

TRANSCRIPT #: 1017

' Dim Sim Therapy - Making a Difference in People's Lives '

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[00:00:10] Thanks Rolly. It's really good to be part of tonight's session and to meet you all. And I love sharing stories. And **my passion** in talking about my story, in particular DIM/SIM Therapy, is to help to encourage others to take a fresh look at how they do life and how changing how they do life can make a real difference.

[00:00:41] I just loved what Russell was sharing about. And I think we'll probably touch on a few of his concepts as well. And for a bit of context, I lived with **chronic pain for 20 years**. And it was quite debilitating. And if I shared all the stories that I have about those 20 years, we'd be here to well over midnight.

[00:01:02] So I'm just gonna skim right over that with a couple of reflections. To cope with my pain that started in my lower back and eventually spread all over my body, I **reduced movement**. And, out of fear I laid down and kept still. My hope was that that would stop flare ups and reduce the pain that I was feeling.

[00:01:26] I sought medical advice from lots of different clinicians and specialists. And what they did: they prescribed pills, and then they prescribed bigger pills, and then x-rays, and then CT scans, and MRI scans. And I've had injections into my spine and all sorts of **different treatments** over that 20 years.

[00:01:48] What I did was I saw anything that had "**therapy**" in its name, like myotherapy, physiotherapy, osteotherapy, massage therapy, I've been there and tried

the whole lot. And I had a standing joke with my massage therapist, and when I went and saw her, she'd ask me, "How are you today, Trevor?" and I'd say, "Well, my nose is all right today." That just really gives a little bit of a snippet of what my mindset was, that I was in quite a lot of pain. And the other thing that I'd joke with her was I should design a t-shirt that said, "I can massage concrete."

[00:02:26] And you know, I had a **mindset** that was problem centered. And I said to myself, look, if it's good enough for clinicians to come up with "failed low back surgery syndrome," I'll come up with a couple of my own syndromes. And so I had TRMS, which really relates to **Therapy Resistant Muscle Syndrome** because, you know, I'd have my massage and I'd feel all right for a couple of days, and then bang, I'd be back into severe pain. So that was my TRMS. And the other thing I had going for me in chronic plague proportions was PMS. And that stands for **Poor Me Syndrome**. Everything was a problem to me.

[00:03:11] And over those 20 years, I was really left just lying down most of the day. I ended up being **unemployed**. I'd spent well over a hundred thousand dollars on chasing treatments that left me in more pain and no real answer as to what the root cause of my pain was. And as Russell mentioned, pain is complex.

[00:03:33] I ended up having lots of falls from **opioid use**. And I needed surgery for hemorrhoids, which is a side effect from the opiates. And my relationship broke down. My marriage was over after 30 years, and I was on my own. And for anyone that lives on their own, it's a vulnerable place. And what I was planning to do was to sell up and move into a retirement village with a nursing home attached. And that was my Plan B after the medical treatments just failed me.

[00:04:08] When I was at that point, sorry to say Russell, but I took a sideways look at my situation. And I spoke to a friend who was in far more pain than myself. And he mentioned to me that he went to a pain clinic and that it helped him a lot. And the short story was that four months later I got into that pain clinic, and they taught me about my **oversensitive pain system**. And over a three-week live-in intensive program we didn't, not only "educate," we *did*.

[00:04:42] So I put into practice everything that all has been taught over that three-week period. And I came off my opioid medication over that time with medical supervision. And 12 months later, I took my last pain pill. And **six years later**, I don't take any pain medication at all. So pain really over that time went from being a rock concert level volume in my body right down to how it is today, which is just a background noise, quite, quite okay for me to handle.

[00:05:19] And look that really is just a sneak look at my life prior. And I'd like to jump forward to today, which is six years later. I'm **employed full-time**. I've remarried three years ago, and this room that we're in that you can't quite see is an indoor rainforest. And I built this room myself. And I fixed up the roof panels and got it all built. And really that is such a big difference from my expectation that I'd end up in a nursing home or a retirement village.

[00:05:54] When I did the program, **DIM/SIM Therapy** hadn't been rolled out into practice. I found out about it six months after I left the program, and I heard David Butler talk about it at a **Pain Revolution** event. And it really grabbed my attention, got me thinking about what I can do. And, it really has changed my life, as I began to put into practice some very simple principles across all aspects of my life. And in the time that we have remaining, I really would like to talk about DIM/SIM Therapy and how to do it.

[00:06:34] DIM/SIM Therapy stands for "**danger in me**" and "**safety in me**." And pain is intensified when we're stressed. When we're worried, it goes up. When we're in danger, it goes up. And the opposite is true. *Safety in me* calms me down and calms down that oversensitive pain system. And it dials down pain levels that we experience.

