, is using cognitive behavioral strategies to help people to primarily to learn to live with being in pain and this could be real improvement for people who are suffering enormously and when people do suffer chronic pain over a long period of time and when the pain's intense, people do become highly disabled, they become socially withdrawn, they become extremely depressed, they become anxious about their futures, they are in a state of grief, often angry about their experience and about what's happening in their lives, so there's a whole raft of very heavy duty psychological things that are going on for them and the standard psychological input interventions in chronic pain programs are basically using cognitive behavioral psychological – CBT primarily – to help people to decatastrophise about their pain, to stop expecting that they will ever get over their pain and primarily to learn to live with being in pain. As I said, this can be a benefit to some people, there's no doubt about that and I've seen... we've all worked with people that have benefitted from that kind of input. In fact I have in my book a case example of a former client of mine that didn't get better using my approach and he went along to a standard cognitive behavioral program at a local pain managing program – the type of which I'm generally somewhat cynical about and this guy actually got better. Now, I was very pleased for him – when I say he got better, he got over his pain, he was no longer in pain. I was very surprised but I was very happy for him. Usually that's not the case, that's an unusual outcome for standard pain management programs. Usually people will report or experience a decrease in their catastrophising about being in pain, a decrease in their anxiety about where it's all

leading them too, perhaps a decrease in their anger or grief about experiencing the chronic pain, however most of them will not report that they've actually eradicated their pain, or that their pain is radically reduced. They've simply learned how to cope with it better.

**Dr. Dave:** Well let me cut in here 'cause you've given a story now that puts a plus on their side of the column and we heard your very traumatic experience – your book is loaded with great case examples of people you've worked with where some kind of unconscious factor was uncovered that led to pain relief, so let's go to that. Tell us about some of the experiences that you've had with working with people using your approach, what that approach is and if some case histories come to mind to kind of exemplify it, that would be great.

**James Alexander:** O.K. Well look I'll give you a thumbnail sketch of what this approach is suggesting and I might also add that I didn't invent these ideas – these ideas can be traced back to a Hungarian psychoanalyst by the name of Franz Alexander who, as far as I know, is no relationship to me and Franz Alexander was of the second generation of psychoanalysts, in fact he psychoanalyzed one of Freud's sons, in the 1920s, I think it was and Franz Alexander is credited with basically inventing psychosomatic medicine and he went to Chicago in the 1930s where he became the professor of psychoanalysis at Chicago University. Now the approach that Franz Alexander was using – and he was addressing primarily chronic health issues, so chronic illness as opposed to chronic pain – but of course being a second generation psychoanalyst he was using the ideas of the unconscious that Freud had popularized a decade or two earlier. Franz Alexander basically created the discipline of psychosomatic medicine and he was alive until the early 1960s. The notion being that when we're talking about chronic illness, or the cases that I work with – chronic pain – that there're often, if not usually, unconscious psychological factors which are threatening to the person's conscious awareness for one reason or another. Now the threat may be, as my example gave, in terms of psychological trauma which I'd kept very deeply buried two decades before it sort of came into my conscious awareness in terms of being related to chronic pain but it's not always trauma, certainly it's not always physical trauma and emotional trauma, although psychological trauma does seem to be over represented in the chronic pain population, way beyond chance but it can also be other forms of threat to our self concept so we all want to view ourselves as being lovable and loving husbands or wives or sons or daughter or parents, friends, we all want to view ourselves as being reasonable decent human beings with a good sense of ethics and morality and we'll all find ourselves behaving sometimes in ways which simply don't conform with these perceptions that we have of ourselves. So in a standard sort of psychological or psychoanalytic notion, that within us in our unconscious we have psychological realities which are simply threatening were they to burst into our conscious awareness, the notion is that our mind, or brain – slash, brain – is able to create a very real physical pain using very real biological pathways – which we may discuss later – in order to produce a very real pain which then acts as a defense mechanism in order to monopolize our attention, so that our awareness doesn't go to the deeply buried psychological issues which would cause us emotional problems were they to erupt in our conscious awareness. So it's a reasonably standard sort of psychoanalytic notion. Now Franz Alexander was using these ideas in regards to chronic health issues and in the '60s as well – the decade that Franz Alexander died – there's an American professor of rehabilitation medicine at New

