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An Evaluation, Synopsis, Summary, and video link to this story are available at painsciencelifestories.org/stories/5009-Clarke-12-Questions

TRANSCRIPT 5009

Dr. Clarke answers 12 questions about the Health Care Blind Spot

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Unique Aspects

1. The **career story** of a Leader in the world-wide understanding and treatment of neuroplastic (stress-related) illnesses.

2. Description of the stress illness **Blind Spot** between the mental and medical healthcare communities.

3. **Answers to 12 questions** related to understanding the cause and treatment of symptoms in the Blind Spot.

Key Ideas

1. Dr. Clarke's **unusual** career
2. His **2007 book** – 'They Can't Find Anything Wrong!'
3. On healthcare **justice**…
4. How can emotional stress cause ***real*** physical symptoms?

5. Can patients with a **long history** of symptoms make a full recovery?

6. **Why is it harder** for some people to recover from Stress Illness/PPD/*Neuroplastic* Symptoms, than it is for others?

7. How important is **accepting the Mind-Body** Disorder (PPD/*Neuroplastic*) diagnosis in order for me to recover?

8. I've ruled out medical causes for my symptoms & learned about Stress Illness (PPD/*Neuroplastic symptoms*) but **I'm struggling to recover**. *Now what?*

9. Where can I **find a health prac**titioner who can diagnose & treat Stress Illness/PPD *(Now called Neuroplastic Symptoms)*

10. If the Mind-Body treatment approach for chronic pain is so effective…. **Why hasn't my doctor told me about it?**

11.The **scientific support** for the PPDA's (*ATNS's*) treatment approach as compared to the placebo effect of alternative medicine.

12.How does the PPDA's (*ATNS's*) treatment approach **differ from what I've tried before**?

Summary

Dr. Clarke is a gastroenterologist (GI) who spent his career at Oregon Health Science University, then in 2010 was one of the founders and President of The PsychoPhysiologic Disorders Association (**PPDA**), a nonprofit corporation for treating Stress related disorders. The name was changed to The a description of the resources provided by the PPDA to healthcare workers and patients related to stress illness. The ATNS provides a continuously expanding list of resources, but the remainder of the original interview does not accurately describe the current association offerings, so is not included in this 2025 curation of the original interview video.

Dr. Clarke answers the **12 questions** (shown in the Key Ideas and Transcription) about his career and what he calls the **Blind Spot** of diagnosis and treatment between the medical and mental health communities. One reason his interview was chosen for the PSLS archive, is that it addresses that aspect but also because it provides a broader perspective on how recognition and treatment of neuroplastic symptoms has evolved in recent decades based on new neuroscience findings.

His awareness of stress illness began related to his gastroenterology graduate training in southern California which involved diagnosis of a **chronic intestinal ailment** that hospitalized a woman multiple times a year. They anticipated their unique diagnostic test would reveal the cause and lead to successful treatment. They didn't find anything wrong, so could offer no treatment! He was assigned the discharge interview with the woman and following a best practice before providing their conclusion, he asked her what was happening in her life. Her answer was a surprise, so he referred her to a psychiatrist he understood was interested in similar cases.

About a month later he inquired with that doctor about the woman's progress and was shocked to learn she was cured of her stress illness. Realizing he might encounter a few similar situations in his practice, he learned from the psychiatrist the essence of **asking a patient questions** about the experiences in their life. It took him many years to fully develop his ability to diagnose and treat stress illness. By the end of his multidecade career in gastroenterology he had diagnosed and treated about 7000 patients with stress illness, nominally one-third of all patients initially referred for gastrointestinal aliments.

In 2007 he published a book titled: '**They Can't Find Anything Wrong'**, which includes many excerpts from cases he has treated, and offers '7Keys to Understanding , Treating, and Healing Stress Illness'.

A **major motivation** for his continued effort is to move the healthcare world toward a system that serves those with stress illness in the Blind Spot between the mental and medical healthcare worlds. "A human being , who is suffering , should be able to get appropriate diagnosis and relief for their symptoms, if it's possible from the healthcare system, not matter what is causing their illness."