[00:07:06] So, what do we do with the DIMs in our life? The *dangers in me*? It is possible to reflect on what they are and just think about what they are. And in my case, I was able to change one of my DIMs, and the DIM was "move, and you'll be in a whole lot of pain." So that kept me still. That kept me on edge, worrying about any movement. So I've changed that into a SIM by understanding that moving is good for me, that **I'm safe to move**.

[00:07:43] The other way of **handling a DIM** is to ditch it altogether. We don't need to have DIMs.

[00:07:50] It's interesting. I just think about moving and you'll hurt yourself. What that did, it not only helped me to lie down, but my other behavior was putting everything at bench level so I didn't have to bend. And then slowly over time I started putting things under the bench. So I had to bend down or bend up and extend the range of my movement. So that was looking at **safety in me**.

[00:08:18] I got back into the shed. I slowly started to do **woodworking** and started to enjoy life a whole lot more. And that sort of moving across into SIMs, *safety in me*, starting to incorporate SIMs into my life is really important.

[00:08:36] I think that when we look at what are our DIMs, the *danger in me* is often related to other people's stress. If we find ourselves overloaded with worry and stress,

it's very easy to ask yourself, "Whose problem is this?" And to have a think about how many of the problems that I'm worrying about in my life are related to my situation. How many of them are other people's? Describing that is you just, you know, ask myself, "Whose problem is this?" And **if it's not my problem**, I can leave it alone and stop worrying about it. A bit like me sitting here at the moment, and I've forgotten to go to the toilet before and, I said to Rolly, "Hey, Rolly, I haven't got time. I've gotta talk to these fine folk here. Why don't you just go off to the toilet for me?"

[00:09:32] And so it, it's really important to have a clear idea about **whose problem** are we talking about here, and to handle them. And *safety in me* is really anything that gives me a calm, safe, fun, joyful time. What I did, was I started to **write down** what are my SIMs. And I've got a very long list of what are my SIMs. And you know, I'm sitting here in this beautiful rainforest. And just coming out here at the end of the day and having a cup of coffee or tea with my wife and, and unwinding and relaxing is a big SIM. Going to the pool, warm water exercise, walking, going to work, helping people, volunteering. There's lots of things that we can do that are SIMs.

[00:10:21] I think **family's a lovely big SIM** too. I'm a granddad, and you know, during COVID we were, we were separated from family. I just went over to Perth, which is about 4,000 kilometers west of here. And spent a couple of weeks with my family and my granddaughters. And the night that we arrived, my five-year-old granddaughter said to me, "Granddad, can you stay forever?" And it was just a beautiful thing. Just warms your heart really to hear those things.

[00:10:52] The practical application of DIMs and SIMs really works on calming down our **oversensitive pain system** in a very practical way. And stress blocks the production of our happy hormones and calm releases.

[00:11:11] And I have a very, very funny story that I'm gonna slip in here. And when I was touring Tasmania with Pain Revolution and talking to groups, we went down to Hobart, and David Butler was about to talk. And we were in a aged care center. I was looking at this myself, really. This is where I might end up. And, and thankful that that wasn't the case, but there was about 60 older people in wheelchairs and the like, just sitting around. And David Butler was talking about DIM/SIM Therapy and how our fun, enjoyable activities, release happy hormones. He named all of the different happy juices that our **pharmacy in our head** can release. And then he said to everyone, "What do you think releases your hormones?" And it was really quiet. And then he threw his arms out and he said, "What about sex?" And all of a sudden, this group of older people were just sitting there nodding their heads with big smiles on their faces. And Trevor, sitting in the corner, tried to keep a straight face, really, because, you know, I hadn't been in relationship for a while. And it got me thinking, got me thinking about possibilities, and here we are.

[00:12:29] The other thing that I wanted to talk about is how do we incorporate SIMs and not just for patients with a lived experience? They're for all of us. How can we **incorporate SIMs into our life** so that they become part of what we do, and how we treat our staff in the clinic, how we treat our patients in the clinic?

[00:12:53] You know, what are the ideas that we can have to generate SIMs? And I'll provide a **practical example** of that. Just leading up to my wedding three years ago, my right leg just decided to stop working. And I was in incredible pain, and I was really worried about it because I couldn't drive my car and couldn't use the brake pedal. So I rang a friend. And a few of you might know Visanthia. And I rang her, and she said, "Trevor, do you think you might be a bit stressed?" And I said, "Oh, duh." You know, there's a lot of stress going on. So we dealt with that, and my leg got better quite quickly.

[00:13:42] And in the meantime though, I had gone off to a physio just to check out was there any tissue damage here. And I walked in, and they welcomed me into the clinic. Called me by my name, helped fill out the intake form. And the lady on the reception area offered me a cup of coffee, cup of tea. There was fruit on the top of the bench. I was made to feel like part of the family. And it was **safety in me** just coming out through every part of that clinic.