York University Teaching Hospital by the name of Dr. John Sarno and Dr. Sarno picked up Franz Alexander's ideas. He was working in that field for about ten years before he came across these ideas but in the early 1970s Professor Sarno picked up Franz Alexander's ideas and began to run with those, applying them to the chronic pain patients that he was working with en masse in his professorship. Professor Sarno wrote a couple of excellent books about applying these ideas to chronic pain and these are the ideas that I came across when I was in my late thirties which then helped me to explore these notions further and look further back into where Franz Alexander and Freud were sort of suggesting that the ground work for these ideas and it was these ideas that, once I had a remarkable recovery from my chronic pain, that I began to apply to clients that I was working with that presented with this problem. And the first case example that I have in my book is a man that I've called Max. Not his real name obviously and I present him as he's one of the examples of a fairly dramatic recovery and I don't include him as a typical example in that most people don't get over their chronic pain so quickly but his example is a very good case study of what's actually possible and it sort of shows some of the dynamics involved and the steps forward and the occasional step back that somebody can go through with this process. Max presented to me as a man in his mid forties, he'd been in extreme back pain, unrelenting back pain, for around the previous five years. He was suicidally depressed, he was on anti depressant drugs, he hadn't been able to work for five years and his life literally involved moving between his bed and the couch in his lounge room and that's what his life involved. He had no social involvement with people, he was completely withdrawn, he was depressed, he was angry, he was in a constant sour mood. He was married and he had two young children. Luckily for him his wife was supportive and very concerned. He'd had the unfortunate experience of both of his kids were born after or around the time the chronic pain started for him. He'd actually never held his children while standing because he couldn't hold any weight whatsoever. He'd never been able to get on the ground and play with them. He'd never been able to kick a ball with them. As you'd expect, he felt like a complete failure as a father and as a husband and as a human being. So he's a really good example of how drastic and how awful this experience can be for sufferers. When I saw Max the first time, I spent the session listening to his account of what he'd been through and getting a sense of the misery that he was experiencing. When I saw him a week later for the second session I suggested to him the kind of approach that I use in working with people and I elaborated a bit more because when we're talking with people that don't have too much appreciation of depth psychology, we need to present these notions in a way that are digestible for them. So I gave a bit more of a sketch of this sort of notion that deep unconscious forms of distress can actually be playing a role in the causation and the maintenance of chronic pain and pretty well spent the hour explaining this notion to him. He came back a week later and revealed to me – and he hadn't spoken to anybody else before in his life about this but he revealed to me that throughout most of his childhood he'd been sexually abused by his older brother and he wondered whether this could be a relevant factor in his pain and of course I immediately jumped on that possibility because it sits very well with the kind of approach that I use and suggested yes, indeed, I thought that could very well be a highly relevant factor and I asked him what was going on in his life at the time when the pain began. Now he was working in a vocation that required bending and lifting, I don't want to reveal too much information in case anybody might recognize the details. He'd been doing that for probably 20 odd years and as a result he had the normal deterioration of the spine that we see with age, so as I said before, research

clearly shows that if we're alive for long enough most of our spines are gonna show signs of natural deterioration and so the examination results showed that he had several sites of disc pathology which the physical treating therapist viewed as being the cause of his chronic back pain, putting the wrong one and one together and arriving at the wrong answer I suspect and he told me that at the time when the pain began for him, two important things were going on in his life. One was that his brother got a job at the same workplace. Now Max had maintained a positive relationship with his brother throughout his adulthood. He'd only ever confronted his brother once about the sexual abuse and that was a time many years earlier when Max was drunk and he raised the issue of the abuse with his brother. His brother quickly became tearful and ran away – escaped the challenge basically – and that was the only that time Max had ever raised it with him.

