

Pain Free You: Teach Your Brain to End Your Pain

Dan Buglio & Pain Free You Publishing
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Rating: ★★★★★

Tags: Self Help

What if chronic pain isn't a sign of damage or illness, but simply a misunderstanding by your over-protective brain about the condition of your body?

In *Pain Free You*, Dan Buglio shares how the brain's perception of either danger or safety is the direct switch that turns pain and other symptoms on or off. With this new understanding, you'll learn how to reverse the chronic pain or ailments you've been suffering from.

By overcoming 13 years of chronic back pain and sciatica and spending over 25 years researching mind-body recovery, Buglio has become a leading expert in the space. He has coached over 2,000 individuals through these concepts and helped many thousands more through over 5 years of posting daily online videos. He has now amassed a worldwide audience of over 50,000 subscribers and counting.

The real-life experiences and feedback shared by his clients and viewers enable Buglio to continually adapt, refine, and improve his approach to recovery. But even as the world of mind-body connections grows, one concept always rings true: you can simplify a seemingly complex problem and make recovery accessible. And *Pain Free You* can show you how.

In *Pain Free You* , you'll discover:

- The root cause of pain and symptoms and why they become chronic
- The wide variety of pain or symptoms that can be resolved with Buglio's approach
- How to assess your symptoms to know if this approach will work for you
- The simple solution to turn off your pain or symptoms once and for all

Pain Free You will change the way you view your brain and body. By understanding how the human system functions, you'll unlock the door to eliminating years of suffering. It's proven. It's reliable. It's predictable. It's your turn.

Take control of your recovery and regain the life you deserve. No drugs. No surgery. No endless procedures. Just real, lasting results.

This stuff works, folks.

PLEASE NOTE: When you purchase this title, the accompanying PDF will be available in your Audible Library along with the audio.

PAIN FREE YOU

Teach
Your Brain
to End
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DAN BUGLIO

PAIN FREE **YOU**
PUBLISHING



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Yardley, Pennsylvania

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What I do and don't do: I offer general information about a nonmedical process that has been effective in helping some people alleviate back and body pain. However, each person is unique, and the information included in the process may not be appropriate for your specific health or pain situation. I do not give medical advice, diagnoses, or opinions on medical conditions, treatments, or cures, and you should not rely upon anything in the process or process materials as a preventive, cure, or treatment for any purpose. Any information in the process or process materials that appears in the form of an opinion, recommendation, preventive, cure, or treatment should not be taken as medical or other advice, even if it may appear to you as such. I strongly recommend that you check with a licensed physician who is familiar with the details of your particular situation before you begin employing any of the strategies I suggest.

Your responsibility: Your health is your responsibility. Your use of this information is your choice and will be at your own risk. The concepts shared are not intended to offer you all the information about maintaining a healthy body and back. There are many options and alternative courses of action that may be equally or more beneficial to you. Depending upon your specific health situation, the information I share may be detrimental to your health. Exploring all of the options and alternatives is your responsibility.

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**YOUR HEALTH IS YOUR
RESPONSIBILITY.**

Check with Your Medical Doctor Before Using
Any of My Concepts or Ideas for Eliminating
Pain or Symptoms.

For Mom.

*You make me smile and always feel loved.
Without you, I wouldn't be here.*

For my son, Matt.

I couldn't have asked for a smarter, more thoughtful, or kinder son. Simply put, you are awesome. Thank you for being you and for your unwavering support and encouragement in all my endeavors.

| PRAISE FOR DAN'S WORK

"Dan, I will always support you, my friend. What you do for the world is incredible. You are the best TMS PDP/PDS coach in the world. I am absolutely convinced of that. Once again thank you for everything my friend! You saved my career and helped me out of a deep depression! You are the best!"

"I am still so grateful for your help and videos, Dan. I am still truly well and loving and living life to the fullest. Thank [you] so much. Every once in a while, I catch one of your videos because they bring a smile to my face. I was and am so lucky you helped me understand . . . TMS/PDP."

"Dan should be canonized in life for his work. The [gift] to understand and convey with such an empathy the strategies to deal with something that can be so dramatic for so many people. And the way [he] put things, the words, the fantastic articulation, the inflection of the voice. I think this guy is blessed with this vocation to help people help themselves. Never will have enough words to thank him."

"I don't get tired of saying that this man—Dan—[does such] fantastic and wonderful work, that if there was a Nobel Prize for the ones who work for the well-being of others, Dan would be a very serious candidate!"

"Thank you, Dan! Life sure can be very life-y at times but, these days, I know that it doesn't have to hurt and, folks, it's true! This stuff truly works and is the way out. Flip the script, change the story

you have been telling yourself and expect the best. I did and I am a different person, thank you Dan Buglio!"

PART I

INTRODUCTION

SETTING EXPECTATIONS

Look . . . I know firsthand how chronic pain or other chronic symptoms can be. Absolutely brutal. But do we really need yet another book on TMS (tension myositis syndrome), mind-body pain, or symptoms? Yes, I believe we do, and that's my reason for writing this book.

After twenty-five years of living with chronic pain, studying it, and now coaching and teaching folks around the world how to end their pain and symptoms, I believe I have something unique to add to this discussion. I hope by the time you finish this book, you'll agree.

We all know how devastating chronic pain can be. It affects us, our families, our relationships, and our ability to work and provide for ourselves and our families. It can be soul crushing when we don't see a way out. The fear, panic, and desperation are overwhelming to so many.

The medical field is full of professionals, practitioners, medications, devices, procedures, and more. Yet it seems that despite the vast number of medical resources available, the number of people suffering from chronic pain or illness continues to grow. Clearly, a mainstream approach is not working, and as a result, we are in a crisis.

Did you ever have anyone ask you, "Can it really be that bad?"

Well, yes, it *is* that bad.

The pain and symptoms can be devastating, disabling, and crippling to some. They can tarnish our views of having any possibility of happy or healthy futures. I'm not saying this to cause fear, and please do not despair. There is an explanation for how this human system functions and how chronic pain or symptoms start

and persist, and once you understand how it all works, you will be that much closer to ending your symptoms and pains.

This journey is hard. It will require an open mind and some decisions about what is going on with you. It will require you to lift yourself up and tell yourself that you *can* and *will* get well because you now know the real cause and solution to what ails you. It's not easy, but with a well-drawn-out roadmap, you *can* do this. I believe in you. I've seen so many people get better that I know with certainty that you can too.

WHO IS THIS BOOK FOR?

I wrote this book primarily for anyone experiencing chronic pain or symptoms. It's also for anyone whose friends or family suffer from pain or symptoms. Read it so you can better support your loved ones. Perhaps you are simply fascinated by how the human body functions and how these chronic pains or symptoms can occur and want to understand more about the solution. Perhaps you are a medical or mental health professional or coach who wants to better understand how to help your patients and clients. This book is for you.

WHO IS THIS BOOK NOT FOR?

If you have a closed mind and are not open to the idea that your brain is involved in the creation of chronic pain or other chronic ailments, this book will not help you.

If you want someone to cure or fix you with no active involvement on your part, I cannot help you.

If you want a highly complicated program with a twenty-six-point daily checklist of tasks and tools to employ on your healing journey, I'm not your guy. I prefer a simple approach to what I view as a reasonably simple problem. I can assure you that a complex program is not better.

If you believe these mind-body concepts are all hogwash and a bunch of mumbo jumbo because you have a "real problem," I cannot help you.

If you think that I'm telling you your pain is not real and that it's "all in your head," I'm not your guy. I'm not calling you crazy. Your pain is not imaginary, and you are not making it up. Your pain is *very* real. It's always real. I know because I had thirteen years of it myself.

If you are insulted by the idea that your brain is what is creating pain, and that makes you want to reject everything I am about to tell you, I'm not your guy.

If you believe that since you have already tried a mind-body approach, this won't work either, I'm not your guy. Please don't discard these ideas just yet.

MY PROMISE TO YOU

What I plan to teach in this book may be somewhat similar to, but is uniquely different from, what you may have learned about and tried

previously with TMS and the mind-body world. Where previous mind-body approaches may have failed you, this will work for you. By the end of this book, you'll know why your previous efforts have failed to end your pain or symptoms and what to do differently this time around.

I have made sure that this will not be just another mind-body book rehashing old information about feeling emotions being the only path to getting well.

I focus on the root cause of symptoms: perceived danger. Then I focus on the simple, straightforward solution: safety. There will be plenty more on this later. Keep reading.

WHAT QUALIFIED ME TO WRITE THIS BOOK? MY JOURNEY THROUGH PAIN

HAVE YOU EVER DONE SOMETHING THAT WAS INCREDIBLY MUNDANE, YET IT changed your life forever? For me, it was putting on my underwear. In my early thirties, I was married, had a three-year-old son, a stressful job, and a long commute. Money was tight, and I was living in a rental. My wife and I were talking about having another child. One morning, as I was getting ready for work, I bent over to put on my underwear when, WHAMMO! I felt a jolt of back pain so strong it practically dropped me to my knees. I had never experienced a pain that strong in my life.

Little did I know it at the time, but this one event was destined to change my life forever. Twenty-five years later, the ripples of that one event are still directing my life.

I managed to struggle my way through work that morning. That afternoon was the company golf outing where I was to play on a real course for the very first time in my life. I was paired up with three buddies from work. I was convinced that I was going to make a fool of myself and that they were going to bust my chops all day long. Very uncomfortably, I made it through the round, but every bump we bounced over driving around the golf course caused a visible grimace on my face.

After surviving the day, I couldn't believe the pain I was in. The next morning, I found myself unable to go to work and wound up at my doctor's office. After a brief superficial evaluation and a prescription for muscle relaxers, I was out the door. It was clear he

didn't have a clue, and I got zero insight. The pills did absolutely nothing to dull the intense pain. Moving was awful. Scary stuff.

The next day, I desperately found a local chiropractor who proceeded to manipulate my back while it was in a full spasm. It would be a complete understatement to say that it was not a great experience. Awful is more like it. Looking back, it is amazing that a doctor thought it was a good idea to twist and crack someone's back while it was locked up in a spasm and in that much pain. My poor wife had to watch me struggle to get back in the car to head home after this "treatment." I was petrified by the amount of pain I felt.

I'm sure you can relate to the feelings of panic. "OMG, what the heck happened?" "Will I get better?" "If I feel this bad in my thirties, what's the rest of my life going to be like?" and 426 other and scarier thoughts filled my mind. Of course, we have all heard stories of people with lifelong debilitating pain. Those stories terrified me. My mind was absolutely reeling.

This was the beginning of my thirteen-year journey with chronic back pain, as well as pain down one or sometimes both of my legs. This is called "sciatica" by those in the medical profession.

I was blessed because the pain began to subside after six to eight weeks, and I was able to get back to somewhat of normalcy. Even though the pain was less intense, in the back of my mind, I was terrified that it would happen again. Every time I bent over, I was so careful. And sure enough, despite how wary I was, it happened over and over and over. Every two to three months, I would have another huge episode that would last for a couple of months. The fear grew, and so did the anticipation of another episode.

This was my life that first year in pain. Out of desperation, I found another chiropractor to help me. He used some electronic stimulators and heat to loosen the muscles prior to the chiropractic

adjustment. Admittedly, it was relaxing, and I at least felt I was doing something to move myself forward.

I kept going back to him because I would walk out of that office in a little less pain and be able to stand up a little straighter. The problem was that the relief only lasted for thirty minutes after the appointment. Within thirty to sixty minutes, it was as if nothing had been done at all. The pain and crookedness in my back returned, but I kept going because I didn't know what else to do.

"Insanity is doing the same thing over and over again and expecting a different result."¹ Can you relate to that quote? How many times have you repeated treatments, even though they didn't help or simply provided temporary relief at best? In some cases, treatments can actually make us feel worse.

Unfortunately, when the medical field fails to help us, we keep resorting to more of the same failed treatments. It's maddening, and it fills us with despair.

One year into my journey, I discovered the work of Dr. John Sarno while listening to the morning shock jock radio host Howard Stern. Howard claimed he owed his life to Dr. Sarno and explained a bit about him. I remember Howard saying he had back pain so bad that he would sometimes lie on the floor of his studio during the commercials of his morning radio show.² With the help of Dr. Sarno, Howard was able to overcome his pain and regain his life. Howard even spoke about running again.

Prior to hearing about Dr. Sarno, I had very little hope. After hearing about this mystical doctor and finding a glimmer of hope and direction, I quickly made my way to the bookstore and bought every book by Dr. Sarno I could find. In these books, Dr. Sarno explained that most back pain was caused by stress, tension, and

repressed emotions, primarily anger and rage. The back was apparently not the problem at all.

Dr. Sarno determined that many abnormalities found on imaging studies were not the actual cause of the pain.³ I devoured the books and soon found hope. My fear diminished considerably. And amazingly, soon after I read Sarno's books, my pain went away. Unfortunately, that's not the end of the story.

The pain came back. I was shocked. I thought I had found the answer and had beat the pain. So why in the heck was I hurting again? I couldn't believe it. I thought this wasn't supposed to happen.

This time, it took longer and was more difficult to get rid of my pain. Understandably, my frustration and fear grew. This pattern repeated itself over and over until the pain would no longer go away. I experienced varying degrees of pain intensity every waking hour of every day. For the next twelve years after learning about the mind-body concept, my pain varied from mild to wild, and everything in between.

The worst episode was when I bent over to get some papers off my desk at home. I felt a wave of pain that dropped me to my knees. I immediately knew I was in trouble. Since it was nighttime, I struggled into bed and hoped for the best.

In the middle of the night, I woke up with the most intense pain I had ever felt. It was so bad that I broke into a sweat. I tried to keep quiet so I didn't wake and scare my wife sleeping next to me. Breathing slowly, it let up enough that I was thankfully able to fall back to sleep.

When I woke up the next morning, I looked at the ceiling and was terrified to even move, let alone get out of bed. At the time, I was

running a home-based internet business and had to work. Plus, I had to pee.

I made the decision to get up. Gingerly sliding my legs over the edge of the bed, I stood up, and in that moment, a wave of pain and muscle spasm hit me *hard*, even worse than the night before. I had never felt anything like this.

I dropped to my knees and held onto the bed for dear life. Right at that moment, my wife walked into the room, took one look at me, and knew I was in trouble.

“What can I do for you?” she asked.

“Nothing,” I said. I somehow managed to crawl to the middle of the bedroom floor and get onto my back, knees up, looking at the ceiling. I had no idea what to do. “Terrified” would be an understatement.

My wife quickly grabbed a yoga mat and suggested we slide that under me to help cushion my back from the hardwood floor. Somehow, through my great pain, we managed to get this quarter inch of thin rubber between me and the floor. It wasn't much, but it was better than nothing. She asked if she should call an ambulance. I pictured what that would entail and quickly said, “No, they won't be able to do anything.” I knew that if they tried to move me, it would just hurt more.

In my mind, I was absolutely convinced that Dr. Sarno was right. I knew that my body wasn't the problem. But how the heck could I stop this pain? “Frustrated” and “terrified” would describe my state of mind.

I asked my wife to get my laptop, some work stuff (pen and notepad), and my cordless phone. I set up my office on that hardwood floor. Oh, and I needed something to pee in. The plastic

pitcher we used to make iced tea would have to be sacrificed for the situation (LOL).

I told my wife to head to work, as there was no benefit in her sticking around and watching me lie on the floor.

A couple of hours later, my son woke up. It was summertime, so he was not in school. He wandered into my office and didn't see me there. He called out for me: "Dad?"

I answered, and he found me on my back with my laptop, the phone, and a pitcher. I told him what was going on. I'm sure he had no idea what to do. He looked at me, concerned and confused.

Embarrassing him, I asked him to pour the pitcher of pee into the toilet. Later, I ordered a pizza for delivery and gave my son twenty dollars to pay the delivery man. He and I shared the pizza on the floor of my bedroom.

I spent fourteen hours on that floor that day. Every time I would try to move in an attempt to get up or even adjust to find some comfort, another back spasm and wave of pain hit me, keeping me floored. Literally. It felt like a charley horse across my entire lower back. Brutal.

Around 10:00 p.m., after all day on the floor, I somehow made it into bed. Aside from hobbling to the bathroom periodically, I spent the next several days in bed. What a week!

Crazily enough, I was *still* convinced that my body was fine and that Dr. Sarno was right. Just nine days after that eventful day, I played a round of golf, carrying my golf bag on my back and walking four miles over a hilly course. Everyone thought I was nuts, including me. But I knew my body wasn't the issue. I felt I had something to prove to myself.

Was it painful? Heck yes, but I made it through. Just don't ask me my score! I'm sure it was awful. I needed to rest in bed for about six

hours after I got home. But I made it, and that was a victory for me.

Regardless of this victory, I was still frustrated beyond belief. I *knew* that I had a normal thirtyish-year-old body and back.

Over time, back pain became my identity. I was known as “the back pain guy” at work, in my neighborhood, among my family, and elsewhere. “How’s your back, Dan?” became almost a daily question. Fear of the pain took over. Even though I knew the true cause of the pain, my confidence that I would ever get out from under this, and its crushing impact on my life, crumbled.

My world became smaller. Much of my days were spent on my back with my knees bent, pointing toward the ceiling. I got into stretching routines, none of which helped. I would stretch for twenty minutes and feel slightly better for twenty minutes. The pain would inevitably return—a net-zero benefit. Yet, I stretched many times a day, wasting hours, just desperate for a little temporary relief.

I knew Dr. Sarno was 100 percent correct and that my body was not the problem. Yet, like many who know about Dr. Sarno and his concept of TMS, I struggled to get well. This lasted for years, until somehow, *twelve long years* after I found out about this mind-body concept, I accidentally stumbled on just the right way to convince my brain to turn off the pain. Yet, I had no idea how I had done it.

If you had asked me, I could not have even explained what I had done that finally worked. It took me many years before I could put it into words. In hindsight, I somehow, haphazardly and accidentally, began implementing the concepts that I now teach in my coaching and daily videos. It is those very concepts that are now in this book.

Once I had finally become pain-free, I had many opportunities to prove to myself that my body was never the problem.

Since I ended my pain, I have moved homes five times. Each time, my son and I have taken a house or apartment full of

furniture, loaded it all into a U-Haul, and moved it all by ourselves. If someone had told me I would be carrying dressers, beds, boxes of household goods, and books up and down stairs; loading and unloading the truck; and setting up house again and again without pain, I would have never believed them. Yet I did all of that and more.

Today, nearing 60 years old, I live with *no* physical limitations at all. I can sit in a kayak all day and, once out of the water, lift that eighty-pound kayak up onto a roof rack on my car. No pain. No disability. I can work out with weights and even sprint. It's not graceful (haha), but I can get this fifty-nine-year-old body moving as fast as I can with no pain.

During those thirteen years, even sitting on the couch for too long would cause my pain to flare up and hurt like mad when I got up.

I can assure you of this fact: there is definitely a life after chronic pain! And it's a fantastic one. That story is just the beginning of how chronic pain changed my life.

Long before I ever ended my pain, I felt compelled to share what I knew about chronic pain. I would tell friends, neighbors, and anyone who would listen about the wise Dr. Sarno. Mostly, people looked at me like I had three eyes.

Regardless, I remained fascinated, and I kept on studying and involving myself in the chronic pain communities. I read every book I could find, and once the internet took hold, I watched videos and listened to interviews. My understanding grew deeper and deeper.

In 2014, I began an attempt to coach others. The problem was that nobody, and I mean *nobody*, knew who I was. Getting clients as a "nobody" proved to be quite difficult. The only people I was able to convince to let me coach them were friends and acquaintances, many of whom I helped for free. Not once did I convince a stranger

to let me help them. I eventually quit trying to coach. It just wasn't working, so I stuck to my day job (my e-commerce business).

I couldn't stay away long. I kept visiting mind-body/Sarno/TMS communities on Facebook and engaging in conversations, trying to offer helpful suggestions, yet there was still no demand for anyone to hire me as their coach.

After attending a business and marketing workshop in Orlando in 2019, I was inspired to create content and help people for free. At the end of March 2019, I began shooting daily videos and posting them on YouTube and Facebook. As I write this, I have been posting daily videos for over five and a half years, with over two thousand videos in a row, and this number continues to grow each day. In that time, as people learned who I was, I went from a nobody to a somebody in this area of knowledge. Fortunately, the things I was teaching in my daily videos began to help people around the world feel better, and many completely recovered from their own symptoms or pain.

Within a year of beginning the daily videos, my one-on-one coaching calendar filled up to the point where, in early 2021, I had a three-month waiting list. It was simply unsustainable to take on more clients. There are only so many hours in a day, and there is only so much of me. It was frustrating knowing that people needed help and that I was having to make them wait months to speak with me. So, in June of 2021, I launched my group coaching program, and it's been growing and a great success ever since.

Here is the really cool part: by doing these daily videos and working directly with my coaching clients, either one-on-one or in a group, I created my own personal laboratory in which to learn, try out concepts, and get direct feedback from my clients. Since I post

daily, I also have thousands of people from around the world leave comments for me every year. I read every single one.

I can say with certainty that I now know *way* more about pain and chronic ailments and how the human brain and body systems work compared to when I was going through my own journey. Most importantly, I have way more experience seeing which of my concepts truly help others get well themselves.

Between one-on-one clients and those who have participated in my group coaching, I've coached over two thousand people. I have received over 6.5 million views on YouTube alone, plus Facebook views. My Facebook community has 13,000 members, and I have over 51,000 subscribers on YouTube. I can say with certainty that by teaching daily and interacting with tens of thousands of comments online over the years, I have learned way more in the past five years than I did in the prior twenty years with my own pain and from Dr. Sarno.

As a result of talking about these concepts daily, I have developed a way of explaining this fairly complex topic in a simplified way, which has resonated with and helped countless people in my audience. I get messages daily from people thanking me for my videos and telling me how much I have helped them.

This book is the result of my twenty-five years of fascination with pain, the brain, the nervous system, stress, health, and all things human. What I have discovered and present here in this book is quite possibly the most streamlined way to teach our brains to turn off chronic pain and other chronic ailments. But don't take my word for it . . .

The statements below are from my YouTube comments:

Your YouTube videos have saved me. 30 years of pain and I feel better every day. Thank you for all you do I can't thank you

enough. I read Dr. Sarno's and all other books, but until your videos, I truly did not get it. You explain it the best. Thank you again.

I LOVE the way you explain Perceived Danger Pain (PDP) and overcoming it. I've read several books on TMS, and I have a TMS coach, so I'm not a new learner. However, the way you teach it is so simple, plain, and down to earth that I tell others in chronic pain to start with you now. Thank You.

Hey Dan, you are my favorite so far. I love listening to you every day. You give so much power and wisdom through your words. I love the way you explain. It makes me feel better and gives me so much encouragement.

I'll say it again and again. You are a life changer. You WILL be blessed for this information that you give so freely on a daily basis. Safety starts with this man on YouTube who you don't even know, who truly wants you to get better.

Amazing video Dan! Dr. Sarno may have pioneered this but YOU have figured it out enough for people to fully recover from this, and it WORKS—congrats to you!

Love Dr. Sarno and love how you have taken this to the next level. Thanks for all you do.

Thanks a lot, Dan, for putting all this out there with such a relaxed, encouraging and good-willed attitude. It's really helping

me and a lot of other people!

Thank you. I had long COVID for 4 months from November 2021 to March 2022. I thought I was sick forever with fatigue, nausea, etc. I discovered Sarno and you by chance. It was over in 6 weeks. I practiced what you teach and I can testify it works. Thank you so much.

Start searching chronic pain on social media and it gets flooded with scammers and bullshitters on the topic. You, sir, are the real deal. Knowledge, calm delivery and just a genuine concern for people to feel and get better. So glad I stumbled onto one of your videos. I've been hooked ever since. What you do, it's priceless for many. Thanks Dan.