[00:14:13] And I'm sitting there filling out the intake form, and I look across the reception desk, and underneath it, there's this big board with all the brochures from the local community groups: walking groups, chess playing groups, free lunches, card groups, all of those sorts of things. And when you think about pain, not only being issues with our tissues, but having a psychological and a social component to it. This clinic was **modeling what SIMs are to their patients**, and that was, you know, fantastic.

[00:14:49] And then just a week after then, I had to get **two fillings**, one in each side of my teeth. And we're only two weeks away from the wedding. And the dentist said to me, "Well, we can do one side at a time with anesthetic, and there'll be about a six weeks wait in between or we can get them done now without anesthetic." So I'm sitting there and I'm thinking to myself, "Well, let's give this DIM/SIM theory a real redhot go." And I'll just say, "Right let's do it. Here we are. Let's, let's do it. No needle."

[00:15:25] So I'm sitting back in the dentist chair and I'm thinking to myself, "This bloke knows what he is doing. He's alright. This is safe. I'm okay. And this is good for me." He starts to **drill my teeth**, and I just feel a gentle rubbing. I mean, you think what Russell said about pain having a danger element to it. There was no danger in what was happening to me, and I didn't need to know that this was gonna hurt because yeah, my tooth was getting drilled. And I just felt this gentle rubbing, and then halfway through getting drilled, bang my mouth exploded with this lightning bolt of pain. And it was just a

flash. And I think it was just a joke on myself, my brain telling me that, "Yeah, we know something's going on here." Got it all finished, and that side of it really worked out well for me.

[00:16:16] Yeah. So look, we've got a couple of minutes left. And I just thought I'd tell you a bit about **my mindset prior to going into the pain clinic**, where everything was a problem, PMS. And this is my **two-year-old granddaughter**. She's now five. And here I am over in Perth after leaving the clinic and stretching the calves. And look, look at what happened. She threw her leg up and was stretching at two. And you know, just beautiful to see her modeling, learning from Granddad. And people learn from what we do. So keep that in mind. Yeah, that's one of my favorite photos actually.

[00:16:57] Now I was going to do the **assessment for the pain clinic**. And in my PMS state, everything was a problem. I couldn't bend. I couldn't move. I was in so much pain. And I was failing all of the assessments in my mind. And then the person said to me, "Well, what I want you to do is I want you to throw your arms out and hold them up for as long as you can."

[00:17:21] And I just winked at him. I said, "Here we go." So 10 minutes later, I'm still **holding my arms up**. And he, he looked at his stopwatch and he said, "Well, I meant to keep you here till you drop. You're not breaking out in a sweat. So let's move on to the next thing. And you've broken all the records." And the reason why I could do that was that I play the flute. I've been playing it for 45 years. And holding my arms up is normal. And that just told me, you know, it countered the Poor Me Syndrome thinking and gave me a concrete example that, yeah, I can do things. If you use your body then that's real good.

[00:18:10] So what I did as a result in going into the program is to say, "Well, I've tried everything that doctors have told me to do, and look at where it's got me. So despite all of this stuff about the program being rubbish in my mind, I'm gonna give it a **good redhot go**, and we'll see where it takes us."

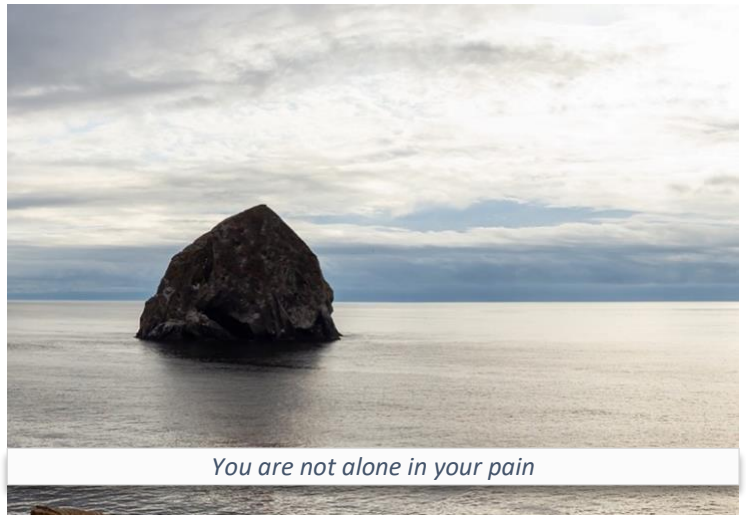
[00:18:32] And what I learned was that by applying some **self-management** to my situation, taking responsibility, getting support, calming down that oversensitive pain system, it really makes a big difference. And my encouragement to people living with pain, but also clinicians is to take a really good look at **DIM/SIM Therapy** and enjoy life.

[00:19:03] Getting into the shed and doing all those things I thought was gonna cause me a whole lot of pain. What it gave me though was the experience of having a life with a **whole lot less pain** by having a life and not being isolated and not lying down still like I was. So just great to talk 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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