**Dr. Dave:** And now his brother is working with him these many years later?

**James Alexander:** Yep, many years later his brother now had got a job at the same workplace, so he was having to interact with the perpetrator of his torment throughout his childhood on a daily basis. Now he had never revealed the sexual abuse to his parents, he maintained for all intents and purposes a positive relationship with his brother. His brother was now living with his elderly mother to look after her. He went around once a week for dinner and had dinner with his brother and with his mum. He went to football matches with his brother and sat next to him at... they barracked for the same team so he sat next to his brother at the football matches every week and now his brother was there at the same workplace on a daily basis. In addition to that, around the same time that his brother got a job at the same place his first child was born – it was a son – and Max all of a sudden became... well he felt a great responsibility for the safety of a young person – a child, a baby – and he knew only too well how vulnerable little children, babies, were from his own life experience. So, let's combine becoming... a you know very heavy burden of a sense of responsibility for a vulnerable baby – for the welfare of a baby – at the same time when the perpetrator of his abuse turned up at his workplace. In a psychological sense it was a perfect storm. It was within a month or two of this happening that the back pain began for Max and he had to leave work as the pain was so intense and he'd never been back in the previous five years and the pain had only ever got worse and worse and worse. Now when Max revealed this to me and I suggested to him 'Yes, I think that could be highly relevant,' this was an important breakthrough in a sense that Max, for the first time, was becoming aware... and he was toying around with the idea that there was distress still lurking very deeply within him and this was distress that he'd turned his back on and wanted to leave behind and pretended wasn't there for many years of his life and he was becoming aware that this distress – regardless of his best efforts – this distress was still simply there at a deep level. Max came back a week after revealing to me that this was what had gone on for him. He came back a week later – and this is the honest truth – and he said that 'I'm not in pain any more.' His back pain had gone away in the space of a week. In fact every day for that week, the pain was easing up and easing up on a daily basis and during that week he told me that he'd mowed his lawn for the first time in five years, he'd cut his hedge – so these are physically demanding activities and he'd managed to kick a ball with his children, he'd managed to get onto the ground and play cars with them etcetera. Needless to say he was no longer depressed, he was no longer feeling suicidal – he was quite elated, as you would expect. Now that's a very fast recovery – I've seen a few

examples of that and I don't provide this as a case example suggesting that most recoveries are this rapid but I've simply put it in my book of what's actually possible. Nobody who looked at this bloke would've thought that there was any chance, 1) of him ever recovering – in fact this is the message that he'd been given by his physicians and physiotherapists that, you know, you need to just learn to live with this pain – or 2) that any recovery would be rapid. So this guy completely defied the odds and was just a perfect example of the psychodynamics of chronic pain. The other really interesting thing about this was that Max chose not to do anything about the psychological trauma. I gave him the option to work with the emotional pain that he felt from having grown up being sexually abused but he chose not to work with any of that, he simply didn't want to do it. I guess it was still too threatening for him to go down that path. However in spite of choosing to not work therapeutically with the psychological trauma, he still got over his pain and what that suggests is that the insight was sufficient without actually doing anything therapeutic with the emotional trauma and I guess I'm still kind of surprised by that – pleasantly surprised – but I've also seen many cases over the years of similar experiences of people that chose not to work with the psychological trauma but what they chose to do was to simply... I guess on a cognitive level – they've chosen to work with a psychological theory and it's ironic that the psychological theory happens to be a depth psychology theory but they're working with it on a cognitive level and they're simply applying this theory to them in a cognitive manner which is producing fairly profound change for a lot of people but of course I think the reality is that there's no such thing as a purely cognitive intervention. We talk about cognitions as though they're somehow a separate aspect of psychological reality, whereas in fact they're not, you know and all the research evidence from neuroscience clearly demonstrates that the psychological theory of the relationship between cognitions and emotions is a nonsense. The neurological reality is that cognitive aspects of our experience are completely and utterly related to the emotional aspects of our experiences and also to our physiological aspects of our experiences, that there is no neat separation between cognitions, emotions and physiological reactions – they're all simply different components of the same package of experience. So I guess in a way when we consider that fact, which neuroscience is very clearly demonstrating, maybe it shouldn't be so surprising that so called cognitive level change can produce very profound emotional and physiological changes.

**Dr. Dave:** There are two therapeutic tools that you use extensively in your work and I hadn't, in my own mind before encountering your work, really associated them particularly with a depth psychological way of working and I'm referring here to your use of EMDR – Eye Movement Desensitisation and Reprocessing – and EFT – or Emotional Freedom Technique and both of these approaches – EMDR less so – have been somewhat controversial, so just discuss them a little bit – tell us how you came upon them and how you use them in your work.

**James Alexander:** I do tend to use EFT... I have used it with people in chronic pain and I've seen fairly rapid, although not permanent, reductions in pain using the EFT procedure, which is a tapping procedure on acupuncture points while people are reciting a verbal phrase about the thing that they're wanting to change but when it comes to treating chronic pain I've primarily used EFT to help people with sleep, which is a major problem for people in chronic pain and also in regards to the other emotions that tend to accompany chronic pain such as anxiety, fears of where it's all