Almost everyone has experienced a stress related symptom, like blushing or a knot in their abdomen in a tense situation, and undesired stress-symptoms afflict one in six adults. Chronic pain is common symptom. One patient had **27 symptoms** that were ultimately relieved. Many patients had been ill for **10 or more years**.

There is a wide range of **speed with which people recover**, which depends on the particular stress experienced by the individual and their ability to be in touch with their emotions. Sometimes that road is long but sometimes a one-hour conversation finds the problem.

The patient's ability to fully embrace the understanding that their illness is caused by stress, (meaning, the belief that the issue is in the **Mind-Body/Neuroplastic** realm) and not by disease or structure abnormality, can have an influence on their progress toward recovery. The more stubborn cases may require a therapist with experience in Mind-Body realm. https://www.symptomatic.me/ is a first source for locating a capable therapist.

Insight to the cause of symptoms in the Blind Spot are not generally within the training of most healthcare professionals. So, **your doctor** may not be prepared understand the Blind Spot or treat the cause of stress illness.

Scientific studies have demonstrated that 'Pain Reprocessing Therapy' and 'Emotional Awareness and Expression Therapy' have the capability to change the physiologic underpinning of the brain wiring and treat illnesses in the Blind Spot.

Therapies for neuroplastic symptoms search for the underlying cause of the symptom rather than temporarily reducing the symptom. Many times, the cause will be stressful events in the recent past or frequently from childhood. There **isn't any magic** in the treatment. Rather the task is to find the stress or stresses your brain has repressed and get them relieved.

Terminology in every technical discipline changes as the discipline develops and 'neuroplastic' is currently the most useful label for the underlying concepts in stress illnesses.

Transcript

[00:00:00] Well, I started out in life as a **garden variety gastroenterologist**, fully expecting that my career would involve putting endoscopes into people and looking around inside.

But I quickly learned that about **a third of my patients** had physical symptoms, not related to anything that I could see with diagnostic tests, but instead connected to stress.

That if I was able to **uncover what the stress was**, and it wasn't always obvious, what it was, but if I could find it, we could almost always **treat it successfully**. And then the symptoms would come down and, in some cases, go away completely. And in a few other cases go away completely in a very short space of time.

So that became, instead of one of the **more frustrating aspects** of practice, which it is for many physicians, it became one of the **most rewarding**. And I did that for from 1984 [00:01:00] onwards, over 7,000 patients, with those problems.

About his 2007 book – 'They Can't Find Anything Wrong!'

Well, these were patients who had **no organ disease or structural abnormality** that could account for their symptoms, but I could tell that it was a **stress related illness** by uncovering what the stress was, treating that, and then seeing that patients got better. That was the confirmation that I was on the right track, and it took me hundreds of interviews every year for four or five years before **my learning curve** finally reached a decent level.

And then another decade after that of experience before I felt ready to actually **write a book** about it that would be meaningful and useful to patients. And it took me three years to write it. I kept editing it over and over again to try to make it as clear as possible, put it in simple, straightforward language that people could connect with.

There are a lot of **case histories** in it that are [00:02:00] drawn from the full spectrum of different **kinds of stresses** that can make people physically ill, with

the idea that one or more of those stories would resonate for a reader, in a way that would give them insight into their own **personal situation**.

And it's been very popular. Once it came out, I started getting **invitations to speak** all over North America and Europe. Over a hundred television and radio broadcast interviews teaching in two or three different graduate schools. The interest in this has just exploded, which is wonderful to see because it's been a **huge blind spot**, for the healthcare profession for centuries.

<u>On healthcare justice…</u>

One of the reasons why I pursued work in this field was that, to me this is a **justice issue.** That a human being, who is suffering, should be able to get appropriate diagnosis and relief of their symptoms, [00:03:00] if it's possible from the **healthcare system**, no matter what is causing their illness.

If it's a **structural abnormality or an organ disease**, the system is very good at helping people with that problem. If their exact **same symptom is caused by stress** or by repressed emotions or by low self-esteem or by poor self-care skills, the system typically fails at that, or is ignorant of what to do, or simply places those patients outside of its job description.