Dan . . . keep doing what you're doing. You're giving people their lives back and no doubt in some cases literally saving their lives. Powerful stuff.

I am completely recovered after long COVID with similar symptoms of POTS and food sensitivities. It was a long 2 years. Your videos were paramount to my recovery!

Now it's your turn.

It's time to saddle up and get moving. This book promises to explain exactly what causes chronic pain and other chronic conditions. Better yet, this book will show exactly how to literally reverse and eliminate years or decades of your pain or other symptoms.

You now have in your hands a simple yet proven system for getting well and living a fantastic pain-free or symptom-free life. It's not just possible; the results are very probable and predictable when you follow this effective system. Ultimately, it's up to you.

Knowledge is one thing. Implementation is *everything!*

PART II

**BEFORE WE CAN ELIMINATE PAIN
AND SYMPTOMS, WE MUST
UNDERSTAND THEM**

THE EPIDEMIC OF CHRONIC PAIN AND ILLNESS AND THE FAILURE OF MODERN MEDICINE

THERE IS A LITERAL EPIDEMIC OF CHRONIC PAIN AND OTHER CHRONIC conditions around the globe. The problem is massive, and you are unfortunately living that experience as one of the statistics.

So much of this epidemic is based on *misdiagnoses*, *mistreatment*, and *misinformation*. Basically, chronic pain is a massive *mistake*. Stick with me—there is a solution. I'll get to that later in the book. I promise!

While numbers vary depending on where you look, it is estimated that about 21 percent of the population in the United States has some type of chronic pain. In approximately one-third of those, the chronic condition is severe enough to be disabling, which prevents work and normal function in life.⁴ Putting that into real numbers, that's 51 million people with chronic pain and as many as 17.1 million at the disability level. These numbers are massive and a *huge* problem. Since the US is a small percentage of the global population, you can imagine how big of a problem chronic pain and illness really is on a global scale.

It seems everyone either has pain or knows someone or multiple people who have something going on. How many people do you know of who have some type of chronic pain or other chronic ailment or condition? Likely a few or more.

In the United States alone, it is estimated that chronic pain costs a whopping \$560–\$635 billion a year.⁵ And that's just the financial aspect. As you know firsthand, there is untold human suffering, too.

You have been experiencing it. Living with it. Trying to make it through each day as well as you can. Your quality of life has been massively affected. And just like what happened in my world, your life may have shrunk in proportion to the amount of fear and despair you feel. That's no coincidence.

I work with so many people around the world who have no life anymore. They are devastated by their condition and its impact on their life. Many are completely bedridden and unable to lead a normal life. As you may have experienced or can imagine, this causes unimaginable suffering for the individual, as well as extreme difficulty for the family or partner caring for the person suffering. Quite often, people end up feeling like they are a huge burden on those around them.

It's awful surviving a life with chronic pain and having no hope for a way out of the mess. The great news is that this is all reversible with the correct information and consistent implementation of some simple yet proven principles. Getting pain free is not fantasy.

I have coaching clients go from bedridden for years back to living a full and complete life of joy, activity, productivity, and connection with others. After years or even decades, people are returning to work, driving, and expanding their diets after only being able to eat a few foods.

I'm not the only one who somehow got lucky and figured it out. The concepts are proven to work quite reliably. I have nearly 100 full-length success story interviews on my YouTube channel, with dozens of those stories telling tales full of despair and ultimately leading to success. These people sought me out and eagerly volunteered to share their stories because their lives were changed by this knowledge and its implementation. They wanted to pay it forward by telling their stories to inspire others.

Check the success stories out at PainFreeYouSuccess.com. As you will see, this stuff works, folks!

You may be surprised to see the wide variety of diagnoses and symptoms that have been resolved through these concepts. No, it's not just about pain. So many other conditions are in this mind-body category and can absolutely be reversed just like pain can. See chapter five for a list of the many symptoms and diagnoses that fall into this same category of curable ailments.

Like many people I know and work with, I'm sure you have been through the gamut of doctors, treatments, and specialists and likely haven't found relief or a cure. If you had, you wouldn't be reading this book.

THE MAINSTREAM MEDICINE WORLDVIEW

First of all, doctors and mainstream medicine view the body as a bunch of chemicals to be treated pharmaceutically and mechanical parts to be treated physically. As a result, doctors usually lean on pills, physical treatments, and surgeries in an attempt to "fix" what they perceive to be a mechanical or cellular disease-based problem. Unfortunately, with this narrow view of the body, chronic pain, and ailments, doctors miss the mark almost every time. I know many doctors, and they are all wonderful people (at least, the ones I know personally). They are well-meaning, smart, and caring, but they are just not taught about these mind-body concepts. They are simply not aware and don't know what they don't know. Unfortunately, when presented with these ideas, many are very quick to dismiss this information because it was not part of their medical education or standard of care in their practice.

As a result, they almost always focus on treating the symptoms or pain. They skip right past and never treat the root cause. They treat

symptoms. Another thing that baffles, yet fascinates me, is this: have you ever noticed that you can bring the same exact symptom to seven different specialists and get seven different treatment recommendations? For example, in the pain world, different types of doctors are likely to prescribe as follows:

- General practitioner: muscle relaxers, pain pills
- Chiropractor: manipulation
- Acupuncturist: needles
- Orthopedic surgeon: surgery
- Pain management: drugs, injections, ablations, and more
- Massage therapist: massage
- Physical therapist: physical therapy

Just ask yourself, how is it possible that all of these treatment ideas are correct? They aren't. These practitioners are simply applying the treatment recommendation they were taught for their specialty. That's it. There is no independent thinking going on here. They operate from the textbook or manual from which they were taught.

As mentioned a few paragraphs ago, these practitioners rarely go upstream from the symptom itself to address the real cause of the problem. I'll dive deeper into the root cause in a little bit. In this chapter, I just want to focus on and highlight the problem.

One of the main reasons for this problem is that most medical schools spend almost *no* time teaching about chronic pain. In some schools, it's been reported that the study of chronic pain accounts for between 3.79 and 6.08 hours of education.⁶ It's no wonder that

by the time you are done reading this book, you will likely know more about how the human body and pain work than the doctors you are going to for treatment. The treatment of chronic pain is a huge failure.

A TYPICAL JOURNEY INTO CHRONIC PAIN

Let's take a look at some examples of a journey through chronic pain.

- Pain begins. It may start small and grow, or it may occur with a bang. Sometimes the pain begins with an injury, or what many assume is an injury. Some describe the pain as coming out of nowhere during a very stressful time.
- We've been taught that if we feel sick or have pain, we should go see the doctor. So, that's what we faithfully do.
- In some cases, imaging studies are ordered (MRIs, x-rays). Sometimes the images are fine, and the doctors say, "I don't know why you hurt." Or, in other cases, the doctors may see something abnormal and quickly blame what they see in the image as *the* cause of the pain or symptom. Yet, if you ask the doctor if there are people who have the same results on imaging and no pain or symptoms, they might look back at you blankly or scoff at the suggestion. When a doctor points at the image and says, "There it is," ask for proof that what is seen on the image is the absolute cause of the pain or symptom.
- Doctors offer a diagnosis and, even worse, a prognosis on your likelihood of recovery. In many cases, the diagnosis is wrong, which leads to so much more fear.

- Once we hear from the doctor, or even before we go, we tend to search the internet. Unfortunately, this can open up many rabbit holes of fear and more misinformation. We end up reading about all the possible scenarios of what a symptom may mean. With zero evidence that any of what we are reading applies to us, many of us end up diagnosing ourselves with various conditions and develop our own predictions and prognoses of what is going on. Fear grows. Searching Google for symptoms is quite often a bad idea.
- Doctors often make statements that our brains interpret as nocebos. A nocebo is the opposite of a placebo, meaning that it creates the belief that we are broken or that something is bad for us. Don't bend at the waist. Don't walk, run, or exercise. Don't eat this food, and so forth. When we are told that something is bad for us, the brain, believing it, makes it so. Yes, literally. The worst nocebo is when a doctor tells us, "There is no cure. Learn to live with it. It will likely get worse over time."
- In many cases, treatments are offered and provided. Unfortunately, they rarely work. Why? Because they are often treating the symptoms and not the root cause. We'll get to the most common root cause of symptoms soon.
- Medications are offered and taken. These medications seldom work. And unfortunately, many who take medications experience side effects.
- Then, there are sometimes complications when ceasing medications. Sometimes the symptoms from withdrawal can be just as bad, if not worse, than the original symptom that caused us to seek the medication in the first place. Withdrawal complications are a whole other mess to untangle. Pro tip: try to

stay out of medication withdrawal support groups that claim to help people with medication withdrawal issues. Not all, but many of these communities are filled with fear-inducing statements that can terrify anyone participating.

- As doctors fail to provide real solutions, we continue with more online research, often resulting in more self-diagnosis. Sometimes that self-diagnosis can scare the pants off us. Many of us begin to fear the worst.
- After not getting anywhere, we pursue more visits with doctors and specialists, sometimes traveling across the country or to other parts of the world, seeking that one expert to fix us.
- We are provided more treatments, and more of them fail to provide benefits.
- Fear grows.
- We learn to avoid things that we perceive trigger our pain or symptoms: movements, body positions, foods, people, activities, and others. How many triggers do you have that seem to make your symptoms worse? The problem is that avoidance rarely cures anything. It simply makes our worlds smaller and smaller.
- We do more research.
- As fear grows, our symptoms multiply or intensify. Take special notice of how symptoms get worse the more fear and doubt you have about what is going on.
- Something called "health anxiety" settles in deep. We are in a constant state of high alert, always looking out for anything that signals there is a problem. A highly vigilant brain will find danger, even where there is no real danger.

- Bank accounts are emptied in the chase for a solution. We end up broke and hopeless.
- Life shrinks more and more.
- The fear and panic grow deeper. Freaking out is a common experience.
- Many can no longer work or be a productive member of their family or society. Friendships and often romantic relationships are lost as we say “no” to more and more invitations to spend time with our spouses, families, and friends.
- A feeling of “I am absolutely broken” consumes us.
- Despair sets in deep. Many resign themselves to “This is my life.”

It’s an absolutely dreadful experience to endure. Does this journey sound similar to what you went through?

The best news of all is that we can break this cycle of misinformation, misdiagnosis, and mistreatment and end up reversing all of these chronic pains and conditions. And we don’t need surgery, drugs, or more doctors to do it.

Because chronic pain and its elimination are not really taught in medical school, much of the mainstream medical approach is based on an outdated model.

In the next chapter, we will dive deeper and look at the traditional view of how pain or other chronic conditions work in the body. Keep reading. We’re getting to the good stuff soon. Once we truly understand the problem we’re dealing with, we can begin learning about what is really going on (the root cause) and what exactly to do about it.

THE CURRENT WORLDVIEW OF CHRONIC PAIN AND CHRONIC CONDITIONS

WHAT IS PAIN?

In mainstream medicine and almost all of society, pain means something is wrong in the body and we need to do something about it immediately: Run to the doctor or hospital.

Since those in the medical profession believe that pain is a sensation caused by injury, tissue damage, infections, surgery, or diseases such as cancers, their approach is always to look at and attempt to treat the body first. However, what if there is something else creating the pain? There is. More on this later.

THERE ARE TWO TYPES OF PAIN

Acute pain: When you accidentally hit your finger with a hammer, the immediate OUCH is acute pain. This type of pain is most common in the case of an injury or physical trauma to the body, such as a fall, cut, burn, impact, surgery, medical treatment, or the like. The pain is most intense right at the time of the incident and, over time, decreases as the body heals. The severity of the injury determines the length of time to heal. But even in the case of breaking the femur, the upper part of the leg and the largest bone in the body, it is healed in three to six months, and you should be able to resume many activities before this time.⁷

Acute pain is extremely important, as it serves as a very useful warning that we have been injured and need to take care of the affected body part. It's the brain's way of saying, "Hey! You just got hurt. Stop whatever you're doing." Examples include a sprained or

broken ankle, broken arm or leg, or postsurgical pain. There are infinite ways we can actually injure ourselves. The great news? The body heals.

Acute pain serves as part of the brain's survival strategy. Touch a hot stove and the acute pain will warn you, "Hey dummy, get your hand off the stove quickly." This type of pain is extremely effective at protecting us, and the warning of pain is often so fast, almost instantaneous, that it can prevent a burn entirely. It is truly amazing how fast the brain will turn on the warning to keep us safe.

Chronic pain: This is when the pain lasts longer than the expected healing time frame. The current view in medicine is that chronic pain is caused by some abnormality in the body. However, if the body heals, why does pain persist? This is where the misunderstanding of pain by the medical system comes into play. As long as they believe pain means something is wrong in the body, they will continue to make statements like, "There is no cure," "Your injury has not healed yet," and other nonsensical opinions.

Personally, I had thirteen years of chronic back pain and sciatica that began by bending over to put on my underwear. It doesn't make any sense, but I have heard so many stories of people having years or decades of pain despite never having any type of significant physical trauma to the body. In other words, there was no injury, yet there was pain that stuck around.

Let's talk a bit more about the mistakes of modern medicine. So many people get x-rays, MRIs, ultrasounds, or CT scans anytime there is a perceived problem. It's really incredible, the level of detail we can see with these various imaging technologies. That leads us to a very common problem. Many become . . .

VICTIMS OF MEDICAL IMAGING TECHNOLOGY (VOMIT)

I know, I know, it's a ridiculous acronym, but very accurate in the world of chronic pain or other chronic ailments. The reliance on x-rays and MRIs can cause a whole host of misdiagnoses. An abnormality in an imaging study is definitely not proof that what is seen is actually causing the pain. At best, it's a guess. However, doctors are *very* quick to point to the imaging study and say, "That's it. There it is. *That* is why you hurt." They may be pointing to bulging, herniation, degeneration, arthritis, or a thousand other things that may be seen on the image.

Prevalence of degenerative spine imaging findings
in asymptomatic patients, n=3300

<i>Imaging Finding</i>	<i>Age (yr)</i>						
	20	30	40	50	60	70	80
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk bulge	30%	40%	50%	60%	69%	77%	84%
Disk protrusion	29%	31%	33%	36%	38%	40%	43%
Annular fissure	19%	20%	22%	23%	25%	27%	29%
Facet degeneration	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis	3%	5%	8%	14%	23%	35%	50%

Figure 1: The prevalence of degenerative spine imaging findings in asymptomatic patients.

Source: W. Brinjikji et al., "Systematic Literature Review of Imaging Features of Spinal Degeneration in Asymptomatic Populations," *American Journal of Neuroradiology* 36, no. 4 (2015): 811-6

But, is that image proof that the abnormality seen is the real cause of the pain? Nope. Not at all. What is often seen on imaging studies are nothing more than "normal abnormalities." In other words, many people with *no* pain have "abnormal" imaging studies just like you. It is clear that if two people have the same MRI result

and one has pain but the other doesn't, the imaging doesn't prove anything other than the physical state of the body. It's a static image of the body.

If a doctor tells you that what they see on the image is the cause of the pain, sometimes it is useful to ask, "Do people with no pain have a similar structure to mine?" And if yes, "How can you be sure what you are seeing on the image is actually causing *my* pain or symptoms?" They can't. It's an opinion. This and many other similar situations are examples of how people become victims of imaging technology.

The fear that is created by a doctor with authority telling a patient that their body is messed up makes everything worse. The chart in figure 1 on the previous page shows the percentage of people in different age ranges who have various conditions show up on an MRI and yet *no pain*. Asymptomatic = no pain.

Conclusion: If all these people with no symptoms have the same MRI results that you do, and you have pain, how can we possibly blame the structure of the body for the pain? We cannot.

Another thing I find fascinating and very telling is that my coaching clients often report that their pain gets worse right after a doctor presents the findings from an imaging study. How is it possible that the bad news of an abnormality on the image can make pain worse? Nothing changed in the body. The only thing that changed was the patient's belief that they are broken and, therefore, "Oh no, now I'm in trouble . . . forever." In other words, *fear* and the perception of danger increased.

Let's remember this discussion when I dive into what *really* causes pain.

One other misunderstanding is that some people believe they have pain from an injury from years or decades ago. If the body

heals, why does their old injury still hurt? When was the last time you cut or burned your hand and it didn't heal? Never. Did I mention that the body heals? Don't forget that.

Unfortunately, mainstream medicine appears to overlook the body's natural ability to heal. We all have someone we know, or in our families who complains about some old high school football injury that still bothers them forty years later.

CHARACTERISTICS OF INJURIES

When there is a true injury, we feel the pain immediately. What's cool is that the body immediately begins the healing process, and pain lessens more and more over time.

WHAT IF THERE WAS NO IMPACT OR TRUE INJURY TO THE BODY?

There are many cases where people say, "My pain just started out of nowhere," or "The pain happened for no reason." They blame the pain on all sorts of things. "I slept wrong," or "I'm getting older," or "I took a long walk, and the next day I hurt," and thousands of other explanations. In my case, I bent over to put on my underwear, and BAM, an acute onset of pain. It's logical to assume an injury, but the body is not that easily injured.

DELAYED-REACTION PAIN

Pain beginning or increasing after activity or even the next day is very common and an absolute giveaway that there was *no* injury. As I said, injuries hurt immediately. If you went on a hike, and that night or the next day you are in extreme pain, that is not proof of an injury. It can't be. The "ouch" of an injury is instant.

MY CORE BELIEF, WHICH I HOPE YOU WILL DECIDE IS TRUE FOR YOURSELF

The body is not so frail or easily broken that normal activity causes injuries. The human species is extremely resilient and strong.

A CASE STUDY IN HEALING

Let me introduce you to a man who goes by the name of Greg. He is an instructor who teaches children and adults how to ride dirt bikes. He is in his fifties now and has been riding dirt bikes competitively since he was three or four years old. I would venture to say that in those forty-seven years, he has fallen off and crashed his dirt bike thousands of times, sustaining many hundreds of injuries, including broken bones, cuts, and bruises. He even broke his neck. He has sustained hundreds of broken bones and had hundreds of surgeries to patch him back together. Yet, he simply trusts his body to heal, and it does. He is still climbing on that dirt bike, racing around the track, and flying over those dirt jumps thirty feet in the air at ridiculous speeds.

He knows with certainty that if he crashes and gets hurt, his body will heal. He is not Superman. He is a normal human being, just like you and me. So, why haven't you healed from *your* injury?

In many cases, many of my coaching clients incorrectly attribute the beginning of the pain to an injury. When I question them about how the injury happened, inevitably, there isn't a cause. They explain that "The pain just started." The onset of pain was not really an injury, yet they have been calling it an injury for years or decades.

An acute onset of pain feels an awful lot like an injury, but is it really? Most often, it's not. Again, the body is not that frail or easily injured. And even if an injury occurs, it heals. The more minor the injury, the faster it feels better.

**A MAIN POINT TO REMEMBER: THE BODY HEALS.
IT KNOWS EXACTLY WHAT TO DO**

Chronic pain that lasts longer than the typical time it takes for the body to heal is almost always a mistake by the brain. It is illogical to think that an injury from years or decades ago still hurts.

In order to understand pain and chronic pain deeply, we need to really understand more about the human body, the brain, pain, and the nervous system. Get ready, because everything you thought you knew about pain and other chronic conditions is about to change.

THE PRIMARY RESPONSIBILITY OF THE BRAIN

THE BRAIN IS A LUMP OF MEAT INSIDE OUR SKULLS. HOWEVER, IT IS ONE OF the most extraordinary lumps of flesh imaginable. Yes, we all know we have a brain. But, unfortunately, many of us may have come to believe that our brain isn't working right, is messed up, and is plotting against us. This can show up as mental health issues, relationship issues, productivity or performance issues, and even physical health challenges.

Many of us blame our brains for all of our shortcomings and problems: "My brain hates me," "I can't stop thinking all these negative thoughts," "My brain tortures me."

But here is a point to remember: it's *your* brain. You can choose how to use it. You can either be offended by that statement or empowered by it. I suggest being empowered.

The amazing thing is that our brains do not know how to work against us. Ever since we were conceived and growing brain cells in our mothers' wombs, the primary function and responsibility of the brain has been to keep us safe and alive. So much of this job is performed completely unbeknown to us and our conscious, thinking brain. Our brain is the control center of our autonomic nervous system, which includes things like our hearts beating, breathing, immune system functions, digestion, temperature regulation, managing our stress response (fight-or-flight response), the optimization of the physical body to improve our odds of survival, and many other functions we never have to think about. The brain

has no evil motive. It cannot work intentionally to our detriment. Safety and survival are its top priorities.

Here is a key point that will come up again in future chapters: As long as the brain perceives danger or some type of threat, nothing else matters. It will first seek to warn and protect us, regardless of anything else we perceive to be important. Protecting us is the brain's primary goal. It will do so without our conscious permission.

SOME GREAT NEWS ABOUT THE BRAIN

The brain is neutral and can create both positive and negative results based on the inputs into this incredible machine and organ.

The brain basically believes what we hear, think, and say most often. For example, if a child is told they are stupid enough times, their brain will eventually believe it as fact, despite possibly having a very high IQ. This is why being aware of the inputs into your incredible brain is so important. Unfortunately, many of us go through life on autopilot, completely unaware of the impact of what we have been told or even our own thinking.

We also have subconscious "programs," many of which were "installed" when we were children. Whether it be parents, siblings, other family members, neighbors, schoolmates, teachers, bullies, coworkers, or bosses, our sense of self often comes from others. Self-esteem is usually not of our own making. It was given to us. This is fantastic news. Once we understand where self-esteem and our programs come from, we can take a proactive, not passive, approach to teaching our brains information that will serve us better moving forward. This concept of using our brains consciously and proactively is a main focus of this book.

THE THREE PARTS OF THE BRAIN AND MIND

The brain has three key states of being: conscious, subconscious, and unconscious.

- The conscious mind controls our thoughts, actions, and behaviors. We have direct control over our conscious brains. For example, we can choose to think about something or perform a task and make it happen. This book focuses mostly on using the conscious mind to influence our outcomes, which are thoughts and concepts we are aware of.
- The subconscious affects everything we think, say, and do. It stores our beliefs and values, determines our memories, and monitors the information all around us, deciding what to send to the conscious mind and what to store for later. We do not have direct access to or control over the subconscious mind. However, we can influence it. Influencing our brains to perform better is a topic for a later chapter.
- The unconscious mind can include repressed feelings, hidden memories, habits, thoughts, desires, and reactions. Again, we do not have direct control over this part of our minds, so it is merely mentioned as a point of knowledge.

THE COOLEST THING ABOUT OUR BRAINS

The brain is a learning and goal-achieving machine. Give it a task along with proper instructions consistently, and the brain will seek to make it a reality. It will learn good and bad ideas and goals equally. This means it's very important to choose the conscious use of your brain wisely.

Because the primary responsibilities of the brain are safety and survival, it has a bias toward looking out for danger and threats. It

has the uncanny ability to learn dangers very quickly. This is often referred to as onetime learning.

Unfortunately, teaching the brain that we are actually *not* in danger takes more time and repetition. Knowing this, we can work within the framework of how the brain functions to achieve our desired results.

If we have had past traumas or stressors throughout our lives, the brain often goes into a state of high alert or vigilance. This has a tendency to amplify threats in order to keep us safe and alive. Unfortunately, many people spend their entire lives in this state of high alert, called the fight-or-flight or “stress response.”

The brain and nervous system are not as messed up as many people believe. In fact, they are working perfectly. They are just operating on misinformation and fear, which are quite often from experiences and subconscious programs of the past. And when the brain is running on misinformation and the fear that these bad data create, it can become less effective at managing the functions of the human body and symptoms can sometimes occur.

