

TRANSCRIPT 1026

The Emergent Process

April 13, 2023

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OTR/L | Revolutionary Alignment, LLC

[00:10:00] Hello everyone and thank you to the Oregon Pain Science Alliance for inviting me to speak tonight. My name is **Dr. Katie Smith** and I'm an occupational therapist, a Kundalini yoga teacher, and I'm a musician and a lover of nature and a student of life and a spiritual being. And tonight I'd like to share a little bit about my clinical practice and how I integrate the concepts of pain science and a bit about some of my own experiences with pain and the concepts as applied to my own life, to understand why pain science is so key in where we as a collective are moving towards, we need to understand where we're coming from.

[00:10:36] Way back in the 1660s, thought leader and influencer **Rene Descartes theorized** that the body and the mind are entirely separate and not made of the same thing. The mind was largely left to religion and mystery, and the body and the external world was measured and thought to be understood scientifically using the tools available at the time.

[00:10:58] And through a century's long game of telephone this **dualistic, mechanistic model** of who and what we are as human beings has contributed to the propagation of the false idea that is still largely alive and well, wherein an external stimulus over here creates pain in the body, and then our nerves tell our brain that there is pain over here. That's a simple cause and effect, and that's because that is the extent to which the science at the time could make sense of reality.

[00:11:32] And with this understanding, there's really nowhere to go. In this **dualistic model**, the external world, the stimulus is the independent variable; that's the thing

that's calling the shots. And our internal experience is the dependent variable. So we will get pain when we encounter a "painful" stimulus, and there's nothing we can do about it. That's it. It's done, over, inert. So we're helpless.

[00:11:58] But in the **new understanding** of the world of human beings and of pain, through the application of psycho neuroimmunology, neuroplasticity, quantum physics, and epigenetics, we're actually discovering a return to power.

[00:12:14] We are not the helpless victims of our environment. We are actually **creators** of our experience in authority and dominion in our lives. So rather than an immutable cause and effect process, pain is an emergent process, which means it includes many factors, including factors from the internal world that combine together to create something different than the sum of its parts.

[00:12:42] Processes like fire, pain, and cake are **emergent processes**. So when you're baking a cake, it isn't just about combining the ingredients and expecting it to be a cake. All of the ingredients need to be present and it has to be baked. And in that process, that's when it becomes a cake. So without every ingredient being present in the right amounts at the oven, at the right temp, it wouldn't be a cake, it would be something else.

[00:13:10] So what I seek to target in my clinical interventions is that magical process where experience including pain emerges. So let's bring some of that magic out into the light a little bit. So I am an Occupational Therapist and as an OT I address the **whole person**. So that's their physical body and also their mental, emotional, spiritual, internal aspects.

[00:13:37] This is, this is a, a **diagram** of the scope and focus with a person here, physical, spiritual, emotional, and mental. So as such, I employ a variety of research driven psychotherapeutic techniques, including Cognitive Behavioral Therapy or CBT and Rational Emotive Behavioral Therapy. REBT is a style of CBT, and it has a concept that's been really helpful for me personally and clinically in zeroing in on where change can happen and how to help foster that change.

[00:14:10] And this is the **ABCs of REBT**. So in the ABCs A is the activating event. So that's something that happens in the external world. So someone steps on your toe or cuts you off in traffic or breaks up with you, gives you a promotion, buys you a cup of coffee, and then the Beliefs. That's B, that's our interpretation.

[00:14:34] So that's the Beliefs that, they're a jerk, or I don't deserve this, or I'm actually better than she is, or it's all my fault, or this is a problem. And then C is the **consequence**.

So that's the experience. So the formula there is if B, then C. So if they are a jerk, that's the B then I am experiencing anger, it's all my fault.

[00:15:03] If that's true, then I'm experiencing **shame**. So if B, then C. So, these beliefs, these nearly instantaneous, largely unconscious assessments of our own resources and the perceived threat of the stimulus. These are the areas where change can happen, and that's because our beliefs are in our dominion in our internal world.

[00:15:29] They are in **our authority**, that's in our lane. So if we're trying to focus on A, the activating event or the stimulus, then we're out of our lane and we're really trying to control other people or the outside world. So good luck with that. And then if we try to focus on C and try to change our experience without really looking at the B, the beliefs, that's like trying to deny that the cake is a cake.