And for me that is totally unjust. If two people are suffering the **same symptom**. They should be able to receive the **same quality of care**.

<u>About Stress Illness/PPD (PsychoPhysiologic Disorders – now called Neuroplastic Symptoms)</u>

<u>How can emotional stress cause *real* physical symptoms?</u>

Almost everybody has had the experience of stress related symptoms at one [00:04:00] time or another. Anybody who's ever blushed with embarrassment, anybody who's ever felt a knot in their abdomen when they're in a tense situation, that's what we call a psychophysiologic reaction, a mind to body reaction that produces real physical symptoms, they're **not imaginary**. They're not “in your head”. They're real. And if the level of stress is high enough or goes on for a long enough period of time, that can turn into what, for all intents and purposes is an illness.

It can cause **back pain**. It can cause **ringing in the ears**. It can cause any kind of **gastrointestinal** symptom. Any pain in almost **any location in the body**. Typically, multiple symptoms in many people, more than one location at a time. But they're all real. And they afflict, **one in six adults,** and one in three of everybody who goes to see their doctor for an evaluation.

So, these are very, **very common**, can be very, **very severe**. Many of my patients have [00:05:00] been hospitalized for this, it reached that level. It can go on for decades. My personal record patient, was ill for 79 years. My personal record patient for hospitalization was, 11 straight weeks. And when I was asked to see her, it was, you know, near the end of that time and she was getting enormous doses of morphine around the clock for her symptoms.

So, the **severity** can absolutely equal what you find from organ disease and structural abnormalities, and the **number of symptoms** typically exceeds what you get from organ disease or structural abnormalities. My personal record patient there, came to me with a printout from the internet on which he had circled **27 different symptoms** that he personally was suffering from, and yet **all 27 were relieved** in about a month in his case.

So, in spite of the severity, the **outcomes**, if you know what to look for, can be very, very good with this form of illness.[00:06:00]

<u>Can patients with a long history of symptoms make a full recovery?</u>

Yeah, absolutely. Many of my patients have been ill for more than 10 years. The very **first patient** in my book had severe attacks that put her in the hospital four times a year for **15 years**. And yet in her case, and this is a little unusual, but she was cured in a one-hour conversation.

So just by, in her case, **getting the insight** about where those symptoms were coming from, seeing the connection to a particular severe stress in her life, bringing that into conscious awareness, in her case, that was all that was necessary. She called me up a year later to say that she'd gone an **entire year with no symptoms** and she'd previously had six or 10 severe attacks in a 12 month period of time. So, yeah, absolutely those can improve.[00:07:00]

<u>Why is it harder for some people to recover from Stress Illness/PPD/Neuroplastic Symptoms than it is for others?</u>

And there is a **very wide range of speed with which people recover**. You know, the patient that I mentioned earlier who was essentially well in an hour, and on the other end of the spectrum, I found out about one of my patients who went off to therapy with some very good ideas about what to work on, but even after 20 years of mostly going to therapy on a regular basis, she still had symptoms. She wasn't taking narcotics anymore, she wasn't being hospitalized anymore, but she was still having symptoms.

So, there is a wide spectrum and your question is what accounts for that? And it has to do with the **severity of the stress** that they were subject to, what **age the stresses occurred**. You know, we're more vulnerable when we're very young. Was there any offsetting support that the person received when they were experiencing the stress, particularly as a child, and their [00:08:00] own resilience qualities. And, you know, there are a number of elements that go into that, but **people differ with respect to how resilient they are** in coping with stress.

People's ability to be in touch with their emotional reaction. Much of stress related illness is linked to **repressed emotions**. And how easy is it for you then to get into contact with those emotions, to recognize that those emotions are there, to bring them into conscious awareness? That's a **skill that differs** a lot from person to person. But even the people who are going to take a very long time to make a full recovery, they can tell that they're on the right track. They can tell that they are moving in the right direction.

Often, it's been a long road for them just to find out what they need to do to get better. But once they do find that out, once they do recognize that they're on the **correct pathway,** the anxiety, the fear that people [00:09:00] are losing their minds about this symptom, that tends to go away and, and they can see that there's a way to move forward and that makes a huge difference.