AMPLIFICATION AND MISINTERPRETATION

In the last section, we spoke about misinformation and fear creating a state of hypervigilance in the brain. When the brain is in this state, normal sensations coming from the body and nervous system can be amplified in the brain. They just seem “louder.” When the brain senses these louder signals from the body through the lens of fear and misinformation, they are often misinterpreted as danger signals. When the brain senses danger, the result is pain or other symptoms. I will dig much deeper into this concept of perceived danger and how it creates symptoms in the next chapter.

Key Point: Pain is a cognitive interpretation of neural stimuli, so it’s not until the brain interprets a signal from the body that we

actually feel pain. This means that the brain may receive a signal from the body, but if it doesn't interpret that signal as bad or dangerous, there will be no pain. Thus, the term "perceived danger pain."

THE ROLE OF STRESS AND THE FIGHT-OR-FLIGHT RESPONSE

A book on chronic pain or other chronic symptoms would be lacking without a discussion on the stress response. Basically, the stress response is a survival mode, and it is not intended to be a way to live our lives daily. It is meant to optimize the human body for survival in legitimately threatening situations in that very moment. Imagine walking through the woods and a giant bear appears. That is when the stress response is very much appropriate. Optimizing the entire human system for survival is the brain's job. Unfortunately, we can sometimes fire up the stress response (fight-or-flight) simply by thinking about our responsibilities, fears, or triggering situations. This causes the body to act as if we are in life-threatening peril, even though we are not.

Why is this important? Let's take a look at what happens when we are in the fight-or-flight stress response. During this fight-or-flight stress response, the body changes considerably to survive:

- Eyes dilate to take in more information.
- Heart rate increases to pump more blood.
- Blood pressure increases to push that blood into the extremities so we can run faster or fight harder.
- Breathing quickens to better optimize oxygen levels throughout the body.

- Blood sugar levels increase to make more glucose available to the muscles.
- The stress hormones adrenaline, cortisol, and norepinephrine are released to facilitate the above changes.
- Functions not essential to survival in the moment of life-threatening situations are suppressed temporarily. This includes digestion and immune function.

This suppression of digestion and immune functions can allow a whole host of digestion or immunity-related symptoms to occur. It is quite common for many of us to complicate matters further by stressing out about symptoms heavily influenced by stress. I often say, “Stressing out about stress-induced symptoms is like pouring gasoline on the fire and wondering why it won’t go out.”

While digestive and immune system issues are slightly different than the mechanism of pain or other symptoms, they often respond quite well to the concepts we will get to later in this book. Pro tip: fearing symptoms caused by stress is definitely not the most effective approach. Calm is the way. Trust the body—it knows what to do.

There are two other states in the stress response system: freeze and fawn.

Freeze: includes the inability to act, communicate, or take protective action as a method of defense. This is very common in children raised in a chaotic or fearful environment. They “freeze.”

Fawn: involves people-pleasing. Do-good behaviors are actually a survival strategy in the presence of someone perceived as dangerous. The strategy? If I am well-behaved and don’t make waves, I will be safe. This includes good behavior, high performance in school or sports, and others. This is a very common issue with

children, and it often persists well into adulthood. This is often how perfectionists are made.

It is important to note that many people with chronic pain or other chronic conditions are currently in the stress response state when dealing with their condition. Many have told me that they have likely been in fight-or-flight their whole lives: "I've never felt safe."

My take is that, as adults, it is never too late to learn how to create safety, and when we do, amazing recovery and reversal of symptoms or conditions can happen mentally, emotionally, and physically.

Now that we have gotten all this preliminary understanding out of the way, we will dive deep into the true cause of pain in the next chapter. Keep reading.

INTRODUCING PERCEIVED DANGER PAIN AND SYMPTOMS

THIS IS WHERE THINGS GET FASCINATING. PAIN AND OTHER SYMPTOMS ARE essentially a sophisticated warning system.

When you touch a hot stove, your brain instantly turns on a very sharp pain that screams, "Hey, get your hand off the stove!" It happens in a fraction of a second, long before your conscious thinking brain even realizes you are doing something that can hurt you. When we feel that pain, we yank our hand away. Nine times out of ten, we don't even burn ourselves. So, why did it hurt? Simple. To warn you against that perceived danger.

The pain did not come from the hand. Your brain had to interpret all of the various information and make a decision. The hand sensed that you touched the metal of the stove and some heat. It had to interpret those inputs, along with the fact that you have been cooking. Before the conscious mind had a chance to put two and two together, the brain created the sharp pain. Once you realize you are not burned, where is the pain? Already gone.

Pain is a warning, and that warning system is *extremely* fast and quite effective.

Have you ever known someone who cut themselves in the kitchen with a sharp knife? Sometimes, the pain isn't even felt until the person sees the blood and realizes they have been cut. This has also happened with people bitten by sharks. They feel a bump but no pain until they see the blood and realize they have been bitten.

These examples show clearly that all pain is created by and decided upon by the brain. The brain always interprets what is going on and determines if the warning of pain is required to protect us.

How does the brain decide if pain is necessary? It interprets the danger level. If the brain believes there is danger, pain is the result. But here's the key: not all *perceived* danger is *actual* danger. Sometimes, the brain's perception of danger is a false perception (incorrect), and the pain isn't really protecting us.

Since the perception of danger can be false, pain is a very unreliable indicator of the condition of the body. However, it is a *very* reliable indicator that the brain is perceiving something it considers dangerous and trying to warn us about something.

Keep in mind that while a new perceived danger may initiate a new pain or symptom, the *continued* perception of danger, whether actual or false, will keep pain going.

WHAT CAN THE BRAIN PERCEIVE AS DANGEROUS?

There are likely many more, but here are some great examples of things the brain can perceive as dangerous:

- Negative emotions: If the brain has been taught at some point in our lives that emotions are unsafe or unwelcome, it can turn on pain to distract or protect us from these feelings. This is very much in line with Dr. Sarno's statements that emotions cause the brain to create pain. However, there are many other things besides emotions that can turn the pain signal on or keep it going.
- Our own thinking or thoughts: The brain can also perceive scary, catastrophic, or worrisome thoughts as dangerous and turn on pain or keep it going.

- Fear of medical appointments, investigations, or treatments (MRIs, x-rays, etc.): A diagnosis, even an incorrect one, creates a belief that we are sick or broken in some way, which often results in either new or increasing pains or sensations. For example, there are many stories of people having pain that got significantly worse once they were told of their MRI results. Nothing changed in their body, but being told you have a bulging disc or some other abnormality can massively increase the fear, and thus the perception of danger, ultimately increasing the pain.
- Movement: Movement is very often perceived as dangerous. In my case, I had back pain, which began when I bent over. My brain was convinced, and had learned with experience, that any time I bent over to pick up something, there was danger. For me, the movement of bending over to pick something up brought on pain. This caused me to avoid bending over, which just reinforced my brain's perception that the action was bad. All sorts of movement can be interpreted as dangerous: walking, standing, or virtually any movement.
- Body positions: Even these can be perceived as dangerous. If you have had pain while seated, for example, the brain can quickly learn that sitting is dangerous. It's not really dangerous, but since the brain's job is to keep us safe, it will sound the pain alarm when we sit. This is called a conditioned or learned response. Don't despair. It's all reversible.
- Self-judgment and self-criticism: Judgment can be perceived as dangerous by the brain. It doesn't have to be just from ourselves, either. It could be from other people as well. Any

form of judgment can be perceived as an attack, even if it comes from within.

- Social stress: If you're in a stressful social environment, that can sometimes be perceived as dangerous. If you are socially anxious, being in a social situation can mean danger.
- Work stress: If you face a lot of challenges or have a lot of demands placed on you, that can also be perceived as dangerous and turn on or increase the pain. How many people come home from a stressful day of work with a headache or other symptoms (upset stomach, pains, etc.)? This also applies to chronic pain.
- Financial stress: This can absolutely heighten the brain's vigilance and increase nervous system sensitivity, thus creating new pain, elevating old pain, or at a minimum, keeping the existing pain going.
- Foods and chemicals: These can cause the brain to perceive danger. But it's often not the food or chemicals. It's that the brain learned those things are dangerous and became much more sensitive to them. This can also apply to mold, sounds, light and EMF's.
- Medication: Fear of a medication's side effects, or even withdrawal from them, can absolutely be the perceived danger that causes new symptoms or your current symptoms to get more intense. While there may be legitimate side effects, fear can amplify it all.
- Abandonment: Fears of abandonment and relationship stress can create perceived danger pain.

As you can see by the partial list above, the brain may perceive many different things as threats. Perceived danger pain or symptoms are not *just* about repressed emotions, as taught by Dr. Sarno.

Having learned that perceived danger creates pain, some of my coaching clients will ask me, “Dan, I’m not afraid of my pain, so why isn’t it turning off?”

Consciously, you may have decided that your body is okay and that, therefore, you are not afraid of the pain. However, if you look back at the list, there are many other things that the brain can interpret as dangerous that would keep the whole human system on high alert.

It’s important to note that the subconscious, which controls symptoms, is much slower at learning the lesson and shutting off the warning signal of pain or other symptoms. Conscious knowledge is not the full solution. We’ll get to the solution a little later in the book.

All pain is created by the brain. All of it. Perceived danger or threat turns it on.

Sometimes, the perceived danger is an actual legitimate threat (as in the stove example mentioned previously). However, most times in cases of chronic or persistent pain, the danger or threat is not real. It is just a false perception. Sometimes the brain can make incorrect decisions to turn pain on, or keep it on, based on the information it has available.

I’m sure you’re wondering, “What do I do if the brain makes the decision to turn pain on based on misinformation or bad data?” Don’t worry, we can correct the bad data and teach the brain to turn it off. More on this later in the book.

EXAMPLES THAT SHOW PERCEIVED DANGER, NOT ACTUAL DANGER, CAN ABSOLUTELY BE THE CAUSE OF PAIN. NAIL THROUGH THE FOOT? WAIT,

WHAT?

There is a very popular story that is often shared in the pain science community. I'm paraphrasing here, so I may be missing some details, but the story is about a construction worker from London who jumped off some scaffolding at a construction site. Afterward, he couldn't move his foot. When he looked down, he saw a construction nail coming up through the top of his boot. He freaked out big time.

Instantly, he screamed in pain. Of course, right? He just got a large construction nail through his foot. His construction buddies loaded him into the ambulance with the board attached, the nail still going through his boot. Morphine couldn't touch the ten-out-of-ten pain. He was screaming the whole way to the hospital.

Once there, he was rushed into the emergency room. The doctors carefully cut his boot off his foot. And wouldn't you know it, the nail had somehow miraculously passed right between his toes. He wasn't impaled after all!

Guess what happened to the pain once he realized his foot wasn't injured. It was gone instantly. POOF. It was almost like magic. But why? With more accurate information, the brain made a new decision. The perception of danger was gone, and so was the pain.

Totally fascinating. The *only* thing that turned on the pain at that intense level was his perception that his foot was pierced by the nail. When the danger was proven to be false, the brain instantly turned off the pain. Perception matters.

If the pain was a reliable indicator of the condition of the body, the pain would have never turned on in the first place. But it did. That's more proof that pain is simply a warning signal based on the brain's interpretation and perception of what is going on.

Another fascinating example is that some soldiers injured on the battlefield don't experience pain. A soldier is caught in an explosion. His arm is blown off and his leg is shattered. Major tissue damage. His fellow soldiers get him onto the rescue helicopter. As he is flown back to base camp, the medic assures him he is getting the morphine for him. The soldier looks back at the tech and says, "I don't hurt."

What? How is that possible?

Remember, pain is a warning of perceived danger. Let's consider the information the soldier's brain is looking at to make the decision of whether to turn on pain or not. The brain knows the soldier is flying back to base camp to the best military surgeons in the world. And, more importantly, his brain also knows that the soldier is going home. Due to his injury, his duty in the war is over. He is going to see his wife and kids.

Translation: the soldier's brain felt *safe*, thus there was no need to warn him with pain. There was no perception of danger, even though there was definitely significant tissue damage.

Once again, the brain's perception of danger was the decision-maker for whether pain was present or not.

A STORY OF A REAL INJURY

I know someone who broke their ankle while running trails through a local park. They rolled the ankle, almost fell, and heard the SNAP as the bone broke. They were a mile from their car, and every time they put any pressure on that leg, the brain screamed, "Ouch! Be careful. You broke something." Each step hurt because the brain was trying to warn this person not to damage the ankle any further by walking on it. The perception of danger was high . . . and accurate.

While driving the car home and then to urgent care, pressing on the gas and brake pedals hurt, for obvious reasons.

And indeed, an x-ray showed there was a break of the lower tibia, right above the ankle. They were told it was a clean break, required no surgery, and would heal just fine. Prognosis? Four weeks on crutches and six to eight weeks in the walking boot, but they should be back running in ten weeks.

The most interesting thing is this: in the woods and soon after, the pain had been very high. Why? The brain's interpretation was that something really bad happened. The perceived danger was very real. Yet, two days later, the pain was 90 percent gone. How is this possible if the bone had not yet healed? Well, the crutches made sure they were no longer putting weight on that ankle. They had a walking boot to keep the bones lined up and in place so it would heal properly. The brain knew they were going to heal because they were following the medical recommendations to prevent further damage.

Translation: The brain no longer had to warn this person of danger with high pain levels because they were actually safe and could trust the body to heal. And it did. This person was back to running approximately ten weeks later and has continued running ever since. They just ran a twenty-five-mile race in the Arizona desert. Yes, the body heals. Take proper care, of course, but trust the body to heal. It knows what to do. Your fear doesn't need to be involved. Actually, fear just complicates the matter and can make pain more intense or last longer.

WHAT CAN WE CONCLUDE?

When it comes to pain, the brain's *perception* of danger is way more important than the *actual* condition of the body.

Now, for anyone who is saying, "I wasn't afraid," or "I'm not afraid," remember that this information gathering and decision-making is controlled by the subconscious brain. Sometimes, the

perception of danger is obvious to our conscious thinking brain. Sometimes, it's subtle and out of our awareness. Just keep in mind that this is how the pain system functions.

THE SUBCONSCIOUS RUNS THE PAIN SHOW

Let's try an experiment. Look at one of your hands that feels good and is not experiencing any pain. Now try to make it hurt. Think or say out loud, "Come on brain, make my hand hurt." Really try. You simply can't do it. Why? Pain is not under our conscious control. What's interesting is that when people have pain, they believe they should be able to turn it off consciously. Nope.

Unfortunately, it doesn't work that way. Pain is not able to be directly controlled. However, the great news is that once we understand how pain functions, we can work within that framework to *influence* the brain to make different decisions, thereby turning off the pain.

That is the entire focus of this book. The goal is for us to learn how chronic pain or other symptoms work so we can teach the brain to *turn off* those pains or symptoms.

IF THE BODY HEALS, HOW CAN PAIN BECOME CHRONIC?

Great question. In my view, chronic pain or symptoms are almost always a mistake. Pain is a warning signal. Chronic pain is a false alarm that doesn't shut off on its own.

Let me say that again. Chronic pain is almost always a mistake made by the brain. The interpretation that something bad has happened or happening now is incorrect.

But here's the good news. Correct the mistaken information, teach the brain we are safe, and the brain will turn off the alarm. It's

predictable and reliable. Why? Because it's based on how the human pain system functions.

LET'S DIFFERENTIATE BETWEEN TRUE INJURIES AND BRAIN-CREATED PAIN

When do you feel an injury? Immediately. You feel the pain right at the moment the injury occurs. The pain is most severe at first, and it can begin to feel better quickly or sometimes more slowly over time. This all depends on the extent of the injury. That's just how it works. This injury-based pain is considered acute pain, and it is necessary to keep us safe. Acute pain behaves quite a bit differently from chronic pain.

Don't forget, true injuries heal. Remember the broken ankle story earlier? Your job is to trust the body to do what it does best: heal. Aside from not abusing the injured body part, we don't need to help the body heal at all. It just happens. Our thinking brain does not need to be involved in healing.

Pain created by the brain is caused solely based on the perception of danger. And, more importantly, as I've shown in the previous stories, that interpretation or perception of danger can be a mistake.

I'm sure many of you are wondering, why, if the body heals, does some pain become chronic and last a long time? Simply put, the fear is still around. And fear sends the brain a danger signal. As long as the perception of danger remains, the brain will continue to sound the alarm of pain.

CHRONIC PAIN FORMULA: FEAR + ATTENTION = CHRONIC PAIN

Given enough fear and attention on the pain, the brain can keep that signal going for weeks, months, years, or even decades. I had my back pain and sciatica for thirteen years before I was successful in teaching and convincing my brain that it wasn't necessary.

Now that we know the formula for chronic pain, we can reverse and eliminate it. We do this by taking away the two things that fuel chronic pain or symptoms.

First, we neutralize the fear with an accurate understanding of how pain functions and the knowledge that we are not broken or in danger. Accepting this is a big leap, since the belief that we are broken and our bodies are failing us has often been instilled into us for a long time. The presence of pain makes it all seem and feel so physically real. The pain is real. The danger is just perceived.

Next, we want to intentionally pull our attention away from the pain so the brain can learn that it is not significant or of importance. But here's the catch: not paying attention to something we are afraid (or terrified) of is not possible. We must know what is going on and remove the fear before we can hope to stop paying attention to the pain or symptom.

Due to the fear and focus many of us have given the pain, even injuries or surgeries that have healed long ago can turn into persistent or chronic pain. Yes, the body can and always heals, yet we can sometimes accidentally teach the brain to keep the pain going.

While these concepts are quite simple, the implementation is definitely not easy. Don't worry. I'll be helping you out with how to turn off the pain or symptoms later in this book.

ANOTHER WORD ABOUT DR. JOHN SARNO AND HOW HIS TEACHINGS RELATE TO MY WORK

By this point, some of you may be wondering if this is just another "teach Dr. Sarno's concepts" book. Believe me, there are already plenty of those books out there. Let's be truthful. Dr. Sarno's work is where my journey began. I give him all the respect and credit for not just helping me end my thirteen years of pain but also putting

me on this path to help others. I really have no idea what I would be doing with my life if I weren't teaching these concepts and the Pain Free You method. So, thank you, Dr. Sarno. You have changed my life. I appreciate you more than you know.

Here's what some of my audience has said about me in relation to the great Dr. Sarno:

I've also read the Sarno books, Alan Gordon's The Way Out, the TMS Wiki, and I've got the Curable App. But now I just stick with Dan, he keeps it so simplified, short videos, straight to the point, excellent!

Your insight, wisdom and way with words never ceases to amaze me. You have the ability to put flesh on the beautiful bones of Dr. Sarno's 12 daily reminders. We are all indebted to you. Many, many thanks.

Incredible . . . you have built upon Dr. Sarno's great work and taken it to a new, brilliant level [specifically] with FEAR (perceived danger) as the root cause. I'm grateful [to have] been pain free for a few years and now panic/anxiety free since 18 months ago. I understand it all now in clear, sensible terms with a proven path forward. Thank you, Dan!

As I have said before, Dan is the much improved Dr. Sarno.

*Dr. Sarno may have pioneered this, but YOU have figured it out enough for people to fully recover from this, and it WORKS—
Congrats to you!*

Love Dr. Sarno and love how you have taken this to the next level. Thanks for all you do.

There is no one else in the mind-body space, barring perhaps Howard Schubiner, who is as persuasive and inspiring as this man. Stick with Dan and you will eventually get there. No need to endlessly research and complicate matters.

Dr. Sarno gave me my start; however, over the past twenty-five years, I have immersed myself in the mind-body space and discovered the true cause of pain and symptoms. This fascination with the topic has allowed me to develop a deep understanding of these concepts well beyond what I learned in Dr. Sarno's books and lectures. And what I found out is that the creation of symptoms goes way beyond repressed emotions.

I have shelves full of books on mind-body symptoms, stress, psychology, physiology, meditation, somatic work, pain science, breathwork, and so much more. I have attended workshops led by other experts in this space.

I have done one-on-one private coaching with nearly seven hundred individuals, and over fifteen hundred people have been through my group coaching over the past three and a half years.

I have also been privileged to have been invited to be a guest on dozens of podcasts to speak about these concepts.

Over five years ago, I began teaching these ideas daily through videos on my YouTube and Facebook channels. By posting over two thousand daily videos (and counting), I have been blessed to have received tens of thousands of comments from the six million (and counting) views on YouTube alone. Add in Facebook views and my

videos have likely received nearly ten million views globally. The feedback has been incredible.

Over the years, I have received literally thousands of comments that credit my daily videos with helping people eliminate their pain or symptoms and get their lives back. "Dan, you have literally saved my life," is something I hear often. I am humbled by this feedback, and it's that sentiment that compels me to help more and more people.

With all these interactions with so many individuals, I can definitely say that I have learned more in the past five years than I did in the prior twenty years. My audience is my greatest teacher of how symptoms occur and the simplest and most effective way to turn them off. I have this massive virtual laboratory with thousands of people to share my concepts with daily and get nearly real-time feedback on what is working. I see well over two hundred comments *a day* on YouTube, Facebook, and Instagram. I read and learn from each and every one of them.

Dr. Sarno was absolutely right: the brain perceives emotions as dangerous. And, as I described earlier, the dangers go well beyond just emotions. This means that if we focus solely on emotions as the solution, we will most likely miss the mark, and we may not get well.

Taking things further upstream from emotions, I have coined the phrases "perceived danger pain" (PDP) and "perceived danger symptoms" (PDS) to describe what is going on. Basically, pain or symptoms are a "perceived danger response" (PDR) in the brain.

This new terminology helps people understand that it's the brain's interpretation or perception of danger that is the most important aspect in the creation of pain or symptoms. I've been told that this terminology makes it so much more clear than the acronym TMS—"tension myositis syndrome" or, the latest, "the mind-body

syndrome.” Those terms really don’t describe what is happening. The term *perceived* danger pain or symptoms actually describes what is going on.

The cool part? Change the perception of danger, and you change the outcome, ending pain and symptoms. The results are predictable since we are staying within the framework of how the human brain, body, pain, and symptoms actually function.

This leads to the *most* common question I get: “Do I have perceived danger pain (aka TMS)?”

In other words, does this stuff apply to *me*?

Before we move on to the next chapter, where I will provide a self-assessment for figuring out the cause of your pain or symptoms, I want to present the many types of very common symptoms that are created when the brain perceives danger.

WHAT TYPE OF SYMPTOMS CAN PERCEIVED DANGER CREATE?

Dr. Sarno was originally known for his book *Healing Back Pain*. As a result, countless people with chronic pain in other locations of the body or other types of symptoms simply decided, “This does not apply to me because I don’t have back pain.” Unfortunately, many walked away from the solution because their situation wasn’t a perfect match to his book title. Many others figured that Dr. Sarno’s concepts only applied to pain. If they had symptoms that weren’t pain, they also discarded his work as irrelevant.

Yes, much of my work is around the word “pain.” Heck, I even called my YouTube channel and this book *Pain Free You*. However, the concepts I teach apply to a whole host of symptoms. My success stories prove that perceived danger and the solution go well beyond just pain.

Since the brain controls the entire body, there is virtually no end to the wide variety of pain and non-pain symptoms the brain can

create. Remember, these are all warning signals from a brain believing and interpreting that there is something we need to be warned about. The following list of symptoms is not all-inclusive. However, it will give you a really good idea of the wide variety of symptoms the brain can create.

If you do not see *your* exact situation, do not despair. You do not need an exact match to your exact situation and symptoms. I encourage you to do the assessment in the next chapter to see if your chronic symptoms behave like they are created by your brain perceiving danger. Most likely, they are.

Even if you have a medical diagnosis for any of these symptoms or conditions, the assessment in the next chapter will absolutely tell you if the symptom is organic (physical) or mind-body (created by the brain perceiving danger).