[00:15:56] All the ingredients went in, you baked it, **that's a cake**. So you really don't get anywhere by, by denying the, the experience. And, I feel like that that risks some unkindness to self. So really the magic is in the B, in the ABCs of REBT, the beliefs that inform our appraisals of resource and threat and subsequently shape our experience.

[00:16:23] So what? What happens in the oven? What is B? What is it that creates and informs those nearly instantaneous appraisals, the **instantaneous assessment** of our perceived resources. So that's physical, emotional, temporal, relational resources that we have. So questions like, am I tired? Am I hungry?

[00:16:44] Am I stressed out? That happens instantaneously. And then also the **perceived sense of threat**. So, how does the thing that we're encountering, stack up against me if we are in opposition? So for those of you who are familiar of the work of Butler and Mosley, this is where Dims and Sims come in.

[00:17:01] That's the signals that create a sense of **safety in me** and the signals that create a sense of danger in me. So an example of this, going to a hospital can create a sense of safety in me. If I have acute appendicitis and I'm seeking medical attention, it could create a sense of danger in me if I have a history of uncomfortable hospitalizations.

[00:17:23] So, whether something is a **Dim or a Sim**, the safety in me or danger in me concept is an emergent process in and of itself. So our appraisals of ourselves and our situation takes into account so many factors, including personal history and experiences, trauma and our adverse childhood experiences, family patterns, cultural conditioning, and also the external voices of authority that are internalized voices that we're learning from schools, from our parents, from religions, politics, or even celebrities.

[00:17:57] So my **intervention strategy** is first to address more superficial mitigatable factors. I focus on boosting the internal sense of resource. So what I work on with my clients is we address their sleep. We're making sure that they're getting the rest that they need. We go through their whole, usage of energy throughout the day, and maybe we employ some pacing strategies or some energy renewing strategies.

[00:18:22] Also, things like physical exercise or. Mindfulness practice, these, these kinds of adjustments, to, to boost an **internal sense of resource** and then to reduce the external sense of threat. I work with my clients on sensory modifications to modulate the input that's coming in through their senses.

[00:18:40] We also might work on ergonomics or overall environmental modifications or modifying the tasks so that it's more achievable and more successful for them. So this was just a really brief overview of. Some of the interventions that I address with my clients first, and I do those more superficial interventions first to build **therapeutic alliance** so that they know me, I know them, and we've got some rapport. We can trust each other a little bit.

[00:19:10] I also address those things first to support an increased **sense of self-efficacy** so that life in general feels more achievable, more doable, more successful. And also going a little deeper in this process seems like it's something that could be successful.

[00:19:26] And then finally, I address these things to help bring the nervous system from a place of survival into a state of calm and coherence, where cognitive flexibility, creativity, and change is possible. And for those of you who are familiar with the **HeartMath Institute** or concepts of flow state during meaningful task engagement or limbic activation versus frontal lobe activity, or high beta versus alpha brainwave patterning, you know what I'm talking about?

[00:19:56] And we can talk more about it in the Q and A if you like. So. Working on these things first really helps set my clients up for more success. When we then take it to the **next level** we address the deeper stuff, we really take a look at the cognitions, the beliefs, the habits, expectations and assumptions, and where they come from.

[00:20:15] So we bring these **subconscious assumptions** into the light and first of all, own them. When they are seen and known as our own, then they are in our dominion, and then we have the power to make change beliefs. Our beliefs are in our dominion, but they are not the same thing as who we are otherwise. They're just another independent variable that we are subject to, that we would just be under sway of whatever it is we're holding in our mind as a belief.

[00:20:46] So they are ours, but they are **not the same thing as us**. So really understanding what our beliefs are, where they might come from, how they align with our values or not, how they serve us or don't, then knowing that they are ours, but they are not the same thing as us. So there's so much potential for really deep change here.

[00:21:09] And to get a little deeper into this, I'd like to share **my own story**. So, I'm the youngest of four kids, and when I was born, my mom, who's a registered nurse, stopped working mostly to take care of me. And as the smallest and the youngest, I was well cared for. Perhaps to the extent that I learned that self-reliance is maybe not my best survival strategy.