How important is accepting the Mind-Body Disorder (PPD/Neuroplastic) diagnosis in order for me to recover?

It is an important question about, and there's, there's controversy about this in the field. Do people need to **fully embrace** the idea that they have a mind body condition or a **stress related illness** in order to make any progress at all? And my own take on this is that it's not necessary to draw a firm conclusion about that.

It's perfectly **okay to wonder** if you've got a possibility of an organ disease or a structural abnormality. And if you're worried about that, continue to work with your medical clinicians to exclude those possibilities whenever they come up. But at the same time, the more tests that you've had done, [00:10:00] the less likely it is that there's **an organ disease and a structural abnormality,** and that makes the stress connection more likely. And so, you shouldn't ignore that.

You should work on those issues. Try to uncover the **underlying stresses**. Try to reduce the ones that you uncover and see if you get better. If you find that your symptoms are making progress, that's gonna give you increasing confidence that the stress connection pathway is the one to pursue.

But, anytime you have a **flare up**, and it's perfectly normal in recovering from this illness for there to be **ups and downs** in your symptoms, for the symptoms to move to different places in the body or to mutate into something else like insomnia, for example. And if you have worries when that happens, by all means go back to your medical clinician and get it evaluated.

But in the meantime, don't neglect working on the stress. Don't neglect working on [00:11:00] the issues that you've uncovered to keep moving forward. Two steps forward, one step back is a **very common pathway** for people who are recovering. The second thing that I would do to help you with this concern Is to look at the **list of questions** that we've placed on the ppdassociation.org (**Symptomatic.me** beginning in 2024) website.

At the moment there are **12** of them, we might increase that in the future, but these are **questions** that help establish whether your illness is occurring in the context that we find for many patients with psychophysiologic disorders or mind body disorders (Neuroplastic symptoms), it asks you about a whole lot of different aspects of your symptoms and of your life to see are you fitting into this pattern? Are you sharing characteristics with other people who have been down this road? And the more of those questions to which you answer [00:12:00] yes, or in the affirmative, the more likely it is that your underlying symptoms are **linked to stress**.

I've ruled out medical causes for my symptoms & learned about Stress Illness (PPD/Neuroplastic symptoms) but I'm struggling to recover. ***Now what?***

A patient who has found their way to understanding mind, body, or stress related illness, and who is working on the issues, and is **not making good progress**, and that's certainly not an unusual phenomenon, and oftentimes means that, they simply **haven't found the underlying stresses** or connected with the repressed emotions to the degree that is needed.

And that's a struggle. Many patients with this form of illness were placed under stress or adversity at a very early age in their life, and they got **very skilled at repressing those emotions**. And oftentimes the [00:13:00] adversity was inflicted on them by people that they still care about, which is still another reason why those emotions may be kept in the background or that they want to reestablish a positive relationship with this person, and to have those emotions come into conscious awareness, **might interfere** with any hope for reconciliation with that person. So, a lot of good reasons to keep the emotions that are causing these problems in the background and connecting with them is difficult.

So **recommendations** there, if you can work with a **therapist** who's got experience with this. Many mental health professionals are not so experienced with the kinds of issues that occur in people who are physically ill. But if you can find one who's got that experience that can help. The smartphone computer **application called 'Curable'** will often help people connect with these.

There are **numerous good books** to read on [00:14:00] this subject. And they're all different. So, if you've read one or two of them reading a third or a fourth might give you insight, that you haven't had up to now. So, these are some of the techniques that might help you break through to an understanding of the **underlying causes**.

Where can I find a health practitioner who can diagnose & treat Stress Illness/PPD ***(Now called Neuroplastic Symptoms)***

One of the best places to find a **practitioner** is in the **directory**, on the PPDAssociation.org website (Now at the **Symptomatic.me** website of the **A**ssociation for the **T**reatment of **N**europlastic **S**ymptoms**/ATNS**). We are listing the contact information for people that we feel have experience and interest in this area enough to help patients with their issues. So that's the first place I would go.