COMMON PERCEIVED DANGER SYMPTOMS

Please keep in mind that there may be exceptions and *some* of the symptoms listed below may be legitimate organically or physically caused symptoms. The good news is that the assessment in the next chapter will help you determine your exact cause. Please do not interpret the list below to mean *all* of these are *always* mind-body. Do the assessments to be certain in your case. This list shows just how many symptoms can be eliminated with a mind-body approach like the one taught in this book:

- Abdominal pain, spasms, bloating
- Allergies and asthma
- Anxiety
- Arm or leg pain

- Autoimmune diseases (some)
- Back pain and spasms
- Brain fog
- Burning mouth syndrome (BMS)
- Chemical sensitivities
- Chronic fatigue (ME/CFS)
- Coccydynia (tailbone pain)
- Complex regional pain syndrome (CRPS)
- Conversion disorder (also known as FND)
- Dental pain
- Depression
- Derealization and depersonalization
- Digestive issues (pain, bloating, constipation, diarrhea)
- Dizziness or vertigo (including PPPD and MMDS)
- Fast heart rate and heart palpitations
- Fibromyalgia
- Hand pain
- Headaches, migraines, and head pressure
- Insomnia
- Internal vibrations and tremors
- Irritable bowel syndrome (IBS)
- Knee pain

- Long COVID (many symptoms)
- Lyme—some symptoms of chronic Lyme disease
- Medication and withdrawal side effects (some, not all)
- Mold (some symptoms)
- Muscle tension or spasms
- Neck pain
- Neuropathic pain (some)
- Painful bladder syndrome (interstitial cystitis)
- Pelvic pain and other pelvic diagnoses (vulvodynia, hypertonic pelvic floor, etc.)
- Plantar fasciitis and foot pain
- Post-concussion syndrome
- Post-exertional malaise (PEM)
- POTS (postural orthostatic tachycardia syndrome)
- Repetitive strain injury (RSI)
- Sensitivities (food, light, chemical, EMF)
- Shoulder pain
- Skin issues
- Hypermobile Ehlers-Danlos Syndrome (hEDS) (some)
- Temporomandibular joint dysfunction (TMJ)
- Tendinitis
- Tingling
- Tinnitus (ringing or distortion in the ears)

- Trigeminal neuralgia and other neuralgias (face pain)
- Twitching
- Vision disturbances (blurry, floaters)
- Wrist pain
- And so many more

If you don't see *your* symptoms on this list, do not despair. Take the assessment later in this book to see if your symptom is the type that can be eliminated.

COMMON MEDICAL DIAGNOSES AND LABELS

These are often mistaken diagnoses where the brain perceiving danger is the actual cause:

- Arthritis and osteoarthritis
- Carpal tunnel
- Chronic fatigue syndrome (CFS)
- Complex regional pain syndrome (CRPS)
- Degenerative disc disease (DDD)
- Erectile dysfunction (very often stress or fear-induced)
- Fibromyalgia
- Interstitial cystitis (bladder issues, pain, urgency, frequency, hesitancy)
- Irritable bowel syndrome (IBS)
- Long COVID

- Pinched nerve
- Plantar fasciitis
- Postural orthostatic tachycardia syndrome (POTS)
- Pudendal neuralgia
- Rheumatoid arthritis (RA)—while this is an autoimmune condition, stress suppresses immunity, and the perception of danger can absolutely put someone into the fight-or-flight response consistently. Plus, there are anecdotal stories of people whose RA or other autoimmune issues have improved significantly or went into complete remission with this type of work. I even have a success story for RA.
- Sciatica
- Spinal stenosis
- Spondylolisthesis
- Tendinitis
- Trigeminal neuralgia types 1 and 2
- Various neuropathies
- Whiplash

As you can tell by this long list of ailments and medical diagnoses, the number of symptoms that a terrified brain can create is quite surprising. What I have found in working with thousands of people is that a medical diagnosis is just a label that describes either the symptoms or the perceived cause. Medical labels are given out like candy on Halloween. Medical labels are often nothing more than a name for a bunch of symptoms. Many have no pathology that

medicine can point to as the root cause. If you have been given a scary medical label, don't despair. The cool part about this is that there are many examples of people given these medical diagnoses and labels who got better anyway. That alone proves that the diagnosis was incorrect and that the brain perceiving danger was the real cause.

What is most important is to figure out whether or not your body is actually the problem or if perceived danger is really what's going on.

In the next chapter, you will find out what is going on with *you*. Stay tuned.

SELF-ASSESSMENT—IS PERCEIVED DANGER CAUSING MY PAIN OR SYMPTOMS?

BEFORE WE DIVE INTO THIS CRUCIAL TOPIC, LET'S MAKE SURE WE AREN'T in serious trouble. I have a "Let's be smart about this" rule of thumb I suggest everyone follow:

Be sure to work with your doctor to rule out anything life-threatening, such as tumors, cancer, heart issues, breathing issues, infections, stroke, and so forth. Rule out fractures, too. "Hey Doc, anything serious I need to be concerned with? I want to make sure I'm not dying."

Obviously, if there is a true medical issue, work with the medical professionals. If there is a true injury or fracture due to some accident or impact, trust the body to heal with proper medical care.

Once you know that you're not dying or seriously ill, the next step is to rule *in* this mind-body cause of symptoms called the "perceived danger response." You do that by evaluating how your symptoms behave with the questions below.

As previously stated, the perception of danger is what causes pain or other symptoms. The questions in this chapter will help you evaluate if this is an accurate or a false perception of danger.

The next step is to figure out if this is *your* situation. Let's rule in a perceived danger response. Clarity is king. Without it, you will have doubt. Doubt delays recovery and creates fear. And fear is interpreted as danger. Danger = symptoms. It's tough to teach the brain to turn off the pain or symptoms when you are in doubt and

fear. This chapter will give you the clarity you need to overcome these feelings.

Keep in mind that this assessment is one of the most important things you can do to begin your journey toward a pain-free you. When you take a look at the four foundational principles to recovery a little later in the book, you will see step number two: "Does this apply to me?"

One of the most common questions I get online, in emails, through private messages, and in my coaching program is a person describing their experience, imaging studies, and medical diagnosis and telling me how their pain feels so real and then asking, "Is this TMS/PDP?"

I hear that question multiple times a day. Let's be perfectly clear: The pain and symptoms feel "real" because they *are* real. All pain you feel is real. It's not imagined. It's the *danger* that is "perceived." That's the purpose of this chapter: to help you figure out what's what. Unfortunately, most in the medical profession blame the pain or symptoms on the wrong things.

The following section of this chapter explains exactly how to figure out the cause for yourself. Even if you and I were sitting across the table from each other, I wouldn't have some magical way to tell if your symptoms are created by perceived danger or not. I would use the same exact questions below to help you figure it out. So, please trust the assessment. While this is my version of the evaluation, the types of symptom behaviors are well-documented, and even many of the medical doctors with a mind-body focus evaluate patients in this manner.

THE MILLION-DOLLAR QUESTION

How can we tell the difference between a pain or symptom caused by some flaw in the body and a symptom created by an

overprotective and scared brain perceiving danger incorrectly?

Here's the great news: Symptoms caused by the brain behave much differently than structural or physical problems. The following assessment will give you a very clear picture of what is going on for you. Bookmark this page and refer back to it if you ever begin to doubt what is happening.

TAKE THE PAIN-FREE YOU MIND-BODY ASSESSMENT

It's now time to find out if this stuff applies to you. Again, please make sure you have ruled out anything life-threatening with a qualified medical professional. Then, proceed to the evaluation below. Common sense will give us strong clues about whether or not there is need for serious concern. If your left wrist or something else innocuous starts hurting, it is likely not life-threatening. If you have chest pain, on the other hand, get it checked out. Intuition is your best friend.

EVALUATING THE ONSET OF PAIN OR SYMPTOMS

WAS THERE A TRUE INJURY? (YES OR NO) INJURIES ARE FROM PHYSICAL TRAUMA TO THE BODY.

In the case of an impact or physical injury, pain is felt immediately and very sharply. This includes falls, cuts, getting hit, or anything that involves bodily impact. It can happen during exercise or while participating in athletics. Also, evaluate how long you have been experiencing the symptoms to see if they exceed the typical time frame for that particular injury type to heal. Pain that lasts longer than normal healing is likely caused by fear and your brain perceiving danger.

For example, I recently had a heavy drumming stand drop onto my big toe. Real impact. Real pain. Immediately. True injury. The

cool part? Even after limping for a day and a half, just two days later, with the toenail turning black, my toe had still healed enough for the pain to stop. This is how injuries work.

Another clue that your pain is being driven by the brain's perception of danger is that the pain gets worse over time, not better. Injuries that are healing start to feel better pretty quickly, and it gets better from there. If pain is getting worse, the brain and fear are definitely involved.

WAS THE START OF YOUR SYMPTOMS PRECEDED BY CONSIDERABLE STRESS OR EMOTIONS? (YES OR NO)

This is where we connect the dots to stress, life events, heavy emotions, or external or self-imposed pressure. Ask yourself if you experienced any considerable life stress just prior to the onset of pain or symptoms. For example, the death of a loved one or pet; having to take on the significant responsibility of caring for someone, like an aging parent; financial stress; work stress; relationship stress or chaos; recent medical investigations or treatments; a recent illness, such as COVID-19, or other medical conditions. Also, was there a great deal of fear or anxiety in your life? Did your symptoms begin after a terrifying or traumatic event? All these things can put your brain on high alert and are more likely to turn on a false alarm in response to the danger the brain perceives.

In other words, take a close look at what was going on prior to and during the onset of symptoms. If there was a good amount of stress, emotional chaos, or pressure, it is very likely that your brain created the symptoms due to perceived danger.

To summarize these first two questions, if the pain began as a real injury or even began after a medical treatment, and normal healing time frames have passed already, this is very a strong indicator that perceived danger is causing the pain or symptoms.

If there was no physical initiation of the symptoms, like a fall or accident, but there was significant stress or emotional intensity, that is also another strong indicator that perceived danger is the root cause.

Next, let's see how your symptoms are actually behaving. This is a great evaluation technique because structural or anatomical pain wouldn't behave in the manner described in the statements below.

Suggestion: For each symptom you wish to evaluate, ask and answer the questions below and make a note of how many "true" answers you have per symptom. Don't lump your symptoms together. Evaluate them individually.

SYMPTOM BEHAVIOR (HOW MANY ARE "TRUE" FOR YOU):

- Symptoms began without any physical impact or trauma.
- Symptoms last longer than the normal healing time frame.
- Symptoms appear equally on both sides of the body. (It is highly unlikely you experienced a true injury on both sides of your body.)
- Symptoms began in one location but, with more fear and attention, spread to other areas.
- Symptoms are in many parts of the body.
- Symptoms feel electric, tingly, burning, numb, hot, or cold.
- Symptoms sometimes move locations from one body part to another.
- Symptoms multiply the more doubt and fear you experience.
- Symptoms are on a schedule. For example, you feel fine in the morning but not at night, or you have no symptoms until a

certain time of day.

- Symptoms show up after exercise or physical activity but not during it.
- Symptoms show up or increase after someone asks you about them or you think about them.
- High-stress days or big emotions tend to increase your symptoms.
- Symptoms sometimes decrease in intensity or go away entirely when you are engaged in a fun, joyful situation (perhaps connecting with others). (Vacations are a common example of this.)
- Symptoms decrease or go away after receiving care from a loving practitioner (massage therapist, chiropractor) or after taking an herbal or vitamin supplement. (placebo)

WHAT TURNS ON OR INCREASES YOUR PAIN OR SYMPTOMS (HOW MANY CAN YOU ANSWER "YES" TO)?

- Do your symptoms increase or get turned on by things that are not really related? For example: weather, wind, sunlight, artificial lights, noises, foods, smells, and monthly cycles.
- Does thinking about stressful or worrisome situations (doctor visits, imaging studies, minor medical procedures, dental work, etc.) cause symptoms to occur or increase?
- Do symptoms worsen when you get sick (cold, flu, COVID-19, etc.)?
- Do symptoms go away when you get sick (cold, flu, COVID-19,

or other illnesses)?

- Do one or more symptoms go away when you get a new symptom?
- Are symptoms triggered by stressful situations (social gatherings, school, work situations, final exams, speaking with or visiting difficult relatives)?
- Do symptoms occur or intensify when imagining a painful activity (sitting, standing, walking, bending over, urinating, etc.)?
- Are your symptoms triggered by light touch or other innocuous stimuli such as wind or cold?

This is a pretty extensive list, and it will give you a *really* good idea of whether or not your brain is creating the symptoms.

Let's look at this logically. If your body or what is seen on an MRI was the cause, the characteristics of the pain or symptoms I just listed above would not make any sense.

How many "true" answers do you need in order to know if perceived danger is the cause of the pain or symptoms? Well, you definitely don't need to say yes to all of these questions. You don't even need to say yes to many of the questions. Even answering "true" or "yes" to *one* of the questions is evidence that the perception of danger is causing the pain or symptoms.

Yes, even just one affirmative answer means your body is NOT the cause of the symptom. The brain is. And this is fantastic news.

How did you do? How many "true" answers were there? If one or more, your pain is created by the brain perceiving danger. The pain is real. The symptoms are real. You aren't imagining it. But the symptoms are not caused by a problem in your body.

Smile! This is the best news ever because it means you can teach your brain to turn off the pain and symptoms. How we accomplish that is a topic for later chapters, but be sure to do the evaluation above. Don't skip it.

Then, the next step is critical.

ACCEPTING THE RESULTS OF THE ASSESSMENT

How your symptoms behave is proof that your body is okay. Try not to let fear convince you that your situation is different. "But Dan, my symptoms feel so real." They feel "real" because they are real. This assessment determines the *cause* of these very real sensations and symptoms. How the sensations "feel" does not matter. What is causing the symptoms *does* matter. I know first-hand the fear that symptoms can create, but the assessment tells the truth. Accepting that perceived danger is the cause of your symptoms is *required* for you to get well. As long as you continue to believe and tell your frightened brain that your body is messed up, the brain will continue to sound the false alarms of pain or other symptoms.

Clarity is of the utmost importance here. Accepting and deciding not to waver from these facts will be covered in the next chapter.

BIG DECISION TIME—ACCEPTANCE

THIS IS SUPER IMPORTANT. IN THE PREVIOUS CHAPTER, I WALKED YOU through very accurate ways to determine the cause of your pain or symptoms. Now, it's time to make a *big decision*.

In my coaching experience and interacting with thousands of individuals, I've found one of the biggest stumbling blocks to getting better is a person not accepting that their brain is creating symptoms.

You may be wondering why accepting perceived danger as the cause of symptoms is so important. Simple. Because straddling the fence and holding on to doubt that your body might still be causing the pain will confuse your brain. A confused brain won't change its mind and turn off symptoms.

Clarity matters. Why? Since your brain creates symptoms to protect you from the danger it perceives, doubt creates fear. Fear is danger. Danger = symptoms. If you don't decide, the doubt and fear continue. And so do the symptoms.

The biggest favor you can do for yourself is to accept the assessment as *your* truth. This is not guesswork. The behavior of pain or symptoms created by the brain is different from the behavior of those caused by physical or structural problems. Injuries heal. Chronic pain or symptoms are almost always a mistake made by a brain perceiving danger.

The leading medical doctors who are educated in these concepts, and who treat their patients with a similar mind-body approach, use this very same criteria to diagnose their patients. If your symptoms

behave in any way like the questions in the last chapter, your body is not the problem. Your brain is sounding alarms based on a false perception of danger.

So, what's next?

It is time to discard any medical diagnoses you may have received. Regardless of what your MRI or x-ray says, *this* is the cause of your pain. What's on the imaging studies is an accurate reflection of the condition of the body, but the assessment from the previous chapter is your evidence that the condition of your body is a "normal abnormality" and *not* the cause of the pain or symptom.

If you have diagnosed yourself with any conditions or medical labels, do yourself a favor and discard those, too.

Yes, this is a wonderful time. It's time to discard all of the diagnoses, medical labels, and most importantly, the prognoses the doctors or pain specialists may have given you.

In chapter two, I spoke about the nocebo effect. This is where you may have read or been told things like, "This is incurable," "This will get worse with time," or other equally horrifying things that medical professionals say. Discard all of that. Throw it out. If the assessment indicates PDP, those nocebo's are false. Get rid of them. Decide they are wrong.

You can't begin to imagine some of the horrible things doctors have told the people I have worked with. It angers me each time I hear stories like that.

Your assessment is your proof that your body is not causing the symptoms. It is also proof that you can *teach* your brain to turn off the symptoms. If your brain can create the symptoms as a warning, you can influence the brain to turn off the false alarms. Yes, this is how it works.

If you are unsure whether or not to believe this is all true and possible, just listen to the words of this client:

Dan the Mindset Man coined the term Perceived Danger Pain and also refers to it as a false alarm by our brain! I wanted to thank Dan personally because he has changed the trajectory of my life. He literally saved [me] from being bedridden to living my life again! I am now driving for the first time in 7 years, eating whatever I want, drinking, slow jogging, walking, dancing, and doing normal activities like food shopping! My husband says thank you to Dan and also the Community because he says he has so much time on his hands because he no longer needs to drive me around to doctors' appointments and every little thing while waiting outside. He did that for 8 long years! Plus, he has his funny wife back again! Thank you, Dan. I think of you as our Earth Angel. You found your calling!

For more proof this stuff works, go to <http://PainFreeYouSuccess.com> to watch dozens and dozens of success story interviews (ninety-four at the time of writing and more added weekly). Many of these people were terrified and had some of the most horrific diagnoses and experiences with the medical world. Yet, they still got better. You can too.

Reminder: Symptoms and pain are not a reliable indicator of what is going on in the body. However, they are a *very* reliable indicator that your brain is perceiving danger.

So, what decisions do you need to make?

- Accept the assessment results as fact. Your truth.
- Accept that your body is not generating the pain or symptoms.

- Accept that there is a solution and that you can get better.
- Decide that you will not waver from this decision.
- Decide to commit to the approach I will lay out in the rest of this book.

Why? Because this stuff works.

TMS/perceived danger is the *root cause* of your symptoms. Hard stop. That's it. Investigation done. Case closed. The jury has reached a verdict.

Make a firm decision that you will not go back to doubt. Doubt creates fear and keeps the brain perceiving danger. Ongoing perceived danger will keep the pain or symptoms going. That's why your decision to accept perceived danger as the *only* cause of pain or symptoms is so important and, frankly, necessary.

One more thing before we get to the "How do I end the symptoms?" section . . .

INTELLECTUAL KNOWLEDGE VERSUS A "DEEP KNOWING"

Understanding the concept of perceived danger pain or symptoms is a great start. The assessment in the previous chapter will help you realize that this cause of pain applies to *you*. At some point, this insight will go from intellect to wisdom. This knowledge will go from your head to your heart.

I call this a "deep knowing" or the "holy crap" moment, when you can authentically say, "Holy crap, I'm *really* okay." This moment of realization will happen for you. It is a wonderful experience. This deep knowing is super helpful in resolving fear. Any time you feel the fear, you can rely on this knowledge and belief to allow the fear to pass. Why? Because you *know* what causes your symptoms and you

know perceived danger applies to you. And you know it deeply. Beautifully simple, right?

In my group coaching program, we start each session by having people in the group share progress reports, victories, wins, lessons learned, and things of that nature. Sometimes the win is a shift in symptoms. Sometimes it's doing something they haven't done in years, like driving a car, visiting a restaurant, or even going on a vacation.

But we share mindset victories, too. The one mindset shift I love to see most is when somebody says with a smile on their face, "Dan, I have understood this stuff intellectually for a long while. But this week it just hit me. Holy *crap!* I'm actually okay. I'm not broken."

When I hear this, I get a huge smile on my face too. I know they have just turned a huge corner in going from the intellectual understanding of what's going on to that deep knowing. That level of clarity and certainty is massively important on the journey to ending symptoms. When you get that "holy crap" moment, embrace it. Do your best not to talk yourself out of it.

That deep knowing and belief comes from the decision that this stuff applies to *you*. Make that decision. Then don't waver at all.

Smile. You're not broken. Your brain just thinks you are. The great news is that even if the brain thinks you are broken, you can change its "mind."

COMING UP

In the next section, I am going to map out what I believe to be the most important fundamentals to focus on in order to reverse chronic pain or symptoms. Even in the TMS/mind-body space, there are *so* many suggestions for resolving chronic pain or symptoms that it can be quite overwhelming. My goal is to simplify the task and make it easy to both understand and implement the concepts.

At the end of the day, since perceived danger is the cause of the pain, overcoming fear and creating credible evidence of safety is the solution.

In the following chapters, I will discuss laying a solid foundation with the “Four Foundational Principles” of recovery. Having these four foundational principles dialed in goes a *long* way toward neutralizing fear and the brain’s perception of danger. Let’s dig in.

PART III

**TEACHING YOUR BRAIN TO END
YOUR PAIN AND SYMPTOMS**

THE FOUR FOUNDATIONAL PRINCIPLES

FIGURE 2 SHOWS WHAT IS NEEDED TO BEGIN THIS JOURNEY. IF YOU ARE missing any of these, it may slow down your recovery. But don't worry, with some knowledge, assessment, and decision-making, these are easily attainable for those who follow the process outlined in these pages.

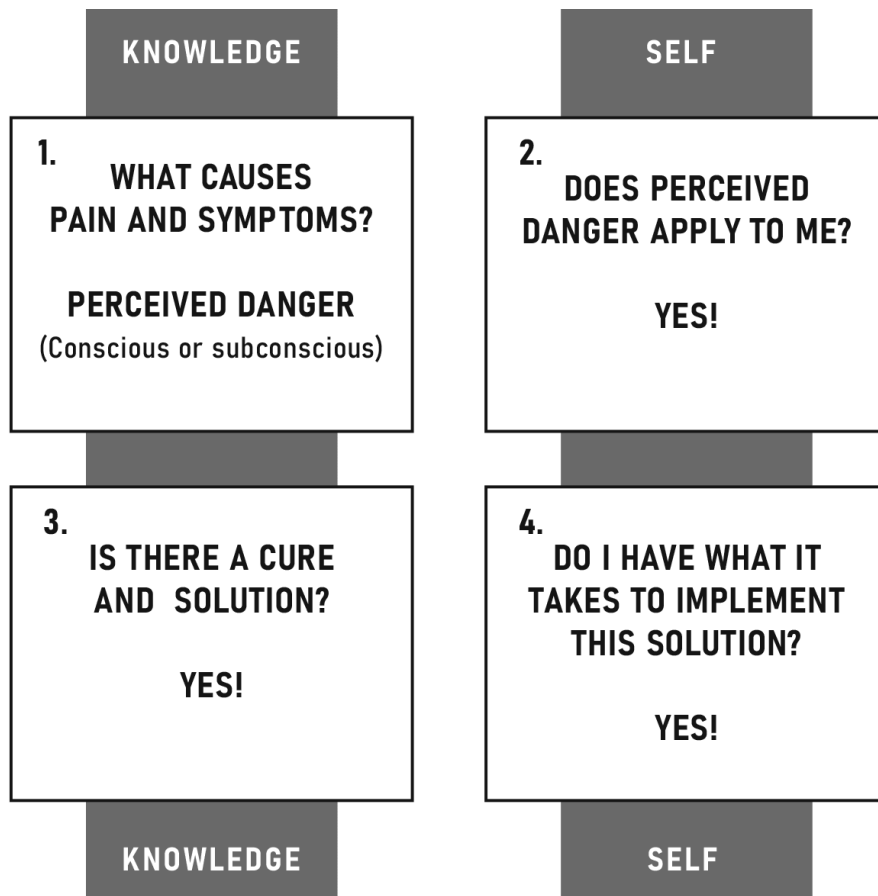


Figure 2: Four Foundational Principles of Recovery

Two of the fundamentals are based on accurate knowledge. The other two are decisions about yourself that you must make.