[00:21:34] I also, I got sick as a child that which required a brief hospitalization. And even though it was for such a brief moment, to my young sense of self, it was really pivotal to me. It confirmed that I was vulnerable and that **I needed external protection** to be safe. And I developed a medicalized perspective on myself, informed by, in part from my mother's medical background, and I went to see healthcare providers often throughout my childhood and adolescence for any strange experience that I hyper vigilantly scanned my body for. And in my twenties, I felt pervasive joint pain for which no explanation could be found. And after years of seeking answers, a physician tested me for joint hypermobility, and I met the criteria.

[00:22:23] And this became the **diagnosis** that I hung my hat on and I felt validated, like my experience, and therefore me could suddenly be more understood because there was objectified language for it, language that was validated by an external authority. So I started wearing joint braces. I started modifying my activities to protect my joints.

[00:22:43] I was lifting less, doing less physical activity, really focusing on keeping myself safe. And then I had **three pivotal encounters** that really changed everything. I saw my primary care provider and I presented to her all the evidence that I had gathered about my condition and how it proves that my experience means something.

[00:23:05] And she simply asked me, **why do you want this diagnosis** in your chart? And it had not occurred to me at all that that was optional. I thought that my medical chart needed to describe and define my physical body and all of its issues as though the point was the documentation and not, to support my experience of my wellness.

[00:23:30] So that was wild. And then I, I also **saw an occupational therapist** actually for some challenges with some fine motor activities due to small joint hypermobility. And I thought that CustomMade hand and finger splints might help me, and she agreed they might. And they might not, and there's a cost benefit to getting them and a cost benefit to not getting them.

[00:23:56] She said that we could build me an **entire exoskeleton** and maybe I'd feel a bit more safe and secure in the world, and would my life really be better from within the protective shield. So both of these encounters blew my mind. I was used to healthcare providers, always choosing to run the test, prescribe the drug, do the therapy, give the diagnosis, and both of these women were in some ways saying no to that, saying no to my request for that actually, in a way, returned my agency to me, returned hope to me and opened doors for me. I also went to a gym wherein I was modifying every activity and taking it really easy to protect my joints. And a very **highly skilled trainer** encouraged me to just just push a little bit in very specific ways. And I actually got stronger.

[00:24:46] And the stronger that my body felt, the more capable and strong I believed that I was and that I could be as a being. So as I went through these encounters, my self-concept began to open up and allow for some flexibility in **who I believed I was**. And as my beliefs about myself shifted, my experiences shifted to reflect and affirm my new beliefs, I changed my ingredients, and what I got was a different cake.

[00:25:19] And I still meet the criteria for joint hypermobility. And **sometimes I experience pain**, but it's nowhere near what I felt in my twenties, and I don't believe that I am feeble, vulnerable, and in need of external protection. I know that I am resilient. I am powerful. I am magical, and I am capable of meeting any challenge that comes my way.

[00:25:41] I'm returning to this slide because we've talked a little bit about the pain experience as an emergent process, and I'm suggesting that all of **our experiences are emerging processes** and all of our experiences are impacted significantly by our beliefs. And our beliefs are entirely within our domain, within our realm of empowered authority.

[00:26:04] And science is no longer limited to studying the body in the physical universe as a cause and effect machine. Our collective tools are evolving as our consciousness evolves and vice versa. So **Einstein's famous formula** directly disproves the separation of energy and matter. So that's the mind, the spirit, and matter, the body, the external world.

[00:26:28] This formula clearly indicates that there is a direct relationship between energy and matter. And even when we're talking about matter, physical reality is really less substance and there's more space in an atom than there is substance. What we're, what we're really interacting with is, is less matter and more **fields of energy in vibration** and electrons.

[00:26:54] What we're, what we know now through **quantum physics** is that electrons behave unpredictably. They could be anywhere doing anything until we give them attention, until we anticipate where they will be, and then that's where they show up. So what we focus on, where we put our energy and our attention informs what we encounter.

[00:27:18] And moreover, all of physical reality, including our bodies, is made up of these same particles and is subject to the same laws. So we know then how this applies clinically through the studies of neuroplasticity and psycho neuroimmunology and the impact of the experiences on our brains. So **thought is energy** and energy impacts energy and our thoughts impact our experiences collectively and individually.

[00:27:52] Moreover, through new science with **quantum entanglement**, it's really teaching us now that instead of the old paradigm of duality, These particles are impacting each other from across the universe. So really the reality is, is interconnected.