going, anger, grief, etcetera and I find that it can really be quite helpful for addressing these more peripheral kinds of issues. In regards to EMDR, which is the approach that I'm more likely to use with chronic pain patients, particularly when there's a traumatic basis to it – my exposure to EMDR was really when I was beginning my career in psychology. I remember reading about it in a psychology journal – I was probably only a year or two out from uni – and this was when I was still very much a cognitive behavioral psychologist and I remember reading it and thinking 'What a load of nonsense, this will disappear very quickly and I really don't need to explore it any further.' As a result I kind of turned my back on it for the next 15 or so years, which seemed like a very easy thing to do. The whole notion of waving your hand backwards and forwards across somebody's visual field seemed to me to be ridiculous but little did I know that during that fifteen years that I'd turned my back on it, an enormous amount of research was being done on EMDR. It had obviously piqued the interest of many researchers and quite a lot of clinicians and as a result of well now more than twenty years of research, EMDR... I don't think it can be called controversial any more. I think there is so much evidence, there are so many runs on the board with EMDR with well controlled research studies that tick all the boxes for the best methodologies that I think anybody that wants to suggest, or you know wants to insist, that EMDR is not well evidenced is simply burying their head in the sand and it's not simple ignorance, they've got some other agenda going on.

**Dr. Dave:** Yeah, I've got a big fat book... actually, I have a fat book of research studies. I did get to interview Francine Shapiro, the developer of that approach and as a result I got that book, so I think you're right – from now on I'll stop referring to it as controversial.

**James Alexander:** I wasn't having a go at you there, because I know that you're a very open minded person but there are some psychologists, regardless of the evidence, they will insist... in fact they haven't read the evidence, they've been told the evidence is in existence but they will insist that EMDR doesn't have an evidence basis and the bilateral stimulation has not been demonstrated to have any kind of brain effects or therapeutic effects and they're just completely and utterly wrong so I'm not including you in that critique. I'm thinking of the people who simply refuse to look at the evidence.

**Dr. Dave:** You know what I wanna make sure, you know, before we run out of time, a major thing that we should touch upon is that your book really has two audiences – you've written it in a very clear manner but also with considerable sophistication, so that it effectively addresses professionals who want to... who are interested in the approach that you're using and who might want to explore it for themselves on the one hand and then people who are suffering from pain on the other, as a self help book. The question immediately arises, well, if we're talking about unconscious processes here and hidden memories – buried memories and so on, how can a self help book be helpful?

**James Alexander:** O.K., well, it's a good question. In my book I've included several chapters on self help exercises for people to go through so there is the presentation of information, which I think is a very important factor. People need to learn what chronic pain could be about as per the model that I'm suggesting. They need to then go through a cognitive process, which as we also know is an emotional

process, of applying these ideas to them and seeing how they can make these ideas fit their experience. And then they need to undergo, I guess, something of a self analysis process, so in the self help sections that I've got in my... the chapters that I've got in my book, I'm taking people through a journey of self discovery, where I'm asking them questions which will help them to reflect on traumatic experiences that they've undergone. It amazes me how as a culture we tend to minimize and reduce the importance of traumatic experiences that we've all had. Most psychologists would have had the experience of people coming in and saying "Yes, look I was nearly murdered and you know I was bashed but it's no big deal because lots of people have had this experience, so it's not such a big problem," whereas maybe they were stabbed, or shot, or something like that. In fact I can think of a client I had that was literally shot in the chest and spent several months in hospital nearly dead and he was shot with what's called the dumb dumb bullet where the bullet just exploded in his chest and he's a classic example by saying 'It was no big deal you know, plenty of people have been through worse.' Just a really good example of that so we have a natural... again that's the operation of the defense mechanism, we have a natural reluctance to get in touch with potentially threatening emotional experience at a deep level, so we need assistance with that and the kind of questions that I get people to ponder is an attempt to do just that. Now there's plenty of research that shows that for people with mild to moderate problems, self help books are very effective. They're as effective as professional help. I don't think that my book is going to be the major part of a cure for people with extreme problems. So it's quite possible that somebody like Max may not have got over his pain just simply by reading a book and he may have needed that human interaction to find a cure for his pain but I do believe – and this is supported by research – that people with mild to moderate problems can be effectively treated via a self help book approach. Now I guess, why have I written... you're possibly asking the question, why have I written a book which is both an informative book for professionals as well as a self help book for sufferers? Well firstly I think that the sufferers need as good a information as professionals do and in fact this is an information cure for many people and you can view it as information as being like penicillin in this regard. So people do need exposure to what I would consider to be correct information about what causes and what doesn't cause chronic pain. As we referred to earlier – there's many myths in our culture about what causes chronic pain and these myths need to be disputed for people to get better. They also need to undergo this self analysis journey which for people with mild to moderate problems can be as effective as seeing a professional for help. And why include professionals in the target of my book? Well I guess maybe it goes back to when I was 19 years old and I started reading self help psychology books and I decided I wanted to be a psychologist and I don't know if too many other psychologists admit to this but I still read self help psychology books and I still learn valuable information from them, which I can then use to help clients. So I suspect that I'm probably not the only psychologist that does that.