THE FOUR FOUNDATIONAL PRINCIPLES

1. UNDERSTANDING WHAT CAUSES PAIN AND SYMPTOMS.

The answer is perceived danger. This interpretation of danger can be in either the conscious or subconscious or both. If you don't understand that your body is actually fine, it will be quite difficult to convince the brain to shut off pain or symptoms. It's the *perception* of danger that's the problem. This is how the pain system works. When the brain perceives danger, it sounds a warning signal like pain or other symptoms. It's *perceived* danger that is the root cause of pain or other symptoms. Knowing this is step one. Yes, I am repeating myself because this is that important to understand.

2. DOES PERCEIVED DANGER APPLY TO YOU AND YOUR SYMPTOMS?

Once you know how the pain system works, we determine what is going on for you. That was the topic of chapter six. If you have not yet taken the assessment, stop reading, go back to chapter six, read it, answer the questions, and take note of how many of the questions apply to you. The more the better, but even one "yes" answer indicates your brain is creating the pain, not your body.

Then, decide that this is your truth. The last chapter was on the power and importance of decisions in getting well. Deciding to accept perceived danger as your reason for symptoms is a fundamental principle. If you choose not to accept this truth, it

will delay or even prevent your recovery. Yes, it's that important to decide this stuff applies to you.

3. IS THERE A CURE AND SOLUTION? YES!

This book, and the knowledge contained herein, is the simple and proven system that helps eliminate years or decades of chronic pain or conditions. My clients' and viewers' success stories prove these concepts work predictably well.

4. DO I HAVE WHAT IT TAKES TO IMPLEMENT THIS SOLUTION?

Once you understand how it all works, I strongly encourage you to *decide* that you are capable of implementing these concepts. This is a big one, and a principle that often trips people up. I often hear, "Okay, Dan, I understand all this, but my pain *is so* severe and feels so real!" or "I'm too anxious. I've been living in fight-or-flight my whole life," or "My thoughts about the pain won't stop," and many other reasons folks think they cannot get well. Some are so consumed by their symptoms that they can't even begin to imagine it's possible to get rid of them. It is.

If you are feeling a little uncertain about principle number four, begin anyway. Your trust and confidence in yourself and your ability to implement these proven processes will grow over time and with consistent practice. Believe enough to get started. With time and practice, you will start to notice subtle or large shifts in your belief, mindset, confidence, and even the symptoms themselves.

Decide you *can* do this. I believe in you. Borrow my belief, if necessary. I want you to know that many of my successful clients were also scared and uncertain about their ability to get well in the beginning. Yet, with action and implementation, they still recovered.

You are not some special kind of broken. You can do this too.

Having perceived danger pain or symptoms is a human experience. It's not your fault. If your brain learned to create the symptoms and make them chronic through fear and attention, your brain can be taught to turn them off.

Without these four foundational principles, it will be very challenging for the rest of the strategies in this book to be effective. That is how important this foundational work is.

A house built on a poor foundation cannot stand. Make sure you completely understand these principles, have decided that perceived danger applies to you, and decide you are capable of implementing these proven concepts.

Don't just read this book. Knowledge is one thing, but implementation is *everything*.

If you skimmed the previous chapter about how perceived danger causes symptoms or have not completed chapter six and the assessment on how to figure out if this applies to you, go back now and get these foundational principles down.

If you want help implementing this proven framework, keep on reading. Now we get to the solution.

KNOWLEDGE AND SAFETY THERAPY

AS WE HAVE DISCUSSED MANY TIMES AND AT LENGTH, PERCEIVED DANGER is the cause of pain and symptoms. What is the antidote to that “danger?” Accurate knowledge. In other words, knowing what is actually going on. That’s the knowledge part of knowledge and safety therapy.

NOW LET’S TAKE A GOOD LOOK AT THE HUMAN EXPERIENCE

We experience the world in several main ways:

- **Physically:** touch, smell, taste, movement, sound, and sight (with our bodies, essentially).
- **Emotionally:** our emotional response to the world around us.
- **Mentally:** thoughts, analyses, beliefs, judgments, etc.
- **Self/Spiritually:** God, religion, the spirit, the universe, and the self. People have various beliefs about spirituality. The religious context is not critical here. (I was able to recover back when I was leading a very agnostic life. While I do have a strong belief in God now, this was not part of my journey. I got well when I was unsure whether God existed.)

I am of the belief that we all have a spirit. In my view, this is how we see and treat ourselves. Even if you are not religious or don’t have a belief in a higher power, how you treat yourself is part of your spirit. Love, kindness, forgiveness, or being a harsh judge of yourself and your character, actions, and behaviors can all play into

your brain's perception of safety or danger. For example, self-judgment and criticizing yourself harshly may turn on the danger alarms, triggering pain or symptoms. Why? Criticism is felt as an attack, even when we are attacking ourselves. Attacking ourselves is certainly not a message of safety.

Regardless of age, we all experience the world in these four ways. While there are tons of practices offered by other mind-body professionals, I always seek the most straightforward and simple ways to achieve a pain – or symptom-free life. In my world, I suggest we focus on the root cause of symptoms: danger. Therefore, creating safety is the most direct way to address this perceived danger.

When we teach our brains that we are safer in these several key ways that humans experience life (physically, emotionally, mentally, and spiritually), the brain will be much more likely to turn down, and then eventually turn off, our symptoms completely. The great news is that this approach works reliably well.

I've heard all the counterarguments. "But Dan, the world isn't a safe place. There are all sorts of dangers out there!" Yes, that is very true. Fortunately, we do not need universal safety in every aspect of life on this planet to end our chronic pain or symptoms. When we create safety in the ways that we experience the world, symptoms and pain can and do turn off. Focus on what you can influence or control. Focus on those things within your sphere of influence.

Storytime: I got rid of my perceived danger pain despite going through the most emotionally chaotic times of my life—my wife and I drifting apart and my marriage ending. And plenty of people still got well right in the middle of the COVID-

19 pandemic. This is more proof that we don't need universal safety or everything in our lives to be perfect.

I also hear, "But Dan, I've never felt safe in my entire life." I completely understand this, too. Regardless of your childhood and adulthood experiences, I am completely convinced that it's never too late to create safety in our present lives. When you focus on this proven process and approach, you will create safety in ways that will turn off your pain or symptoms. But you may also notice an overall lift in your spirits and well-being in general.

Important note: If you are in an abusive situation and truly not safe, physically or emotionally, seek help and remove yourself from that environment. Nobody should have to tolerate abuse. I do not suggest that you endure abuse and try to recover anyway. If you are unable to leave, commit to these strategies anyway. Life stress does not have to mean pain.

Once true threats are handled, creating safety to turn off symptoms is definitely within your control. Let's not worry about the external factors that we cannot control (politics, etc.). Instead, focus on things within your control and your influence in order to settle your whole system down. Remember, a terrified brain does not operate the human body efficiently. False alarms can sound often and quite loudly. A brain feeling safe turns off those alarms. That's our intent here.

SIDE NOTE: DO NOT CREATE ARTIFICIAL BARRIERS TO RECOVERY, SUCH AS:

- "As long as I'm in this job, I'll have pain."

- “My job is too stressful.”
- “As long as I’m married to this person, I’ll have pain.”
- “Until I’m done with school, I’ll have pain.”
- And hundreds of other stories we tell ourselves.

These are false beliefs in our heads that just create more fear. And here is the hard truth: As long as you keep telling yourself reasons you will not get better, you won’t. Be very careful of the stories you tell yourself.

The four foundational principles are your starting point. Now that you have that foundation laid, it is time to begin showing and *consistently* telling your brain that you are just fine.

The core objective of all my work is to provide accurate information on how the human body and brain function so that we can successfully neutralize the fear surrounding the symptoms. In chapter five, we reviewed the list of potential dangers that the brain may perceive, causing your symptoms.

Do not try to *stop* fear. If someone told you to stop being afraid of a tiger locked in a room with you, would that work? No. But, what if someone gave you accurate knowledge that the tiger was really just an oversized stuffed animal? The fear would dissipate, right?

The same thing holds true for your pain or symptoms. They come from a *perceived* danger, not a real threat. Once you realize you are not truly broken or damaged or sick, the fear naturally reduces. This clarity is so important.

Once we neutralize the perceived danger consistently, the brain can and will make a new decision and turn off the false alarms. It’s not just a matter of understanding these concepts. We need to actually convince or “sell” the subconscious on the fact that we are

indeed already okay. This takes belief and consistent application of what I call “messages of safety,” which I’ll speak about throughout the rest of this book.

WHAT IF YOU ARE AFRAID OF FEAR?

One thing that often happens is that once people understand that the brain is creating the pain based on fear and the perception of danger, they can sometimes become afraid of being afraid. Others become afraid of their own brain. “If my brain can make me hurt this bad, what else can it do? Oh no!”

While I can understand these types of questions and concerns, keep in mind, it’s *your* brain. You get to decide how to use it and what messages to feed into it. You can, and often need to, make a decision not to feed the fear through your thoughts, avoidance behaviors, and the language you use to describe your experience.

While you do not have moment-by-moment control over symptoms, you have a massive ability to influence how your brain interprets the experience of your life. You get to decide each day if you will fuel the perception of danger or cool it with accurate messages of safety. That’s the main task. Make sure you are creating credible evidence of safety that outweighs the brain’s mistaken perception that something bad is happening.

Some people have come to the conclusion that their brain is sabotaging them, messing with them, or even evil. That couldn’t be further from the truth. Remember, the brain’s primary job is ensuring your survival and safety. Your brain literally cannot work against you with evil intent because safety and survival are its priorities. Please do not be afraid of your own brain. The coolest part about this process is that once you understand how the brain functions, you can make a decision and commit to work within the framework of the human system to get your brain to do what you want. So cool,

right? Decide to work with your brain, not fight it. Teach it, don't run from it.

Remember, it's *your* brain.

LET'S TALK ABOUT FEAR VERSUS WORRY

According to Dictionary.com, fear is "a distressing emotion aroused by impending danger, evil, pain, etc., whether the threat is real or imagined; the feeling or condition of being afraid."⁸

Fear is very useful for keeping us alive in potentially life-threatening situations. We automatically go into the fight-or-flight stress response when afraid. As noted in chapter four, everything in our bodies is optimized for one thing: survival. Fear is based on a very real and present threat. It is useful.

Worry, on the other hand, is exhibiting concern over future events that are not even happening right now and may never happen. Thinking about something that you don't want to happen is worrying. Predicting the worst possible outcome is worrying.

A really good question to ask yourself is this: Why put your emotional energy toward something you hope doesn't happen?

Fear has a legitimate and valuable use in keeping us alive; worry does not. Worry does not create safety. Worry does not prevent bad things from happening. Unfortunately, worry can put us into that same fight-or-flight response, which can be perceived as danger and perpetuate symptoms, even though all we are doing is thinking.

In the context of eliminating pain or other symptoms created by the perception of danger, worry is not our friend. It is not a useful tool at all. It's counterproductive, as it perpetuates fear. Notice when you are doing it, and make a decision to shift your attention to the present moment. Say to yourself, "I'm actually okay. Nothing bad is happening right now. I am not going to predict bad things."

Great news: at this stage of the book, you now have the knowledge part of the recovery process in place.

Your brain truly is your best friend and number one advocate. It's just operating on misinformation and fear. Correct the misinformation so you can dial down the fear, and life can get really good, really quickly.

In later chapters, we will go into great detail on creating emotional, physical, mental, and self safety. Stay tuned, because we are getting to the "How do I do this?" stuff.

THE SIMPLE SAFETY SOLUTION

SAFETY IS THE SOLUTION. YOUR JOB IS TO RECOVER FROM FEAR (A.K.A. perceived danger). How can you do that? By engaging in safety therapy.



Figure 3: Safety Strategies

So, what the heck is “safety therapy?”

No, it doesn’t involve going to any type of therapist (physical therapy or mental health professional). However, it does involve becoming your own “safety coach” or “safety messenger.” In

essence, your new role is to convince your scared and misinformed brain that you are not in danger and that you are actually okay—or in other words, safe (not sick or broken).

What is the antidote to fear? Accurate knowledge, which means knowing what is actually going on.

It stands to reason that if we can feel safer in the key ways we experience life, the brain should and will turn off the false alarms from perceiving danger. In this chapter, we will get into the core ways that we can teach the brain we are safe.

Unfortunately, knowing the cause of the pain, and that it applies to you, isn't a solution in and of itself. We need to proactively create credible evidence of safety to shift the brain from overprotection and perceiving danger to being more relaxed and recognizing that we are okay.

Figure 3 shows the various ways we can teach our brains to turn off the symptoms and pains.

HERE ARE THE SIX SAFETY STRATEGIES I WILL TEACH YOU:

1. Emotional safety
2. Physical safety
3. Mental safety
4. Safety with self
5. Safety in how you respond to symptoms
6. Safety by re-engaging our brains in living life

Mindset is the connector for all of the above. Turn the page and let's get to it!

TEACHING EMOTIONAL SAFETY

IN THIS CHAPTER, WE'RE GOING TO START TO GET INTO THE DETAILS OF teaching your brain that you are safe. Let's start with emotional safety.

As a reminder, Dr. Sarno discovered years ago that the brain can perceive repressed emotions as dangerous and create pain or other symptoms as a distraction from those "dangerous" emotions. As I've discussed before, Dr. Sarno was absolutely right. The brain may perceive emotions as dangerous, and that can cause it to turn on pain or other symptoms. As we discussed in chapter five, there are many other things that the brain perceives as threats or dangers beyond just our emotions.

For this section, however, let's focus on emotions. We'll discuss a proven method to teach the brain that emotions are, in fact, safe and should not be viewed as dangerous or create symptoms.

For many of us, this goes back to childhood. Many of us were raised in homes that were less than ideal. Some were chaotic, and some were literally threatening or abusive. We were told to be seen, not heard, and that children were supposed to be quiet. If we cried, we were told, "Don't be a big baby," or "Don't let anyone see you cry." If we got angry, oftentimes we heard, "I'll give you something to be angry about," or "God doesn't like anger. You are a bad person if you are angry." As a result, the idea that emotions were unsafe and not to be felt or shared was programmed into us. Those early childhood experiences were when we learned to avoid or repress emotions.

We also saw emotions modeled for us by those around us. In my home, my dad had a big temper. As a teenager, I remember vowing that I would never be an angry asshole like my father. As a result, what do you think I did when I got angry as I got older and moved into adulthood? Repressed. My automatic response, which I wasn't even aware of, was to push the anger away. In many cases, that wasn't even a conscious decision. My subconscious mind would automatically prevent me from getting angry, and I repressed the anger so I wouldn't be like my dad. There are millions of other examples of how our life experiences with emotions create patterns of repression.

For many of us, this repression became a survival strategy, and these lifetime habits of repression were set in place. We also developed some personality traits to help us survive as kids, such as being people pleasers, do-gooders, perfectionists, and high achievers, or being very self-critical. Our good behavior was an attempt to stay out of harm's way and not suffer the wrath of an angry parent or sibling.

Many of these experiences left us judging ourselves harshly for even having any negative emotions. I'd like to suggest that we reframe those beliefs and perceptions about emotions once and for all. We *can* and actually need to develop a healthier relationship with our emotional selves.

I'm going to walk you through a process of evaluating your beliefs about certain emotions and help you figure out what you think it means about you if you actually encounter those feelings.

Here are a few examples of what I'm talking about when I say, "What does it mean about me if I feel this way?"

- "If I get angry, I'm an asshole like my father or I'm crazy or out

of control.”

- “If I’m in a rage, I’m dangerous.”
- “If I’m angry, I judge that I am mentally ill.” This one came from an amazing coaching client who learned that anger meant mental illness because her mother and brother were both diagnosed with bipolar disorder. Their anger was a sign of their mental illness. As a result, she refused to get angry because she didn’t want to be mentally ill like her family members.
- “If I’m sad, I’m weak or a big baby. A wuss.” One of my clients was upset in his early twenties due to a bad breakup with a girlfriend. His father told him to get over it, saying “Don’t be such a pussy.” Basically, this young man learned in that instant that if he wanted his father’s respect or approval, he wasn’t allowed to be sad. Ever.

I’m sure you can think of *many* of your own examples of these types of scenarios that shaped your worldview of emotions and what they mean about you. Let’s do an exercise to make this more personal now.

For the following exercise, get out a sheet of paper and draw two lines, creating three columns. In the left column, you will list the various emotions. This is not an all-inclusive list but covers the main ones. The middle column is where you write down what you believe or judge about yourself if you experience the emotion in the left column. The right column is where we reframe things. Review the example below.

REFRAMING EMOTIONS

EMOTIONAL MEANING EXERCISE

Emotion	What does it mean about <i>me</i> if I feel an emotion? (examples)	What is the new meaning? (the reframe)
ANGER	I'm an asshole like my father.	Emotions are normal.
RAGE	I'm crazy, out of control, dangerous.	Emotions are often justified.
SADNESS	I'm weak, a big baby.	I'm perfectly sane.
FEAR	I'm weak; I should be stronger, unafraid.	Emotions make me human.
SHAME	I'm not good enough.	I'm allowed to feel shame.
GUILT	I did something wrong.	I am <i>safe</i> feeling emotions.
JEALOUSY	I'm not good enough.	Jealousy is a normal and often justified emotion.

To download this exercise, and several other free resources from my website, go here: <http://PainFreeYou.com/bookresources>.

This is clearly an intellectual and cognitive look at our emotions and what we believe shaped our emotional defaults in life. However,

it is very important to go through this reframing exercise so you can stop judging yourself harshly for having and experiencing these emotions in the first place.

The exercise above is the cognitive and thinking part of teaching the brain safety surrounding emotions. It creates a foundation that allows the self-judgment to soften. Creating compassion for ourselves and not judging ourselves for feeling emotions are big parts of recovery. Don't skip the exercise above. It will give you insights you may not have considered before and paint a clear picture of why you have avoided certain emotions your whole life. This changes now. Do the exercise.

FEELING EMOTIONS

In this section, we're going to learn how to experience the daily emotions of life as a way to prove to the brain that these emotions are actually safe. I like to consider this as exposure therapy for our emotions. The more we feel our emotions, the safer we will feel experiencing them.

I'm sure some of you are wondering whether, after going through this analysis and reframing process, your brain will stop reacting to emotions by turning on pain or other symptoms. Unfortunately, it's not that simple. The previous exercise is the "accurate knowledge" part of the process. But now, we need to actually *show* our brains that these emotions are completely safe.

How do we do that? By actually *feeling* and *experiencing* the emotions as they occur.

I can hear the many clients I have worked with . . .

"But Dan, I'm terrified. Every time I feel my emotions, they stick with me forever! I cry all day/week/month. I can't stop them if I allow myself to feel them."

I get it. Many of us have a less-than-ideal relationship with our own emotions. We may have been judged or shamed for being too emotional or told to get over it. Let's be real, emotions have definitely caused a lot of havoc in our lives. Yes, situations can cause emotions that we may not like. However, running from and repressing these emotions does not make them disappear. Unfelt emotions actually accumulate. Not good.

Here's the cool part: We're about to change this situation in a positive way, once and for all.

Emotions are not the problem. It's our conscious and subconscious resistance to emotions that's the issue. This resistance is based on the mental programs that were created through our life experiences.

Have you ever said to yourself, "I never want to feel *that* way again. That was horrible." Statements like that demonize emotions and further ingrain the programs that scream at us to avoid and push away any negative emotions.

How do we teach the brain that emotions are safe?

1. By actually feeling them.
2. Feeling the emotions without judging ourselves harshly for having the emotion. The reframing exercise above will allow you to drop your self-judgments.
3. Feeling the emotions without getting stuck in the story behind why we are having them in the first place. I call this story mode.

Truth: You are a normal human being having a normal human experience. You're not broken, crazy, out of control, weak, or anything like these.

Many ask, how do you actually *feel* emotions? You would be surprised at how many people ask this question because they have spent so long avoiding emotions. We feel emotions by no longer running from them. We can simply allow ourselves to be angry, sad, jealous, guilty or ashamed, grief-stricken, and the rest. The key word is *allow*. Remind yourself that you are normal and that emotions are safe and justified. Feeling an emotion does not make you a bad person.

I've been told countless times, "I don't know how to feel my emotions. How do I feel them correctly?" To that question, I ask, "Have you ever been angry or sad?" I always hear, "Yes."

I tell them, "Great, do *that*." Don't overthink it. Just feel. Allow.

There is no perfect way to feel. No routine or structured process. The key is to allow, and do so without judgment. If you are terrified to feel your emotions because you fear they may get stuck, item number three above is how you can make sure that doesn't happen. When you allow the emotion to be experienced, without judgment, and by *not* ruminating on the story behind it, it will dissipate and soften pretty quickly, often in less than a couple of minutes.

"But Dan, when I allow myself to feel an emotion, I'm lost in it all day long." This is where I speak about item number three, "Don't get stuck in story mode." If emotions keep going and going after you have felt them, that means you are stuck on the story. You are likely ruminating on why you are upset, and that rumination or storytelling is actually creating the emotion over and over again. This is why you can feel stuck in the emotion for hours, days, weeks, months, or years. It's really tough for an emotion to release if you keep recreating it by staying in story mode. You don't need the story. Why? You already know why you are upset. Just feel upset.

"But Dan, I can't just start crying if there are people around me!"

I get it. I know that allowing the emotions to be felt with others around can cause social consequences and awkwardness. And you're right, breaking into tears during a holiday meal with fifteen members of your family because someone said something stupid and hurt your feelings may not be the best approach.

So, what do you do? Here is what I suggest if you are in a business meeting or with your family, kids, or parents. Everyone needs to use the bathroom once in a while, right? Excuse yourself, go into the bathroom, and *allow*. Allow whatever you are feeling to come out. Make angry faces in the mirror, be sad, cry, be enraged . . . whatever is coming up, allow it without judging yourself and without getting lost in the story. It will dissipate soon enough, and you can return to the holiday party or business meeting feeling much lighter and less bothered.

There are many in the mind-body space who speak about journaling, therapy, trauma processing, healing the inner child, psychotherapy, and many other ways of "dealing with emotions." For many, dredging up the past can actually be perceived by the brain as dangerous and cause symptoms to get worse.

I'm not a big fan of digging up the past. It's important to ask: Why are we doing that? To what end? If we are looking for a magic emotion from our childhood that, once we discover and un-repress it, will make the pain go away, I'm sorry to say . . . I cannot remember one person finding an emotion from when they were ten and POOF, their symptoms disappeared.

That said, I will not tell you to dig up the past, do therapy, or release past traumas by reliving them. I believe there may be value in those things from a mental health standpoint . . . sometimes. However, I do not believe it is necessary to unearth past hurts to get well and eliminate symptoms today. Why? Because that never

worked for me, and I have tons of success stories from people who didn't do that, either.

Caveat: If your trauma from the past is haunting you in the present moment, it may be beneficial to work with a trauma-informed specialist to address this. However, that can be a separate endeavor from my approach of turning off symptoms.

Many of my clients are relieved to stop living in and digging up the past and begin focusing on knowing that they are safe *now*, in the present moment.

When the brain feels safe, symptoms can and will shut off.

HOLD AN OPEN HOUSE FOR YOUR EMOTIONS

I recorded a video several years ago on the topic of holding an open house for your emotions. In it, I spoke about this scene of what that would look like.

You are inside, sitting on the couch. There's a knock on the door. You yell through the door, "Who's there?"

You hear the answer, "Anger."

You shout, "Go away. I don't like anger," and you return back to the couch.

There's another knock.

Again, you ask, "Who's there?"

This time you hear, "Sadness."

Again, you say, "Go away. I don't like being sad."

Over and over, this happens. This is repression in action. Sometimes we are aware of it, but sometimes it happens automatically without our awareness.