Addressing Skepticism about Stress Illness/PPD (Now called Neuroplastic Symptoms)

If the Mind-Body treatment approach for chronic pain is so effective….

Why hasn't my doctor told me about it?

Doctors have rarely had any formal training in how to diagnose and [00:15:00] treat Psychophysiologic disorders [neuroplastic symptoms]. The medical profession has tended to **fracture** itself into the **mental health world** and what we might call the **medical world** or the structural organ world. And there's very little overlap between those two areas.

So both groups typically, have not had formal training in how to evaluate a psychophysiologic disorder [neuroplastic symptoms]. The **mental health** people tend **not to have experience** with folks who are physically suffering, having a physical symptom of some kind, chronic pain or otherwise. The **organ and structural doctors** have typically **not had training** in how to assess someone for the psychological and stress related causes of physical symptoms.

And so, patients with these real physical symptoms caused by a psychological or [00:16:00] stress cause, fall right in the middle of those two groups, which is into essentially a giant **blind spot** in the healthcare system. And what we're trying to do in the PPDA [ATNS] is educate both sides that they need to have a meeting of the minds. They need to be **understanding the power** of stress and the mind and psychology at causing real physical pain or other symptoms.

So that, the **medical clinicians** can include this in their thinking when they evaluate patients and the **mental health professionals** can know the more exactly the kinds of issues they should be looking for in someone who's physically ill, which Is something of a **parallel universe** to what they typically do day to day in evaluating people with mental health concerns. It's a **different set of issues** that they should [00:17:00] be looking for in someone who's physically ill, than in someone who has primarily a mental health complaint. So, a little bit more overlap between these two groups and we'll see vastly better outcomes for people with PPD (Neuroplastic symptoms).

The scientific support for the PPDA's (ATNS's) treatment approach as compared to the placebo effect of alternative medicine

The question has to do with the scientific support for this approach and how does that compare with the **scientific support for alternative healthcare**? And there was a researcher in England who devoted his career to studying alternative health methods, including acupuncture and reiki and a number of others, and found that in 95% of those techniques, the **benefit was as much as placebo**, which is, you know, not zero. I mean there was benefit, but it wasn't better than a placebo.

On [00:18:00] the contrary with Mind-Body techniques and with psychophysiologic (Neuroplastic symptom) approaches, there is a **growing body of evidence**, published in reputable journals that scientifically supports these ideas. That number one, a **psychological approach** to physical symptoms can have benefit.

And there are a number of different psychological approaches that have been tried, most of them tend to have modest benefits, but a couple of them that we call **Pain Reprocessing Therapy** and **Emotional Awareness and Expression Therapy**, those two have risen above the others and have shown much more powerful benefits in this area.

We've also found from **functional MRI studies** that people with psychophysiologic disorders [neuroplastic symptoms] actually, have their **brains wired in different ways** than people without these symptoms. That when you inflict pain on someone, you know, put a blood pressure cuff on them, put [00:19:00] something that's hot on their arm and see what parts of their brain light up, people with these psychophysiologic [neuroplastic] conditions, their brains are literally wired differently in response to those stimuli, than people that don't have these conditions.

So, there's a **real physiologic underpinning** to this that's been found. And there's even now a **case study** that shows that wiring can go back to a healthy pattern with psychotherapy. And further evidence that if you've been through **traumas,** if you've been through adverse childhood experiences, that can impact the wiring of your brain in ways that are exactly what we're seeing in psychophysiologic disorders [neuroplastic symptoms].

So, there's a huge difference between the scientific support. And we've got this in an indexed and annotated **bibliography** on the PPD association website (Now on Symptomatic.me). There's a huge difference between that scientific support for what we do and the [00:20:00] scientific support for other forms of treatment.

How does the PPDA's treatment approach differ from what I've tried before?

So, the question is, what should someone be doing with this condition? Should they be trying every conceivable **alternative form of healthcare** that's out there? And you know, my answer is no. Because most of those other forms of treatment that you'll find are just treating the symptoms. They're **not treating the underlying cause**.