**Dr. Dave:** I'm sure you're right. I'm sure you're right. That's a good point and you also make another good point in there which is that those two groups overlap inasmuch as the professionals themselves are often suffering from chronic pain to one degree or another.

**James Alexander:** Yes, yes, well I was certainly a good example of somebody that experienced chronic pain for most of my life as a psychologist until I was 38 and I

came across these ideas and I stopped being in pain and I don't think that I'm a sample of one. I think there are many people... you know chronic pain... in America it's one in every three people experience chronic pain, which is just a huge portion of the population and the more that psychology has gone down the cognitive behavioral pathway and away from depth psychology, the more we've been seduced into a mechanistic kind of approach to psychology, its the more psychologists have used this mechanistic approach with themselves and I think lacking in awareness of depth psychology makes us as psychologists more vulnerable to experiences like chronic pain or other kind of chronic health issues. So I don't think we're immune from this at all, you know, as we all know being a psychologist doesn't exempt us from being members of the human race and I think psychology has been led down the wrong garden path for several decades and I think we've all been sold a bit short, including psychologists, as a result of that. So you know if psychologists can read this, I mean my ability to use this approach with people really came from my own experience of curing myself using these ideas and that's a really good place to start. So if psychologists can apply these ideas to themselves and experience the benefit, then they're going to be confident in helping other people with these ideas by introducing them to them.

**Dr. Dave:** You know that is a great place for us to wrap this up James. We could talk a lot longer and go into a lot more detail but instead I'm just gonna refer people to your book. I think most people suffer from some degree of chronic pain – it's pretty darn widespread, so I really think everybody could benefit from this book. So, Dr. James Alexander it's been great to speak with you and to get the exposure to your thinking and I wanna thank you for being my guest today on Shrink Rap Radio.

**James Alexander:** Well thank you Dr. Dave it's been a privilege for me. As you know I'm an avid listener of your program and it's a fantastic source of ongoing education for me and for many other people around the world, so it's an absolute delight for me to firstly to be invited onto it and secondly to have the opportunity to talk with you in such an in depth manner. So thank you very much, I really appreciated it.

#### **WRAP UP:**

What a story Dr. James Alexander has. Going from that near death car wreck to twenty years of chronic pain, to a rebirthing workshop his wife insisted he attend, to a personal discovery of the underlying unconscious sources of his pain. And now he's been pain free for many years and if I recall correctly, I believe he surfs and plays Australian football in his spare time. I haven't heard anything about rebirthing in a long time but from James's description it sounds a lot like the Holotropic Breathwork developed by Stanislav Grof whom you may recall me interviewing in March 2011. You can find that one in the archives at Wise Counsel podcast.com. I wish we had more time to explore Dr. Alexander's use of EMDR and EFT in his work and also more case examples, which are liberally sprinkled throughout his book. I highly recommend his book – it should have appeal to pretty much everyone. Professionals will be particularly interested in the rich overview he provides for working with chronic pain and everyone who suffers from chronic pain will benefit from the self help exercises and the two pain questionnaires he's included. Personally it seems like I've suffered from a variety of foot, knee, hip and back pains throughout pretty much



my entire adult life. It's as if there is one pain that has shifted from place to place over the years. Now, as steeped as I am in psychoanalytic thought it never really occurred to me to question whether there might be some unconscious source for these aches that I've had for so long. It's funny because I realize I had a certain blindness and resistance to that thought, having so thoroughly bought into the idea that it must be related to bad posture, lack of exercise, too much exercise, bad discs, etcetera, etcetera. Dr. Alexander's book at least got me to ask myself whether there might be anything in my past that might account for my chronic aches and immediately it was like, duh! I could find plenty back there that would make sense but hey, *you're* on the couch with Dr. Dave and you need to get this very authoritative and insightful book. You can find it on Dr. Alexander's site at [www.drjamesalexander-psychologist.com](http://www.drjamesalexander-psychologist.com) or you'll find it on [amazon.com](http://amazon.com) and as always you can use our widget in the right hand side bar to go there.

Thanks to today's guest, listener, friend, psychologist, folk singer, and author Dr. James Alexander for a fine interview on the role of the unconscious and chronic pain and his work in relieving it.