Over the days, weeks, months, and years, you can imagine all of the emotions that you wouldn't let into your home that would accumulate outside. This creates what I jokingly suggest is like a zombie hoard of emotions. Imagine all the emotions outside banging

on your doors and windows like zombies trying to get in as you sit on the couch, terrified.

Here is an alternate storyline for the same example. This shows another way to approach the emotions as they arrive, knocking on the door.

Imagine hearing a knock.

You ask, "Who's there?"

You hear "Anger," or "Sadness," or whatever emotion is showing up today. Instead of keeping them locked out, you say to yourself, "Well, I'm not thrilled to be feeling this way, but come on in."

"Hey Anger, let's have a seat on the couch," you say. You just sit with Anger and allow it to be present. And for the first time in a long while, or ever in your life, Anger feels heard and seen. After a while, you see Anger not looking quite as agitated, and it gets up and says, "Thank you for seeing and feeling me. You have not done that before." And before you know it, Anger gets up and lets itself out the back door.

By holding an "open house" for your emotions, allowing them into your home and heart, being with them, and sitting with them, they feel heard and often leave pretty quickly. Just be sure not to lock the back door. Could you imagine letting all the emotions in but never letting them leave? Ruminating on the story creates this scenario of feeling the emotion but not letting it leave afterward. Imagine the chaos that would cause. Both doors should be open. We wouldn't want to trap the emotions and keep them inside. Allow them in. Allow them to leave.

This is a healthy example of experiencing emotions. No judgment. No getting stuck on the story and hanging onto the emotions to experience them over and over. Just allowing and feeling, and then they leave.

Sometimes, the emotion will come and go quickly. But depending on the situation and depth of the emotion, it may visit your open house and stay for a longer time. Regardless, the same practice applies. Allow, don't judge, and don't replay the story over and over, thus allowing the emotion to release and leave naturally. In my experience, this is the best way to feel and have emotions release automatically. But it takes practice and nonresistance. Consistency too.

Through feeling, your brain eventually learns that emotions are safe and, as a consequence, no longer turns on or turns up symptoms when we feel emotional.

WHAT CAN WE LEARN ABOUT HANDLING EMOTIONS FROM A TWO-YEAR-OLD?

If a two-year-old gets sad, they cry instantly. If they get angry, you can see it on their face, and they may scream, give an angry cry, or throw a tantrum. But a caring adult will cradle them, hug them, and say, "It's okay to be sad or angry. I understand. I would be angry or sad too if that happened to me." Let them experience it. Hold them. Reassure them it's okay. And once they start settling down, you can ask, "What do you want to do now?" Often, they will say or point, "Play." And off they go. The emotions have been allowed without judgment, felt, and released that quickly. If a kid can do that, we can, too.

EMOTIONS ANONYMOUS—PRACTICE

Imagine a room with a bunch of chairs in a circle. In each chair sits a different emotion. Each emotion gets its turn to be felt and heard. "Hi, my name is Anger, and I am really pissed off. You were there, so you know what happened. We don't need to go over the story, but just know I'm feeling *really* angry."

You sit with Anger until, with a long sigh, Anger acknowledges, "Thank you for giving me my space to be heard and felt."

You can do this exercise once in a while as a practice or just when you find yourself feeling "emotional." Allow each emotion their time to be heard, felt, allowed, and released.

Sometimes, these visual examples can allow us to break through years or decades of burying emotions in the basement.

WHY FEEL EMOTIONS? WHAT DOES THIS PROVE?

We feel emotions so they can pass and release. If we keep on shoving them down into the basement that is our subconscious, they accumulate. What happens if you throw years or decades of emotions in the basement? It fills up until the emotional ooze starts to climb the steps and threaten to slide under the basement door into the kitchen, where they will eventually demand to be heard.

Simply put, emotions are meant to be felt without judgment, without the story, so they will pass. In the end, when we sort of "make friends" with our emotions, our brains learn that these once-scary emotions aren't so scary after all.

As a result of us teaching the brain that emotions are safe, the automatic, subconscious program that would previously turn on symptoms in response to emotions can shut off. Then symptoms can stop being created as a result of emotional events. Great news: We've just taught the brain that emotions are safe by actually feeling them. Simple, right?

That's it, no years of therapy, no digging through your life traumas searching for some long-lost emotional key to your pain or symptoms. No deep introspection needed. Just feel. Don't judge yourself. Let go of the story.

Exposure to emotions shows and tells the brain that they are perfectly safe, normal, and not to be feared. Thus, emotions will no

longer be a trigger.

Another story I would like to mention is one inspired by one of my coaching clients, Ingrid, and her success. Ingrid suffered terribly with what she was told was interstitial cystitis (a series of bladder symptoms like pain, burning, urgency, and frequency), along with irritable bowel syndrome and skin issues. When she joined my group program, she was *very* deep in despair.

By participating in the group and getting regular coaching and support, Ingrid found clarity about the cause of her symptoms and was able to consistently create credible evidence of safety that outweighed her brain's perception of danger. This allowed her to successfully teach her brain that she was not really in trouble, despite what the symptoms had been saying to her for years.

Over time, her symptoms went away. As she was speaking in one of the group coaching calls, she uttered these words: "Life can be life-y, but you don't have to hurt." That phrase has stuck, and it is commonly used in my coaching world. If you are wondering, "Is there life after chronic pain?" Absolutely. Ingrid has since returned to life, and she has been going to shows, having dinners, traveling, and living a complete, full life, free from chronic pain and symptoms. She has even founded an award-winning charity. Bravo Ingrid.

Does she still have emotions and stress? You bet. But no more chronic symptoms. This stuff works, folks.

Thank you to Ingrid, who bravely trusted the process, implemented it consistently, and got her life back with these principles!

What this means is that despite life's struggles, stresses, and, yes, emotions, there is no need for our brains to create symptoms to protect us from the perceived danger of these difficulties. We are all capable of teaching our brains that we don't need pain or symptoms.

If you'd like to watch the video I recorded that was inspired by Ingrid's comment and story, you can access it at LifeCanBeLifey.com. Enjoy the video, but don't forget to come right back to the book and keep reading.

In the next chapter, I will address how you can use your body to convey messages of safety to the brain.

TEACHING PHYSICAL SAFETY

I'M SURE MANY OF YOU ARE THINKING, "I'M WRACKED WITH PHYSICAL PAINS or other physical symptoms. How the heck am I supposed to know, believe, or teach myself that I'm safe physically? I haven't felt safe in my body for years or decades."

Well, it all goes back to that accurate knowledge that we spoke of earlier in this book. When you understand how the human system, the brain, pain, and the nervous system function, and you have used the assessments in chapter six to confirm that your body is not the root cause, you have the foundation to begin teaching your brain that you are physically safe. Symptoms are a false alarm and temporary.

Hopefully, you have already decided to accept that TMS, or as I call it, a perceived danger response, is the *only* cause of your symptoms.

Once you have completed the assessments and accepted perceived danger as the cause of your symptoms, we can absolutely teach the brain that there is no actual danger or threat. And we can do that, in part, with our bodies.

As mentioned earlier in this book, the subconscious is in control of whether pain or other symptoms are turned on or not. That said, I believe it is very important to do something that will directly convince your brain at a subconscious level that you are actually okay and "safe" physically.

I'm not going to describe all sorts of meditations or complex breathwork exercises. I believe it's super important to keep things as

simple as possible. Plus, when people launch into complex and time-consuming meditations, breathwork, or even body exercises, they are often doing it to achieve the outcome of turning off symptoms. These are what I call “fixing activities.” If you spend time each day on these fixing activities, it is very common, and almost impossible not to, check to see if those practices worked as soon as you are done.

I did all of that for a *long* time. After each time I would try to fix myself, I would always look to see if the pain was still there. And every time I did that, I would get frustrated, and I couldn’t help but think that I was doing the journaling, breathwork, or meditations wrong. So, I would either double down and do more of it or search the bookstore for more ideas on how to do those things “properly.”

Bookstore? Yes. I was going through much of my journey back in the Stone Age, before the days of the internet, Facebook, YouTube, and Instagram. Ha! You have such a wealth of resources available that I didn’t have.

I never realized that by always trying to “fix myself,” my subconscious had absolutely no choice but to keep believing that there was something wrong or broken that required fixing.

Imagine yourself sitting on a beach chair overlooking the waves at the ocean, toes in the sand. Do you have to proactively do anything to relax your body and allow your breathing to take on a slow, natural pace? Nope. We can cultivate that same relaxed body so that our breathing takes on a natural flow. When we do so, our subconscious has no choice but to assume that we are safe.

Contrast that to how many of us with chronic pain or other ailments navigate our days. Often, we are in a body that is full of tension, which causes shallow breathing. In that state, the brain also

has no choice but to perceive “Uh oh, something bad (dangerous) is going on.”

The good news is this: There’s no homework for a certain number of minutes or hours each day. Simply put, it comes down to two things.

AWARENESS AND DECISION

The task at hand is to be aware of whether you are carrying tension in your body. Tension in the body is very common, and it is a protective mechanism. It’s the brain’s way of keeping us safe. I walked around like a robot feeling like I had a straitjacket on all the time. I would move in such a guarded and protective way, due to the conscious and subconscious fear of moving, and pray I wouldn’t throw out my back again.

I needed to become aware of this body tension and literally encourage myself to relax and loosen up. I would say, “Get loosey-goosey” to myself, or become imprecise and excessively relaxed.

Let’s be clear, I’m not suggesting we become careless and throw our bodies around. But I did have to coach myself to let the tension go and allow my arms to swing as I walked.

Here’s the kicker: When the body is relaxed, guess what takes care of itself automatically? The breath. With a tight chest, torso, and abdomen, it’s nearly impossible to take a full, relaxed breath. Try it: Tighten up your chest and abdomen, and take a deep breath. It’s not possible. For many of us, that tight, tense body is our natural state. Why? Perceived danger (*fear*). Now, relax your chest and abdomen, and allow your shoulders to drop. Let the tension go. Take a more natural, slower, and deeper breath than normal. See how much fuller of a breath you can take? This is our natural state when we sleep.

THE FORMULA: A MICRO MEDITATION

- Be aware of when you are carrying tension.
- Decide to let the tension go as best as you can, drop the shoulders and get “loosey-goosey.” We do this so that the breathing will slow down and be more natural and fuller.

What is the benefit of all this? The benefit is to show your brain that you are actually safe. The subconscious will have no choice but to see your relaxed body breathing slowly and fully and assume correctly that you are actually okay (safe).

“Isn’t there more of a structured process you can give me, Dan? I’m used to homework. This seems too simplistic.”

Please don’t let the simplicity fool you. This basic process is quite powerful when you make this awareness-and-decision-to-relax-so-that-you-can-breathe thing a habit. It takes some practice to allow tension that you have carried for so long to release.

Think back. Have your shoulders been hunched up toward your ears for a long time? When was the last time your shoulders actually relaxed and dropped to a natural position? Do you feel like you’ve been tight and breathing shallowly for as long as you can remember? It’s time we change that.

The good news is that the accurate knowledge of perceived danger being the *only* thing going on really helps to reduce fear. Intellectually, you should *know* by now that your body is okay.

With this practice, your subconscious will sense the safety, too.

This is your solution: awareness and decision. Relax—drop your shoulders and allow the breath to slow and become fuller. Your subconscious will thank you.

Does it help? Yes. Some of my coaching clients have told me that just by doing this simple practice, they notice their symptoms can lose their intensity. Sometimes symptoms can fade entirely. It's not a light switch, and it's not guaranteed, but it definitely *is* a message of safety that goes directly to the subconscious brain. And it may actually ease the symptoms. Try it. Consistently. Nothing works the first time. Repetition is always a good thing.

"Hey Dan, shouldn't physical safety include a way to teach the brain that movement is safe?"

Great question, and *yes*. In the following section, I will give my version of a process, which I call the six steps for resuming physical activity.

THE 6 STEPS FOR RESUMING PHYSICAL ACTIVITY

Many people with chronic pain or chronic symptoms have accumulated a number of movements or activities that seem to trigger their symptoms. This creates a natural urge to avoid those activities in order to not experience symptoms. Unfortunately, avoiding an activity, food, or movement only does one thing. It reinforces the brain's perception that those movements, foods, or body positions are *actually* dangerous. Not a good thing. Perceived danger creates symptoms. Avoidance is fear-driven, and it perpetuates the brain's perception of danger.

The way to reverse this process is to begin doing the thing you are afraid of that has previously triggered symptoms. Unfortunately, if you just begin doing these movements or activities, the brain can sometimes turn on the alarm system because it is not *yet* convinced that the activity is actually okay for you to do. We convince the brain with a combination of visualization, graded exposure, and a planned calm response in case symptoms show up. We do these things with

intention, not recklessly. The following outlines the process I recommend, which has worked for many of my clients and viewers of my videos.

6 STEPS TO RESUMING ACTIVITY

1. DECIDE WHAT ACTIVITY YOU WANT TO RESUME.

Whether it be sitting, standing, walking, reintroducing foods back into your diet, or exposing yourself to smells, lights, or sounds, this process will work for you. If there is any activity that tends to cause symptoms, it is because your brain perceives that activity as a threat.

Make a firm decision that this particular activity is your focus. Don't try to do everything at once, as it may be interpreted by the brain as too much too fast.

2. VISUALIZE YOURSELF DOING THIS ACTIVITY WITHOUT PAIN OR SYMPTOMS.

Notice if you feel any anxiety or even the actual symptoms come on just by visualizing yourself doing this activity. If so, continue to practice this mental rehearsal until you can do it in your mind without feeling the anxiety or symptoms in your body. If you can't do it in your mind without symptoms, it will be harder to do it for real.

Tip: Get good at visualizing the outcome you want before you begin graded exposure to the actual activity.

3. SET A POSITIVE EXPECTATION.

Expect the best. Going into this process afraid and expecting to hurt will not be productive. That's the reason we spend time doing the visualization and mental rehearsal until we can see it in our mind without getting that feeling of anxiety in our stomachs at even the thought of doing the activity.

The key is to expect the best. See it. Know deeply that since you did the assessments and determined that the perception of danger is the only thing wrong, this means that it is entirely possible to resume activity without triggering symptoms. Expect this to work.

4. BEGIN THE GRADED EXPOSURE.

Try the activity for a very short time—five seconds, twenty seconds, or sixty seconds. If you are currently able to go longer before symptoms begin, start there and practice until the symptoms do not come on as previously expected.

If it seems like this process will take forever, don't psych yourself out. Starting small builds confidence. You can speak with and actually partner with your brain: "Ok brain, surely I can sit for five seconds without any pain. Let's work together on this. It's just five seconds."

Once you can do the activity without any symptoms, begin to gradually increase the time you practice this. With repeated practice, the length of time you can do the activity will continue to increase and compound until your brain just accepts that this activity is no longer a problem and symptoms go away.

5. CHOOSE YOUR RESPONSE.

If symptoms do happen to occur, do not view this as a failure. Don't quit. Symptoms only mean your brain hasn't been convinced yet and is still perceiving this particular activity as dangerous.

Don't panic. Choose your response to any sensations that occur either during the activity or afterward. Simply call it out for what it is: perceived danger. Your calm and reassuring response will teach the brain that nothing dangerous happened at all. Reassure yourself with calming words in a relaxed body while breathing slowly.

Approach the symptoms with a "who cares" attitude of indifference. Be unbothered. You did not damage your body with the activity. Remind your brain that you are going to keep on doing this until it learns that you are completely safe in this activity.

6. REPEAT.

Consistent repetition is what teaches your brain that the activity is not dangerous. Practice this often. This process is like any other thing we do in life. Like learning a language, musical instrument, sport, or anything else, you cannot expect it to work the first time you try. They all require consistent, thoughtful practice. But try not to view this as "work." Play with it. Have fun with it. Engage your brain in working with you to prove that this is not a harmful activity.

DOES THIS ACTUALLY WORK?

Yes. Absolutely. Here are two real-life examples for you.

One person emailed me to say that at one point they weren't able to sit for even a second without stabbing pain. Literally, the second they sat down, they had to jump back up. With time, patience, and this practice, they made it through a three-hour car ride sitting in the passenger seat just three months later.

Another client could barely get off the couch, walk to the kitchen, or climb stairs without screaming with knee pain. After putting this graded exposure process into play, they emailed me a few months later to tell me that they are now able to take five-mile walks. Yep, this stuff works, folks.

WHAT IF YOU HAVE A LIFE TO LIVE AND ACTIVITIES YOU CANNOT AVOID?

Clearly, that is not the ideal time to practice graded exposure, since it is really not possible. Sometimes we just have to live life despite our symptoms. But we can still apply part of this process anyway.

This is how I suggest we approach things: Imagine whatever you plan to do going well. Expect the best and respond as calmly and with as much reassurance or even indifference as possible if symptoms happen to come along for the ride.

The mindset you wish to attain is to simply expect it to go well and respond as well as possible if symptoms are present. That goes for anything you're doing in life.

THE SHORT SUMMARY

- **Decide** you're going to do it.
- **Visualize** the activity.
- **Expect** no pain or symptoms.
- **Ease** into it gradually, increasing the duration with practice.

- **Reassure** yourself nothing is wrong if symptoms appear.
- **Repeat** the process.

This takes consistent practice. It's not work. Play with this process. Your brain is in the habit of protecting you. This is a great way to teach you and your overprotective brain that the symptoms are not needed.

This process embodies a phrase I say often: "Trust the body, teach the brain."

One way to accomplish this is with a little trick I used during my journey. What I found was that any time I was idle for a while, sitting or lying down, I would often delay getting up due to the fear of how bad it would hurt when I stood up. That fear and expectation of pain often caused a lot of suffering as I sat worrying for five, ten, thirty, or more minutes before ever moving.

The trick I developed was to utter two simple words when I needed to get up and move: "I'm good," followed by immediately getting up without delay. This sent a direct message to both my conscious and subconscious brain that I was okay. I used this all the time. Any time I would get out of bed, off the couch, out of a chair, in and out of the car, or even off the toilet, I would say to myself, "I'm good," and *move!* This eliminated the delay where my fear would build and send tons of messages of danger. Over time, this repeated practice allowed me to have less and less pain upon movement.

Try it. It works. Remember, this stuff only works if you put it into action. Consistently.

Keep on reading. In the next chapter, we will tackle one of the more insidious aspects of chronic pain or chronic symptoms: our runaway thoughts. Turn the page.

C H A P T E R 13

TEACHING MENTAL SAFETY

THERE IS PLENTY OF TALK IN THE SELF-HELP WORLD ABOUT THE LAW OF attraction and negative thinking bringing you negative results. Despite that belief (which is likely very true), this chapter is not going to be all about “positive thinking.” Why? Because I don’t believe positive thinking is the cure for chronic pain or ailments. I suggest “accurate thinking,” which is much more powerful. Let’s dig into thoughts, thinking, and our choices in that regard.

When I speak about mental safety, essentially, I am talking about thinking. Not much can get us in more trouble than our own thoughts.

There is a great quote by Mark Twain: “I am an old man and have known a great many troubles, but most of them never happened.”⁹ In other words, his troubles were a result of his thinking more so than things that actually occurred in his life. Can you relate?

As you may have gathered by now, I’m the cognitive, let’s-understand-how-all-this-stuff-works kind of guy. None of this is woo-woo.

When it comes time to figure out the best way to create safety surrounding our thoughts, it’s important to understand thinking in general. Realizing that we have options regarding our thoughts is key. So, let’s look at the various options regarding thinking:

- Stop our negative thinking.
- Fix our negative thinking.

- Don't believe our negative thinking.

Are there more? I'm sure, but the three above are the obvious choices. Let's take these one at a time.

OPTION 1: STOP OUR NEGATIVE THINKING

We have all heard or read about positive thinking. While that is an admirable goal, positivity isn't always possible, causing many of us with negative thoughts to feel broken and mentally unwell. This leads to a lot of self-judgment and causes us to focus on our negative thinking as a huge problem. We come to believe we are broken or that our brains are working against us.

I get these types of questions all the time in my coaching and comments online:

- "How can I stop thinking about my pain or symptoms?"
- "How can I stop thinking about a horrible future?"
- "How can I stop thinking about something bad happening to me or my loved ones?"
- And thousands more thoughts that keep us scared. Our thinking is on a loop all day long, especially if we are in fear:
- "Don't do this. Don't do that."
- "What if I never get better?"
- "My life is awful and it's never getting better."
- Et cetera, et cetera, et cetera. You get the picture.

Let me be clear. Don't waste your time or energy trying to stop these thoughts. It's not possible. Your brain is just doing its job.

Negative thoughts are simply another symptom of a brain perceiving danger and essentially warning us of all the bad things that it wants to prevent. When you are in fear, negative thoughts are automatic.

You're not crazy. Negative thoughts are part of being human. Remember, your brain's job is to keep you safe and alive. Let go of the need to stop this way of thinking. It's impossible.

So, what's another option people explore? Well, many in the self-help world will suggest that we . . .

OPTION 2: FIX OUR THINKING

We are told it's important to catch our negative thoughts and turn them positive, or reframe them so they are not as destructive or harmful. There are even programs out there that tell us not to let a single negative thought go by without fixing it. Sounds impossible . . . because it is. And when we can't do it, we feel even more broken and out of control.

We believe we have a "thinking problem," so we try to fix it with more thinking about our thinking. You know, because we have a thinking problem that requires us to think about fixing our thinking problem with more thinking about our thinking problem. Do you see how ridiculous that is and how quickly we can go in circles or tangle ourselves up in knots with this type of madness?

According to the Cleveland Clinic's Healthy Brains website, your brain "processes 70,000 thoughts each day using 100 billion neurons that connect at more than 500 trillion points through synapses that travel 300 miles/hour."¹⁰ Imagine if you had to catch and fix all the negative ones. You would be absolutely exhausted by 7:00 a.m. That approach not only doesn't work, but it's also not possible or sustainable.

So, if we cannot stop our negative thoughts, and it doesn't make sense to attempt and fail to fix our negative thinking, what the heck should we do? The answer is behind door number three.

OPTION 3: DON'T BELIEVE OR TAKE YOUR THOUGHTS SERIOUSLY

"Are you kidding me? So, I'm not supposed to stop or even correct my bad thoughts?" Nope. The best way to approach thinking is to know that it is perfectly normal to have thoughts that could be considered "negative." I am suggesting that we start by removing the judgment about our own thinking.

Make a firm decision that all thoughts are actually normal and safe and need not be judged, stopped, or fixed. When you notice a thought that causes you to feel bad in any way, don't launch into judging and then a huge effort to stop or fix it. Thoughts come at us at the speed of light . . . or thought. Simply decide that you can allow thoughts with negative energy to float right by.

When we grab onto a thought and try to fix it, we get into a wrestling match. We end up going over that thought again and again in an attempt to stop or fix it. Wouldn't it be much simpler to let it go with no attachment at all? All that resistance leaves us feeling like we have a mental illness. We don't. We have a normal human brain that is doing its job perfectly.

Keep in mind that not all of our thoughts warrant serious consideration. Most of our thinking doesn't need to be believed at all, and it certainly doesn't require any deep analysis. Remember:

- Thoughts are not facts.
- Fearful thoughts are most often untrue.
- Fear is a liar.

- Just because a thought came from you doesn't make it true.
- You are not your thoughts.
- Thoughts are just things you experience.
- Thoughts are just blips of the neural circuits in our brains.
- Thoughts have no meaning other than the meaning *you* assign to them.
- A brain perceiving danger will warn you with thoughts that can be interpreted as negative. Those thoughts are not negative. It's how the system works. It's normal.

I suggest we learn to let the thoughts come and go without judgment. Let them float by. For example, say, "Wow, that was a dark thought. Thanks, but no thanks." And let it go.

There is a popular phrase: "Don't give it a second thought." This means that if the thought is upsetting, don't repeat it. By not engaging in these thoughts as if they are something important that warrants attention, guess what? You will actually have fewer of these thoughts. Your brain will notice that you are not interested in these negative and fearful thoughts, and it will create fewer of them.