The underlying cause is one or more forms of stress, and it's essential to go through those one by one and see if you're suffering from them. And the most challenging to uncover oftentimes is stress that a person experienced when they were growing up, what's called an adverse childhood experience or ACEs.

And oftentimes when people look back, [00:21:00] since they don't have a parallel life to compare, when they look back, they don't necessarily recognize just how challenging their early environment was for them. So **one way to help** you with that is to imagine your own child or a child that you care about growing up exactly as you did and having to watch them try to cope with that environment from afar. Or as if you were a **butterfly on the wall** of your childhood home, watching a kid that you care about try to cope with everything that you coped with.

And how would that be for you? What **kinds of emotions** might spring up as you watch that happen? That's a great way, a great technique to connect with some of the emotions that you may have experienced when you were growing up, and now no longer recognize that they're still there. They're still active, they're just expressing themselves via your body.

And when you do this, you're connecting with the real cause of the symptoms. You're not just treating the surface [00:22:00] manifestations, you're not just trying to treat the symptoms you're going after the **real root source** of what's going on. And when you do that, you're more likely to see progress than you are with the other techniques that, you know, may have some placebo benefit in this condition but nothing more than that.

There are probably at least 15 different terms that cover this condition in one way or another. And part of the reason for that is that we haven't completely solved the physiology of what creates the symptoms in this condition. When we as a board of directors of the Psychophysiologic Disorders Association [ATNS] got together in 2010 and tried to decide what we should call this, we liked the term

psychophysiologic because it emphasizes that [00:23:00] there's a connection between the psyche, which is the mind and the body by means of physiology.

In other words, that there **isn't any magic** about this condition. That it is just as connected to the way the body works as organ diseases or structural abnormalities. So, we felt like that was the best term, especially for communicating with physicians.

But for other audiences it's not as good. And that centers around the psycho part, which in the general public, when they see the word psycho, they immediately think of the Alfred Hitchcock movie or somebody who's hallucinating. And that is not what the term means at all, that refers to psychotic, which is completely different than what we mean, which is simply the psyche, or **the mind**.

So, we think it's the best term, but we use **stress illness or mind-body condition** [and now neuroplastic symptoms] when we're speaking to the public, when we don't have [00:24:00] time to explain how we're using the psycho part. As the science evolves, we will probably get to more exact terms.

The terminology may evolve even further. It's only recently, for example, that we've had **functional MRI machines** that can show what's happening in the brain in people who are suffering from this condition. We know that there are different nerve pathways in the brain. So, some people have started referring to this as central pain, pain that originates in the brain, as opposed to peripheral pain that originates in a damaged part of the body for example.

So that's, that's a term that's coming up more and more now in response to the evolution of the science and **science always is evolving**. So, we anticipate that our understanding of the exact physiology behind this condition will continue to grow. And as it does the [00:25:00] terminology may also evolve along with that.

So, these things just take time. Absolutely, it wasn't that long ago that **congestive heart failure** was referred to as the **Dropsy**, and you know, nobody uses that term anymore.

But the Dropsy referred to the fact that people would develop swelling in their legs, as if something had dropped into their legs. And what had dropped into their legs was fluid that the heart wasn't able to pump around the circulation because the heart was failing. And eventually it was figured out that, yeah, it's the heart that is, you know, as the science evolved, that it's the heart that was the

source of this problem. And so the term Dropsy was dropped, and we started talking in terms of heart failure or congestive heart failure.

Just an example of how the **terminology changed** along with the scientific understanding. Why not keep a term [00:26:00] that was around since the 1970s Tension Myoneural syndrome? Well, it's the same reason why we no longer use dropsy. The science has improved since then, and we know that originally the term was Tension Myositis Syndrome. And myositis means muscle inflammation. And when we found out that there isn't any muscle inflammation that was changed to myoneural. And then, we've since learned the importance of the brain and the mind in this condition, and we want to emphasize that in the new terminology, and that tension isn't always in involved.

Tension can also refer to a psychological tension or to muscle tension. So, there was confusion around the exact meaning of that. So, the terminology has evolved in parallel with the science. And that's the biggest reason why we don't use that term anymore.

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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