[00:28:08] It's more about oneness than it, than it is about duality. So we all impact each other because we are literally **all connected**. So where we stand now, I'm a healthcare clinician, and so where we stand as clinicians is at a crossroads and where we stand as healers we're all on our healing journey for ourselves and supporting others on this journey.

[00:28:36] We stand at crossroads now between the old paradigm of separateness and the emerging understanding of oneness. And we have an opportunity now to lean into that rising tide and facilitate widespread acclimation to this new paradigm, not just in healthcare, but in all areas of our, of our culture. So as clinicians and healers, we have the opportunity to **heal the schism** of the dualistic and mechanistic paradigm by first and foremost, truly embodying the new science and living its application and implications in our own lives.

[00:29:13] So when we not only step up to teach others this new understanding, but truly become the teaching itself, we are owning our power in our lane to make change and impact everyone and everything, including our patients and the systems that we're working in. And to step into this new way of being, we need to **release the expectation** that the old way of thinking is ever gonna take us where we're going.

[00:29:41] Because the old tools and the old assumptions are designed to look for old answers, and that's exactly what they're gonna find. So the task now is to **step into the unknown**, and it takes courage to step into the new and into the unknown, but we're at a precious pivot point right now where I believe it would be harmful not to.

[00:30:06] And as we look beyond what we've come to expect from what we've seen before and what we anticipate from an outdated false construct of our experience as being subject to immutable cause and effect, and into a new reality of our interconnectedness and the seat of power that is our mind and our internal reality, the **real healing** can begin, and we don't know where it'll go from here.

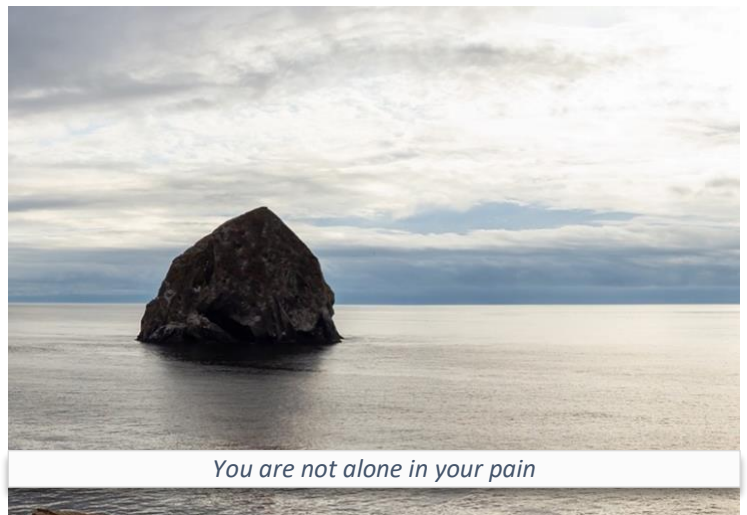
[00:30:33] But I do know that we're all in this together. **No one is alone.** And as each one of us makes the bold choice to step into our power, we together can be so much greater than we were when we believed that we were on our own. I think it's time to take the leap. So that's what I got for today, and thank you so much for joining me here tonight.

[00:31:02] Thank you so much for joining me on the planet at this time. It is an **exciting time** to be alive, and I am so, so grateful for walking this path with you.

About Pain Science Life Stories

Formed in 2018, the Oregon Pain Science Alliance (the Alliance) is an all-volunteer nonprofit 501(c)3 corporation. Our members come from the health care community, their patients, and others who follow pain science research.

We seek to share current information on how pain experiences are formed in the brain and influenced by biological, psychological, and/or social factors. Through community education events, health care workers describe how pain-science-based practices have changed their interaction with and care for patients, and patients tell stories about their experience with learned pain science tools used to help master chronic pain. We can now share these collected and curated stories, and other unique features, through the Alliance “story website” launched in early fall of 2022.



How to get involved?

Do new Pain Science insights and practices resonate with you?

We welcome anyone interested in collaborating to find or produce good stories and insights, then curating them to display on our website. Sharing in our discoveries and making them broadly available is both personally positive, and mutually satisfying.

The phone number or email address below will get you more information about us; then use the website link to the Member page for the steps to become an Alliance member, if that makes sense to you.

If you have a story using pain science tools and practices, and would like to share it with the larger community through our website, please send us an email. We would love to hear from you.

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