Over time, you will notice that your thinking has completely changed, and you are no longer plagued by your own thoughts.

WHAT WE FOCUS ON TENDS TO GROW AND MAGNIFY

If you focus on negative thoughts, you will definitely have more of them, especially if you judge yourself as having a big problem because you even have these thoughts.

What we focus on, we also feel. If we choose to focus on the negative thoughts, we will feel the emotional charge behind them. That's a recipe for feeling bad.

The lesson? Choose what you focus on wisely.
Now, let's dig a little deeper into this topic of . . .

FOCUS

Since what we focus on tends to grow and magnify, and we will feel what we focus on and think about, our focus has a lot to do with the state of our mental health. There are a few areas of focus I really want you to pay attention to. Ask yourself the following questions:

- Do I focus on the things I have or the things I am missing?
- Do I focus on things I can control or things I have no control over?
- Do I focus on the past, present, or future?

The worst things to focus on are what you are missing, things you cannot control, and your past or an imaginary, fearful future. Focusing on those things will not create happiness or mental well-being.

That means that by focusing on what you actually have (with gratitude), the things you *can* control, and enjoying the present in a way that allows you to build a better future, you can massively influence your symptoms and, as a result, your entire life and future. When we look at this topic of focus as it relates to chronic pain or symptoms created by a brain perceiving danger, it is clear that those three areas of focus are critical. Here are a couple of examples:

- If you're always focusing on what you're missing out on due to your physical pain or symptoms, you will *feel* more emotionally upset in general. Your brain will perceive more danger as a result.

- While gratitude is not a solution on its own, it can help by creating some safety around how we view our lives. That said, focus on what you have, not what you are missing. It's been said that you cannot feel anxious and grateful at the same time. Choose gratitude.
- If you focus on things you cannot control, that won't bode well, either. Trying to control the uncontrollable makes us just feel more out of control. For example, if you focus on your symptoms or pain (out of your control), your negative thoughts (out of your control), how long it will take to recover (out of your control), or the intensity of your symptoms (out of your control), you will notice that you generally feel much worse and way more out of control.
- Last, if you focus on all the troubles of your past, you will simply project that past into a future that looks bleak and dismal.

RECIPE FOR THINKING

Focus on what you have and what you can control—let the rest go. Focus on enjoying the present moment and making good use of right now. This will allow you to build a future that you want instead of one you dread.

And if you have thoughts that make you feel worse, decide not to believe them or take them seriously. Not taking our own thinking seriously takes practice. But it *is* possible. Keep at it. It gets easier.

OBSERVE YOUR STORIES

Thinking is often just storytelling inside our heads. What we think about, we quite often get. Are your thoughts (stories) supporting you or bringing you down? As we move forward in this journey, observe these stories and create new ones that lift you up and

support recovery, not stories that convince you that recovery is not possible for you.

If you aren't sure how to create a supportive story, simply write down your current stories or thoughts about why you cannot end your symptoms or get what you want in life, then take a big red marker and cross it out. Next, write out the exact opposite story.

There you go. You now have your new narrative. Just make sure your new story is the dominant one in your mind on a daily basis. We become what we think about. Stories are thoughts in action. When we think about our new stories, we are literally visualizing them and seeing them in our minds. Great stories lead to great lives.

In the next chapter, we'll take a good look at creating safety in regard to the self. If poor self-image and self-judgment or criticism have been part of your life up to this point, turn the page for new understandings and strategies to change the way you view and treat yourself for good. See you in the next chapter.

TEACHING SAFETY AROUND OUR SELF-IMAGE

WHO AM I? WHAT DOES THE WORD "SELF" EVEN MEAN?

Vocabulary.com defines "self" as "your sense of who you are, deep down—your identity. When you let someone else know you well, you reveal your true *self* to them."¹¹

Let's look at self-image: According to Dictionary.com: self-image is "the idea, conception, or mental image one has of oneself."¹²

Based on those definitions, and with our pain and symptoms in mind, it's no wonder we don't feel great about ourselves. We see ourselves as sick or broken. And feeling sick or in pain often causes us to judge ourselves harshly, blame ourselves, and feel guilty or ashamed of who we are.

Being judged by others often feels like an attack. Do you think your brain sees it as less of an attack if you are the one judging yourself? No—it's still an attack and a clear message of danger.

Let's not forget that the entire goal of this book and my work is to help you teach your brain that you are safe. I can assure you that criticizing yourself and self-judgment are not a part of the solution.

Let me ask you, if you judge yourself harshly, beat the crap out of yourself mentally or even out loud verbally, are constantly embarrassed by your current situation, criticize yourself, blame yourself for your pain or symptoms, and hate on yourself, are you doing yourself any favors? Hardly. So why do we do it? It's time to change that behavior.

Those are all massive danger signals that can keep symptoms going. Plus, that's just a ton of mental and emotional turmoil that's

self-created. I spoke to a client once who said he treats himself in a way that he would *never, ever* treat another human being.

What's our motive then?

THIS THING CALLED THE SELF-IMAGE

If you have an awful self-image, it's not because you're a bad person. You weren't born with those traits or beliefs about yourself. Have you ever met a two-year-old raised in a healthy environment with a bad self-image? Nope. They think they are God's gift to the world. They think they are awesome. And they are. Truly.

So how did we come to hate and be so mean to ourselves? Others in your life *gave* you that self-image. A crappy self-image was a gift you didn't ask for and didn't deserve. Perhaps it was your parents, siblings, neighbors, or extended family. Sometimes it's bullies at school, or even teachers or romantic partners. Our life experiences and the feedback we receive from others form our self-esteem. But here's the thing . . .

If your self-esteem isn't great, you don't have to keep it. Remember, it was given to you by others. It's not yours. You, and only you, get to decide how to feel about yourself. You can put down those beliefs given to you by others and create your own new and improved self-image. Nothing is more important than breaking down a bad self-image given to you by others and reconstructing beliefs that support you and lift you up.

To do this, I want to introduce you to something called the reticular activating system.

THE RETICULAR ACTIVATING SYSTEM

What the heck is that? There is this fascinating part of our brains called the reticular activating system. According to life coach Alex Pett, "The Reticular Activating System is a bundle of nerves in your

brain stem. Its purpose is to look for information that validates your beliefs—and it uses this to filter the information coming into your brain from the world around you.”¹³

The reticular activating system doesn't see reality for reality. Reality is filtered based on what you believe. This part of your brain is constantly scanning everything around you for evidence that the things you believe are true, regardless of whether those beliefs are factual or even beneficial.

So, if you believe you are stupid, ugly, weak, not good enough, not in control of your food intake, not made for working out, a procrastinator, unlovable, or whatever, your brain will look, all day, every day, for evidence that those things are true. And it will find it.

How does this apply to the topic of this book and ending chronic physical pain or symptoms? This system works on all beliefs, including those about the condition of our physical body, mental state, pain, symptoms, or even mental health. If you believe you are broken, weak, mentally ill, too anxious, or fearful, your brain will do its job perfectly and look for evidence that validates those beliefs. It's like a self-fulfilling prophecy, virtually guaranteeing that your worst beliefs will come true.

Belief: My back is bad, injured, broken, herniated, et cetera.

Experience: Ouch!

Reticular activating system: “See? I knew your back was messed up.”

Since this is how the system is designed to operate, it is critical for us to understand our current beliefs to see if they are serving us or not.

Let's focus on understanding this human system, working within that framework, and making changes to our beliefs that allow the

brain to work *for* us instead of against us.

“But Dan, I believe what I believe. I can’t do anything about that.”

Yes, you can. Stick with me.

If you are unhappy with your current situation and results in life, this chapter will change that for you. This goes well beyond just ending your pain or symptoms. It applies to every single aspect of your life. For example, your appearance, finances, employability, romantic life, mental health, likability, talents, and dozens or hundreds of other factors.

Takeaway: If we do nothing to change our poor self-image, our brains will continue to find evidence that all these bad things we incorrectly believe about ourselves are true.

Action: Let’s begin documenting our beliefs about ourselves and our lives.

Evaluate: Once we do that, we will see clearly why the results in our lives are not ideal. We will likely find that what we believe is often mirrored in our realities. You may feel there is nothing you can do about this, but there is. You can . . .

Make changes: Form new beliefs based on your ideal self, which will lead to better outcomes in life in general, especially with regard to your pain or symptoms.

SELF-ESTEEM HAS TWO MAIN TYPES

- **Actual self-esteem:** this is how we see ourselves right now.

- **Idealized self-esteem:** this is how we *wish* we were. When reality doesn't match up with this idealized version of ourselves, we believe we are failing. Self-judgment and criticism are the natural outcome. This is not a fun place to be.

In the context of this book, many of us see ourselves as physically, mentally, and emotionally broken. Ideally, we believe we should be strong, be happy, and feel great in our bodies.

The difference between these two is where so much of our misery lies.

"I wish I didn't have pain or all these symptoms. I wish I were stronger, prettier, had a better body, could control my eating, enjoyed exercising, made friends easier, could find a partner, and so on."

Nothing can make us feel worse about ourselves like chronic pain, symptoms, or illness.

Unfortunately, it is very common for us all to focus on what's missing. We focus on the gap between our current situation and what we ideally wish our lives were like.

"This makes sense, Dan, but what do we do about it?"

Let's begin by breaking down what makes up your self-esteem. I know, many of you don't even want to *look* at your self-judgments or criticisms and what you actually believe about yourself. It can be ugly. But stick with me. It's important to see this harsh truth about your beliefs so you can begin to make changes. And trust me, these changes are amazing.

SELF-ESTEEM REMAKE

If you want a printable version of this exercise, go to:

<http://PainFreeYou.com/bookresources>. Or, you can do this on a

blank piece of paper. Just draw a line down the page to make two columns. The table 2 gives an example of what this exercise looks like.

What do I believe about myself?	What is the opposite belief (my ideal self)?
<i>My body is messed up. I have XYZ diagnosis and feel awful.</i>	It's just TMS/perceived danger pain or symptoms. My body is actually okay and doesn't need to hurt or have symptoms.
<i>I have crippling anxiety.</i>	Anxiety is just a passing state and is not who I am. It's just something I'm experiencing, which is also just a result of my brain perceiving danger.
<i>I am weak.</i>	I am strong and capable.
<i>I am depressed.</i>	I find joy and gratitude in the little things in life. My joy and gratitude are expanding each day. I have hope for better days ahead.
<i>Nothing goes right for me.</i>	I make things happen. Life doesn't happen <i>to</i> me. I make life happen <i>for</i> me.
<i>My life sucks.</i>	My life has hit a rough patch, but I have an amazing future ahead of me.
<i>The pain is too much to bear.</i>	I am strong and resilient, and I know that the pain or symptoms are temporary. I have a 100 percent track record of making it through

a bad day, and I will make it through today as well.

You get the idea. Write out *all* your beliefs about yourself, then reframe them and create a better, ideal version for yourself. This is the roadmap to a better you.

“Great, Dan, but what if I don’t believe those new ‘opposite’ beliefs?”

It is entirely possible, and frankly, your responsibility, to begin teaching your brain that these new beliefs are true.

How? Make a decision that the new beliefs are accurate and who you are or will be.

Beliefs are nothing more than decisions you make. And decisions followed by consistent repetition will form your beliefs. Once you have those beliefs, your brain’s reticular activating system will work constantly to find evidence that these beliefs are true. It’s a great system when we consciously use it to our advantage.

Cool fact: Your brain believes the things you think and say about yourself most. Choose wisely.

From now on, it’s your job to make the right column of the table your dominant voice. Less of the left side, more of the right side. When you do this consistently, your beliefs change from the weak to the strong, and you will begin to see a new version of yourself.

Remember, the negative beliefs on the left side aren’t even yours. They were given to you through your life experiences. It’s time for you to finally cast those false beliefs aside and decide who *you* want to be when you grow up.

Guess what? The more you do this, the more your ideal self becomes reality.

Fact: The human brain is neutral. You can input crappy data, like the beliefs on the left side of the table, and the reticular activating

system will prove them true. Your outcome will suck. Or you can input the empowering beliefs on the right side of the table into the same system and get entirely different results. It's up to you to input data that supports an amazing life.

Remember, the reticular activating system will work to validate whatever you believe to be true. It *will* find examples that you really are amazing and powerful and strong and capable, just like you wrote out in your "ideal self" column of this exercise.

Please do not skip this step. If you did, grab a pad and pen and start writing.

Once you're done, cross off the entire left column and rewrite the right side of the column on a fresh piece of paper. Refer to it when you first wake up and often throughout the day (especially if you notice the old self-judgments or criticisms coming back).

You have a brilliant computer in your head, and it's running the software you create. Up until now, it's been running old, outdated software written by others. It's time you create a new software program so this brilliant brain of yours will work for you to create the life you want and deserve. It's how the human brain works. Work with it proactively.

WHY IS IT SO IMPORTANT FOR YOU TO CHANGE YOUR SELF-IMAGE?

The effects of a poor self-image will cause you to continue to criticize and judge yourself harshly. If that continues, your brain *will* perceive these things as a threat or danger. Those threats and dangers can be enough to keep chronic pain or symptoms going. Even more importantly, a negative self-image can impact most aspects of life: career, relationships, fitness, and others.

Changing your self-image is not only possible but also important and powerful. Doing this will create a massive shift from self-created danger signals to self-created messages of safety.

“But Dan, do I have to change my personality? Or who I am?”

No, not at all. But if we can change how we see ourselves and how we treat ourselves, that will help us in so many more ways than just turning off pain or symptoms.

Now that we are back on track with the whole “creating safety” aspect of this work, the next chapter will begin to dive into one of the most powerful ways we can teach our brains that we are safe and not in danger. Curious? Keep reading.

CHOOSING OUR RESPONSE TO SYMPTOMS AS A WAY TO TEACH SAFETY

IN THIS CHAPTER, I WANT TO GO OVER ONE OF THE MOST POWERFUL WAYS to show the brain we are safe and not in trouble. We'll do this by looking at . . .

THE DIFFERENCE BETWEEN REACTING AND RESPONDING

We cannot change our instant reactions to “ouch” situations. However, it’s what we do next that matters most. This is where a proper response can create safety, whereas staying in the instant reaction and going into panic perpetuates the brain’s perception of danger.

We all know how incredibly difficult pain and other symptoms can be. They drive us crazy. They cause us to not be present with family and friends. In some cases, symptoms are completely disabling, causing us to be virtually nonfunctional, even bedridden.

On top of the physical pain and suffering, the mental and emotional pain adds to the suffering as we struggle to just get through the day. We spend our days thinking about our symptoms and what they mean about our lives and our futures. It’s very easy to become terrified at our experiences and incredibly fearful that the symptoms will never end.

The good news is that symptoms are reversible. Once we can truly understand that the root cause of the symptoms is the brain perceiving danger, we can begin to use that accurate knowledge to teach the brain we are not in harm’s way. By reducing the fear and

attention we give to the symptoms, and replacing them with messages of safety, the brain can reliably and predictably begin turning off the pain.

Once we know what is going on, we have a real opportunity to change how we respond to symptoms. That is the topic for this chapter: how to choose your response.

For many of us, we react automatically. The fear, panic, and “freak-outs” are default and instantaneous reactions. Pain and other symptoms can be shocking and throw us into instant chaos, both mentally and emotionally.

Let’s talk about the three overall ways we can respond to our symptoms. Obviously, there are many steps between each of these options. We don’t just leap from one to the other. It’s a gradual process.

1. Freaking out or panicking
2. Calm reassurance
3. Indifference or being unbothered

The one main point I want to make here is that how you respond to symptoms, and everything in life, is a choice. Yes, you *do* have a choice. Between stimulus and response is a pause. The OUCH is instant; it’s what you do next that I want you to focus on.

Let’s break these down.

FREAKING OUT OR PANICKING

Freaking out is often the default reaction when we are first presented with symptoms, especially if we don’t understand what is causing them. We get diagnosed by doctors or, even worse, diagnose ourselves with the worst ailments and conditions. Using

these medical labels to define ourselves just perpetuates the belief we are broken. We are medicalized and take on the identity of a sick or physically limited person. The freak-out is hard to avoid. Without accurate information about what's going on, it's very challenging to stop panicking.

WHAT DOES A PROPER FREAK-OUT LOOK LIKE?

The stress hormones are through the roof. Our logical thinking has left the building. We begin to panic and think of all the reasons why we are in deep, deep trouble. Sometimes we run back to the internet and do more research on the possible causes of our symptoms. We remember every scary thing that we've ever read online or heard from doctors. We think about our future catastrophically, believing the worst and expecting this to never end. It's a scary place to be.

I'm sure there are many other ways to explain what a freak-out looks like, but this should give you an idea. I'm confident that most of you have experienced this sense of panic and dread.

Regardless of the situation, and whether or not your pain or symptoms are organic or created by the brain's false perception, as I often say in my videos, "Nobody ever got better by freaking out."

This is absolutely true. Why? A terrified brain does not operate the human body very effectively. We spoke in earlier chapters about how the perception of danger is what turns on symptoms or pain. If you are terrified by your experience, what do you believe the brain is perceiving? You guessed it. Danger—danger—danger!

When we are freaking out, the stress response (fight-or-flight) is turned on full-bore. The body is flooded with stress hormones like adrenaline and cortisol. The stress hormones and the fear amplifies our pain and symptoms to even higher levels.

Remember, nothing good happens when in a panic or while freaking out. The only result of a panic or freak-out is higher degrees of perceived danger. The more danger the brain perceives, the more intense the symptoms can feel. The longer the freak-out lasts, the longer the symptoms will remain high. Understand this.

Again, nobody ever got better by freaking out. Freaking out or panicking is part of everyone's journey, but I can assure you, it is never part of the solution.

Many assume I am going to tell you to "stop freaking out." And yes, that would make complete sense. However, that's like trying to stop a runaway train on a dime. It's not likely to happen.

My recommendation is to use accurate knowledge along with the assessment that shows that the perception of danger is the cause of your symptoms. Then, finally, decide to accept that the problem is perceived, not actual danger so you can . . .

FREAK OUT LESS. PANIC LESS. (THE KEY PHRASE IS "LESS.")

It's not possible to simply "stop freaking out." And since we cannot do that, we just end up convincing ourselves that recovery won't work for us. However, freaking out *less* is definitely attainable for all of us. So let's focus on freaking out less. But how?

Learn to notice when you are freaking out and pull yourself out of it sooner: "Oh wow—I'm really freaking out here. This isn't helping me, so I'm going to make a different decision and step out of the panic." Noticing the freak-out sooner will allow it to be shorter in duration, and without you fueling it, it will also be less intense. This is definitely progress.

So, what do I recommend you do instead of freaking out? Once you have gotten better at freaking out less and less, you will move into a phase I call . . .

CALM REASSURANCE

This is where we use what we have learned to literally have a conversation with ourselves and our scared brains to reassure ourselves that there is no need to panic.

Here's an example of what calm reassurance (self-talk) might look like. You can even view these as "brain instructions."

"Okay, Dan. Let's have a reality check here. We've done our homework. We've studied how the brain, pain, and the nervous system function. We've even done the assessment to determine that our symptoms and pains are created by our brain *falsely* perceiving danger.

"This means, by definition, that there's nothing broken, we are not 'sick,' and there is nothing to fix. While we may have some abnormalities on our imaging reports, the way symptoms behave proves that the brain's perception of danger is the only thing going on. What is shown on the imaging reports and what the doctors may have told us was the cause is not what is happening. This is a *perceived* danger response, not an actual threat.

"In other words, brain, this is a false alarm.

"What this means is that these symptoms and pains are temporary. There is a solution and I'm working on it. I know it's just a matter of time before you, my brain, buy into the consistent messages of safety that I am now giving myself.

"So, let me propose this, brain. I know you were afraid and doing your best to protect me. But, let's work together as a team. I'm going to show you through my thoughts, actions, and behaviors that I am not truly in danger. Let's have some fun with this. I know you're just doing your job and keeping me safe and alive. However, you are sounding an alarm when there is no fire. Your perception of danger is false. I'm going to relax my body so my breathing can

return to a calm, slow pace. Then I am going to shift my focus to engage myself in something other than the symptoms.

“If you want to keep the symptoms going, that’s fine. I’m not concerned, and you shouldn’t be either. Thank you, but no thank you. I don’t need the pain or other symptoms to keep me safe from this falsely perceived danger. I’m actually okay. I’m good. You’ll see. Now excuse me, I have some living to do.”

That is what calm reassurance can sound like. Feel free to use this as a script for yourself or rewrite something that resonates more with you, but you should have an idea of what calm reassurance can look and sound like.

With practice and consistency, your scared brain will realize that your calm demeanor and less fearful mindset are the reality of the situation. This is how we *show* the brain that we are truly okay.

But keep in mind that consistency is key. If you freak out today but tomorrow you calmly reassure yourself, the brain is unlikely to believe it. The brain will think, “Come on, Dan, you’re telling me you’re safe, but yesterday you were in a complete panic. I’m not buying this safe story you’re selling me.”

So, consistency matters. Let me say that again: consistency matters. The brain will believe the dominant thought and story. So, make sure safety and reassurance are dominant.

Freak out less, and make calm reassurance your default. Eventually, with practice, you will realize that you are authentic in your decreased fear to the point where freak-outs don’t happen anymore.

This is huge, and major progress in the right direction. Now, let’s talk about this thing called . . .

INDIFFERENCE

So, what is indifference? The Dictionary.com website defines indifference as a “lack of interest or concern.”¹⁴ Let’s take a look at indifference as it relates to TMS and perceived danger pain:

- “I don’t care if symptoms are there or not because I know I’m not broken.”
- “I have little to no concern about my symptoms.”
- “I’m not concerned about when the symptoms or pains will leave.”
- “Whatever.”
- “Oh well,” versus “Oh NO!”
- “So what?”
- “Big deal.”
- “IDGAF”—I don’t give a F&#^ . LOL

These feelings need to be authentic for the brain to believe you. Angrily saying “I don’t care about this,” while totally frustrated and scared is definitely not indifference. You can’t fake it.

I’ve been called the Mindset Man, and my indifference videos were some very popular topics when I first began posting daily videos. But let’s be clear: You won’t be able to go from freaking out to indifference in a single step. That’s just not possible, so don’t be disheartened if you can’t do it. There is a progression from freaking out to freaking out less, calmly reassuring more, and eventually learning to be more indifferent to your symptoms and pain.

Another word that I recently began liking to define this mindset I suggest is this.

Unbothered.

The word unbothered tends to be a little more understandable than indifference and allows you to grasp the concept more easily. Show up as unbothered as possible to symptoms and that will serve you well.

THE KEY TO RECOVERY: CLARITY ON THE TRUE CAUSE OF PAIN + BEING UNBOTHERED BY SYMPTOMS.

A lot of people have questioned me: "Are you crazy, Dan? How can I possibly be indifferent (unbothered) to my pain or symptoms? They hurt so much!"

I get it. But once you know the true cause (perceived, not actual danger) and that symptoms are *temporary*, you will be able to be more authentically indifferent: "I'm not broken. My brain just thinks I am. But it's incorrect. I'm actually fine."

Depending on where you are in your journey, indifference or being unbothered may not even be available to you yet. Some of you are deep in fear at the moment. If that's the case, take indifference off the table for now. Don't worry about it.

Indifference cannot be faked. It must be authentic. Truly authentic. The only way to get there is by truly believing that you are not broken, that the symptoms are based on the brain's *false* perception of danger, and that they are on their way out and will go once you teach the brain you are actually okay. That's why getting the foundational four principles of recovery (see chapter eight) down is so important.

Remember, the way we respond to our symptoms will either confirm the brain's perception that we are in trouble or show and tell the brain that we are really okay. That we're safe.

Our chosen response to the symptoms is one of the most powerful ways of teaching the brain that we are okay. If we can consistently show up and be unconcerned, the brain will have no

choice but to realize, “Wow, Dan’s not at all concerned, so I guess I (the brain) don’t need to be concerned either.” Safety. Bingo!

As you get better and better at calm reassurance, you will notice indifference begins to happen organically. You’ll start to question yourself. “Why should I even care when I *know* that I’m not broken and that this is all a temporary false alarm?” You’ll get to this point.

A WORD ABOUT AVOIDANCE

Avoidance is a very common way people respond to pain, which makes total sense. For me, bending over hurt, so I avoided bending over. But that wasn’t sustainable, because we need to bend over to do all sorts of things, like putting on our shoes, picking up things we drop, and so forth.

We often have a list of triggers and avoid them at all costs. We won’t do anything that has brought on pain in the past. Unfortunately, avoiding things that cause pain doesn’t teach the brain that we are okay. All avoidance does is confirm to the brain that the things we are avoiding are actually the problem and dangerous. This goes for body positions, movements, foods, people, work, activities, social situations, and the rest.

Avoidance makes our lives smaller and smaller, and it really doesn’t do much to reduce our pain long term. Sure, we can lie in bed and not hurt as much compared to getting up and moving around the house. But that’s no way to live. Eventually, we’ll need to get back to leading a normal life.

Instead of viewing your list of triggers as things to avoid, instead view that list as things to overcome.

PUSHING THROUGH THE PAIN

Once people hear me say that avoidance is not the solution, they automatically assume I am telling them to “push through the pain.”

In other words, “torture yourself in order to get better.” That is definitely *not* what I’m suggesting, as it simply does not work. It just creates more pain and more fear. Pushing through pain is certainly not a winning strategy.

In chapter twelve, “Teaching Physical Safety,” I mapped out a process I call “six steps to resuming activity.” Go back and reread that chapter if you’d like to begin expanding your world and your capacity. It’s a step-by-step process to gently and gradually show your brain that movement is safe. It works very well if you practice it consistently.

But here is a really important point you may not want to hear: *You must be willing to experience pain or symptoms in order to eliminate them.*

Why? Because avoiding symptoms doesn’t teach the brain anything useful. When we begin to resume activity and respond to the pain or symptoms calmly and reassuringly, we are teaching the brain safety, despite the brain sounding the false alarm. The brain has no choice but to learn, “Wow, Dan is doing so much more. I’m turning on the symptoms, and he seems unconcerned, even indifferent, to the presence of the pain or symptoms. I guess he’s actually okay.”

So, don’t be afraid to experience the symptoms or pain. Since you *know* that it’s a temporary false perception of danger and not actually causing any damage to your body, the presence of pain does not mean you are doing anything harmful. It only means that the brain thinks it’s dangerous.

Every time you experience the pain or symptoms, look at it as a learning opportunity and a chance to teach the brain that you are actually okay. Symptoms are a practice opportunity, not a disaster. Symptoms are not a failure, but a teaching opportunity. This is how

we teach safety, by rehearsing our calm, reassuring, and eventually indifferent or unbothered response to the symptoms.

Something I say quite often in my coaching and videos is, “The presence of pain is a very unreliable indicator of the condition of the body. However, the presence of pain is a very *reliable* indicator the brain is perceiving danger.” This goes for any other symptom as well.

We are almost through the main areas of teaching the brain safety. We’ll cover the last one in the next chapter, “Engage Your Brain in Life to Teach Safety.” Ready to dig in? Turn the page.

ENGAGE YOUR BRAIN IN LIFE TO TEACH SAFETY

TEACHING THE BRAIN THAT WE ARE NOT IN HARM'S WAY IS REALLY THE fundamental principle of recovery. When the brain feels safe, symptoms can and will fade away predictably.

So many mind-body approaches include thirty minutes of this, an hour of that, or constant attention on fixing. My belief and experience say that if we spend many hours a day trying to fix our pain or symptoms, the underlying assumption is, "I've got a problem. I need to fix it." Houston, we've got a problem. But actually, no, we don't.

In this situation, where you spend time every day focused on the pain and trying anything and everything to get rid of it, the brain has no choice but to perceive danger. This is why it is incredibly important to begin shifting our attention from the all-consuming pain or symptoms to other things in life. To *doing normal things*. If possible, do fun things with people you like.

We spoke in chapter twelve about resuming physical activity, but this chapter is all about what we focus on instead of symptoms to engage our brain.

FOCUS

Focusing on our pain and symptoms is not how we get rid of them. Why not? Because the things we focus on tend to grow and magnify. And what we focus on, we feel physically and even emotionally. For example, if we focus on our sadness and the reasons for it, our sadness deepens. If we focus on our pain or symptoms, they

become worse. At minimum, they persist. If we focus on reasons why our life isn't what we want, that belief grows, too. But we *can* choose what we focus on. And that is really important because of . . .

BRAIN SCIENCE AND THE CONCEPT OF NEUROPLASTICITY

There's a concept in neuroscience that what fires together, wires together; meaning, the more we focus on something, the more efficient the brain gets at firing those signals. Focusing on pain and symptoms all day long has a tendency to make those connections stronger.

But don't panic, the brain is extremely capable of wiring and rewiring itself. It does it all the time throughout our lives.

Don't worry. I'm not going to tell you that you have to rewire your brain with some arduous brain training like some programs out there that require hours a day of "work." That is completely unnecessary.

Never in our lives have we had to pay attention to the way our brains are wired in order to learn something or even unlearn something. Our brains took care of all of those things on their own. Does a child have to know about the way the brain is wired to learn to talk, walk, do basic math in school, or any of the other millions of things we learn throughout our lives? No.

I never needed to focus on or even be aware of the way my brain is wired in order to learn to play drums, piano, and guitar. I simply played and practiced, and my brain took care of the wiring for me. The brain's ability to constantly change and make connections is built into the human system. And it's brilliant.

HOW I FORGOT HOW TO SPEAK SPANISH

When I was in high school, I had to take two years of a foreign language. I chose Spanish. When I was learning it, I did it with a

simple, pure focus on the language, practice, and repetition. That basic approach allowed me to learn it well enough to pass the class so I could graduate from high school. Brain wiring? I didn't even know that was a thing back then. Yet, somehow, I still learned the language. I can assure you my brain formed language connections despite my not knowing how.

What's the reverse? Unlearning Spanish.

Once I graduated and moved on to college, I did not have to proactively do anything in order to unlearn or unwire my brain from knowing how to speak Spanish. I simply focused on my new college courses, playing more music, and on whatever life events were happening at that time. All on its own, my brain noticed that I was no longer speaking Spanish, and it decided to allocate that space and those connections for other uses. As a result, I have completely forgotten how to speak the language. My brain rewired itself to forget.

Now let's apply this same learning and unlearning concept to pain and other symptoms.

Through intense focus combined with fear, the brain learned that our symptoms are *really* important, so it has become quite efficient at firing those signals. Essentially, our brain "wired" pain and our symptoms.

If we want to have the brain unlearn our pain and symptoms just like I unlearned Spanish, we must work within the framework of how the brain functions and stop speaking and focusing on the pain and symptoms. When you do this consistently, your brain will interpret your lack of interest and focus to mean that the symptoms are no longer a priority. As a result, your brain will rewire itself and make those signals less efficient and weaker because, through placing

your focus and attention elsewhere, you are instructing your brain that this is no longer important.

So, I strongly recommend that you stop speaking about your pain as much as possible. Ideally, entirely. Make a deal with the people around you that you are no longer going to speak about your pain or symptoms. It does not provide any benefit and actually delays the unlearning process.

Let's go back to the Spanish example. Would I ever have forgotten how to speak that language had I kept speaking it daily? No. I would have no right to be surprised that I could still speak the language if I had continued to speak Spanish for decades. If you talk about, focus on, and try to fix your pain or symptoms all the time, the brain will keep them going. It's just how the system works. If you wish to have your brain forget the pain or symptoms, you need to give them as little fear, focus, and attention as possible.

"But Dan, it's impossible not to focus on it. It hurts *so* much!"

I get it. That's why sitting in a chair or lying in bed and trying not to think about our symptoms is nearly impossible, especially when it hurts. The pain or symptoms *will* get our attention. But we can notice, choose not to respond with fear or panic, and make a decision to shift our attention elsewhere.

This is where we come to the topic of *engaging* our brain.

Ignoring pain is not possible. However, if we engage our brain elsewhere, by default, our brain is not thinking about or focused on the pain or symptoms.

What do we focus on? Virtually anything else except the symptoms. A good starting point is . . .

GRATITUDE

Because it is so easy to get wrapped up in the negative, we could all use more gratitude in our lives. Sometimes, it's the big things.

Sometimes, it's the little things. It's nearly impossible to be anxious, miserable or worried and grateful at the same time. When we focus on gratitude, even for a little while, it pushes aside the misery, even temporarily. The more we decide, with intention, to focus on gratitude, the easier it gets, and the more grateful we will actually begin to feel.

Remember: What we think about, we feel. What we focus on grows and magnifies. Choose your focus wisely.

I'm sure a good many of you are thinking to yourself, "What the heck do I have to be grateful for? I'm always in chronic pain or have other chronic conditions! My life sucks!" I get it. I really do.

Here are some ideas to get you started:

- Family
- Friends
- Job (if you have one)
- The air we breathe
- The water we drink
- The food we eat
- A roof over our heads
- The clothes on our backs
- Sunshine
- Another day of life
- Laughter
- Our pets
- Kindness

- Nature
- Technology
- Books
- Hobbies
- The ability to feel emotions
- Hot showers
- Health
- And countless others

You get the idea. If we look around, there are always things we can be grateful for.

Let's get back to this topic of engaging the brain. I often get asked for examples in my coaching and in the comments of my videos.

When coming up with things you can do to engage your brain, begin to think about the things you enjoy. If you cannot do those things right now given your physical or mental limitations, find something you *can* do, given your limits. Even if you are bedridden, there are way more productive things you can be doing besides lying there trying not to move and thinking about, talking about, complaining about, focusing on, or predicting a horrible future—all because you have pain or other symptoms going on at the moment.

Don't forget: Since you now understand the cause of pain or symptoms (perceived danger), and you have done the assessment to determine that perceived danger is what is causing *your* symptoms, you know that being miserable about something that is reversible is not beneficial at all.

Your pain and symptoms are here now, but they are temporary. Let me say that again. Your symptoms are temporary and will cease to be an issue when you apply the concepts in this book. Again, there is zero benefit to making your symptoms a full-time, all-day, everyday focus. That just delays your progress and recovery.

EXAMPLES OF HOW TO ENGAGE YOUR BRAIN

- Read—But not more books about pain or symptoms. Try fiction. Get lost in the story.
- Write in a journal—I don't recommend dredging up the past and writing about all the crap in your life. While there is a time and place for that (maybe), write about the good things. Gratitude journals are great.
- Sing.
- Laugh—Watch funny videos online. Watch comedians. Watch a funny movie.
- Listen to music.
- Play music (if you can).
- Connect with others—Call a friend or speak with those around you, but not about your pain.
- Take a walk if you are able.
- Hit the gym if you can. Even if bedbound, move your body. Do what you can. Lying still is not part of the solution.
- Sit outside—Go out in nature. Get some sunshine. This expands our awareness and world.
- Make art—draw or paint.

- Garden.
- Cook.
- Learn something new. Take an online class.
- Search YouTube for topics that interest you (*not pain*).
- Focus on something joyful, purposeful, or meaningful.
- Join a virtual group surrounding a hobby (meetup.com).
- Begin to plan your future healthy life. What does that look like?
- Visualize your recovery.
- Watch inspiring videos online.

Why does all this help? When you do nothing but focus and dwell on the misery of your symptoms, your brain has no choice but to continue to perceive danger. When you shift your attention to doing normal things, your brain also has no choice but to assume you are actually okay. Doing normal things is a huge message of safety. Even running errands if you are capable will help your mental and emotional state.

“But Dan, when I do normal things, my symptoms get worse. Those things are dangerous.”

No, they aren't, but your brain believes they are, and it turns on the false alarm as a result. Remember, when we experience a symptom, that is our *best* opportunity to *teach* the brain that symptoms are not dangerous. We do that through expecting the best and especially our responses if symptoms occur (see last chapter).

It's *your* job to teach your brain that those things are not dangerous by gradually doing more and more of them, even with

symptoms present. Do something fun. Get out and engage in life. Even with symptoms. Clarity matters; don't let symptoms cloud your belief that you have perceived danger pain or symptoms. You are not really broken or sick.

Yes, you may hurt, but it's likely that you would hurt if you were sitting at home in fear too. You may as well start to live your life more.

One of the most common things I hear in my group coaching program is people sharing how they said yes to life, stepping outside the confines of their fear. They went there, did that, and even though the symptoms came along for the ride, they didn't care. They were so glad they got to experience more. They began living life. The smiles I see on their faces light me up.

Sometimes it's a simple trip to a friend or family member's house. Going out for a meal. The grocery store. A walk around the block. Heck, a walk to the kitchen and back. Doing normal things is a huge message of safety. And most importantly, it means you aren't sitting around doing nothing but focusing on symptoms.

Some people tell me, "Dan, I can't do normal things. I hurt too much." Look at the examples above. There are several on that list that can be done from bed. Do what you can. Expand your capacity when you can. Gradual is better than standing still.

STORYTIME

It's been through watching your videos and learning about TMS/PDP that I 'cured' my 6 month long debilitating pain that the medical system told me I would have for life! Do I still wobble and get pain? Yes, I do, but I now have the knowledge to calm my brain and tell it that my body is healthy and I'm safe, and the difference is astounding! [I went] from being

virtually bedridden, relying on taking opioid painkillers and severely depressed, to back to walking 5k a day and being the best mum that I can be . . . so THANK YOU. Loads of love from Scotland.

This stuff works, folks.

But let's be realistic. I'm not telling you to go for a run today if walking to the bathroom is challenging. Gradually increasing activity is the way to make progress. In chapter twelve, I outlined the six steps for resuming activity processes. That is a great structured approach that will help you massively if you put it into practice consistently over time. The key to this chapter is this: Make living your life more important than fixing and focusing on symptoms!

Living life means that you have decided to stop avoiding things because of fear. Ask, "How can I?" instead of saying, "I can't."

Remember, once you know perceived danger is the cause of your symptoms, stop fixing. There's nothing to fix.

How much time would you spend in the garage rebuilding the engine in a brand-new car that is working perfectly? None. Exactly. With perceived danger as the cause of the symptoms or pain, there is literally nothing to fix. This is teaching our brain safety, not fixing.

The way we teach our brain that we are okay is by thinking, acting, and behaving as if we are actually okay. Why spend hours a day on complicated programs and daily routines if the only thing wrong is that your brain is operating on misinformation and fear and sounding false alarms?

Teach the brain the accurate information so it shuts off the false alarms.

THE PRISON WALLS

Many of you may feel that you are in a prison built by a failing body. This is untrue. Now that you know the real cause of symptoms (perceived danger), and that there is a solution (safety), you will be able to see that the prison is made up of fear and misinformation.

You have the accurate knowledge in this book, which will allow you to neutralize the fear. Problem solved. The symptoms will take care of themselves and fade away when you teach the brain that you are okay.

REMINDERS TO ENGAGE YOUR BRAIN

- Choose your focus wisely.
- Engage your brain in virtually anything else besides your symptoms to end your pain.
- Find something that brings you joy, purpose, connection with others, meaning, or contentment. It need not be grand or amazing. Do normal things.
- Enjoy the simple pleasures in life. Stop and smell the roses.

In the next chapter, I will get into one of the concepts that tie all of this together: mindset. Turn the page.

MINDSET—THE GLUE THAT HOLDS SAFETY TOGETHER

AS DEFINED BY MERRIAM-WEBSTER, THE MEANING OF MINDSET IS “A mental attitude or inclination.”¹⁵ But there are other definitions that are equally helpful:

“Your usual way of thinking about the world is your *mind-set*.”¹⁶

“A *mindset* is a series of self-perceptions or beliefs people hold about themselves.”¹⁷

“A person’s way of thinking and their opinions.”¹⁸

We all see life through our own unique lenses. This is your mindset. It is made up of the assumptions and expectations you hold about yourself, your life, and the situations you are in. In my experience of helping people get well from chronic pain or other chronic conditions, their overall mindset plays a major role in determining their outcomes.

This is why I say that mindset is the glue that holds all my other suggestions together. Without a solid mindset, the rest of this book is just concepts and tools. Mindset is where the rubber meets the road, so to speak.

WHAT MAKES UP A POOR MINDSET?

- “I’m broken—mentally, physically, emotionally.”
- “I’m too anxious.”
- “I’m sick.”

- “My symptoms happened to me, and there is nothing I can do about it.”
- “This is so hard.”
- “I’m stuck.”
- “I compare myself to others’ journeys through pain or symptoms.”
- “This won’t work for me.”
- “I need the pain or symptoms gone *now!*”
- “I’ve been anxious and in fear my whole life. There’s no way I can change that now.”
- “My past traumas are too big.”
- “This is all my fault.”
- “I have XYZ mental health diagnosis or health anxiety.”
- “My body is messed up.”
- “Even though the assessment says perceived danger is the cause of my symptoms, I just can’t accept that.”
- “I have too much stress in my life to get better.”
- “The people around me cause my symptoms to get worse, and I can’t get rid of them.”

I’m sure there are countless more examples of thoughts and beliefs that make up a poor mindset. Just reading through the above list, you should clearly see how a poor mindset will make recovery and teaching your brain that you are safe much more difficult, if not impossible. I’m sure just reading that list brought you down emotionally.

The good news is that mindset is a choice. We can create a positive mindset by using our brains with intention instead of negatively by default. It's difficult, but it is still a choice.

LET'S TAKE A LOOK AT SOME POSITIVE MINDSET IDEAS

- "I know what causes symptoms and pain: the *false* perception of danger."
- "Since my brain is creating symptoms, it can turn them off."
- "Accurate knowledge helps me reduce my fears and my brain's perception of danger."
- "My brain is incorrectly perceiving danger; therefore, I can teach it to turn off the pain."
- "My pain and symptoms are false alarms."
- "I know what is really happening (clarity)."
- "I choose not to be fearful."
- "I *can* do this."
- "I am strong enough."
- "Safety will resolve my fears and anxieties. I will get better."
- "Safety will absolutely end my symptoms and pains."
- "This is temporary."
- "I trust the process."
- "I will develop outcome independence."
- "My brain is my best friend who is just trying to keep me safe."
- "Since I know I'm already okay, I don't care when the

symptoms go away.”

- “If symptoms are present, I remain calm consistently, knowing they are a false alarm.”
- “I’m stronger and braver than before. ”
- “I trust my body and teach my brain.”
- “I love myself unconditionally. ”
- “I’m worthy of love.”
- “I treat myself the way I deserve to be treated, with support, kindness, and love.”
- “None of this is my fault, but it is my responsibility to get well.”
- “Emotions are safe.”
- “How much fun can I have?”
- “I don’t listen to my negative thoughts, but I speak calm reassurance into my brain.”
- “I choose to make living my life and doing normal things more important than my symptoms.”
- “I find reasons to smile and find joy.”
- “It is easy to be grateful for the little things.”
- “I know it is impossible to be grateful and miserable at the same time. I choose gratitude.”
- “I choose to be indifferent to symptoms and pain because I know they are harmless.”
- “I choose to freak out and panic less each day.”
- “I choose to calmly reassure myself.”

- “Nothing to fear, nothing to fix. I’m already okay.”
- “I’m not broken (physically, mentally, emotionally, or spiritually).”
- “I’m a badass with an amazing future ahead of me.”
- “I inspire myself each and every day.”
- “Recovery is possible. Even probable.”
- “I’m a champion and can and will implement consistent messages of safety.”
- “I am making progress toward the pain-free and symptom-free life I deserve to live.”

And countless other amazingly supportive can-do mindset statements like this.

ACTION: CREATE YOUR OWN LIST!

Can you see how these mindsets instantly make you feel better, calmer, more confident, and less fearful?

Mindset matters so much, folks. Do not assume that you can make any of this recovery process happen with a poor mindset. When you dial in the proper mindset and beliefs, the rest of the process *gets* so much easier.

When going through this journey, know that *your mindset must shift before your symptoms will change.*

If you believe you can wait until your symptoms change before you can adopt a great mindset, you have it backward. A great mindset is what it takes for symptoms to begin changing. More and more, I hear from my coaching clients that the mindset is the key.

Once they got the mindset, that is when they began making progress.

This brings me to the topic of talking to yourself.

TALK TO YOURSELF, BUT DON'T LISTEN TO YOURSELF

What? I know that on the surface that statement sounds ridiculous, but hear me out. We all have automatic negative thoughts that come from our primitive "fear brain." Many of the negative mindsets listed in the previous section of this chapter happen automatically. That's what a scared brain will dish out. Unfortunately, left unchallenged, those fearful thoughts can become our default mode of thinking. It's no wonder that, with this automatic and constant stream of negativity, we feel so down, hopeless, and out of control.

Listening to ourselves and these automatic thoughts as if they are true leads us into despair. This is why I say not to listen to yourself. We do have a choice.

I strongly recommend we talk to ourselves in positive can-do and I'm-going-to-be-just-fine terms, and not listen to the negative naysayer voice of the "I'm stuck" fear brain. So yes, talk to yourself proactively. Disregard and don't listen to the automatic negative thoughts. Remember chapter thirteen on mental safety? There I explained that we can choose not to believe our own thoughts. Make sense?

Also, in the section on calm reassurance in chapter fifteen, I mapped out a possible script of things you can say when you "talk to yourself." Refer back to that section to see how talking to yourself can be very reassuring, while listening to your primitive fear brain can be terrifying. You get to choose your dominant voice: the automatic, default fear or the proactive, calm, and positive voice.

ARE YOU A VICTIM OR WILL YOU BE VICTORIOUS?

I hesitate to bring up the victim mindset because the last thing I want to do is blame you for any of this. As I've stated before, none of this is your fault. Having chronic pain or symptoms is so incredibly hard, but it's not your fault, it's just where you ended up. When you view your current situation from the victim mindset of this happened *to* you and that you cannot do anything about it, that belief and mentality tends to drag you into despair and hopelessness.

While none of this is your fault, there is a way to recover and rebuild an amazing life. Do you know whose responsibility that is? Yep, it's yours. Nobody can do this for you. I assure you that you can do this for yourself. You are strong enough, capable enough, brave enough, and smart enough. There is a cure, and you *can* do this.

So, if you find yourself in the "poor me" victim mindset, pull yourself out of it and adopt the winning mindset listed previously in this chapter. Begin to talk to yourself and support your own recovery. Nothing happens if you sit passively waiting for something to change on its own. Recovery is up to you. It requires proactive action on your part. Just keep in mind that it is *very* possible to teach the brain safety so that it shuts off your symptoms.

I see it every single day. People's lives change all the time by implementing these simple and proven concepts. It all starts with the belief that "You're not broken. Your scared brain just thinks you are."

THE "HOLY CRAP" MOMENT

There will come a time during this journey when you say to yourself, "Holy crap! I'm *really* not broken. There is *nothing* wrong with me. It's all fear and perceived danger. It's all false alarms, and it's temporary!" Once you have that "holy crap" moment, it will feel like a weight has been lifted off your shoulders.

Don't get me wrong, the journey isn't over at this point, but it certainly feels a lot less heavy and scary. When does this happen? It varies for everyone. You cannot force it. This moment comes with a wonderful and huge drop in the level of fear you experience. And it feels great.

THE JOURNEY TO INDIFFERENCE AND BEING UNBOTHERED

In chapter fifteen, I spoke a lot about indifference. Years ago, I posted some daily videos where I spoke about the mindset of indifference that seemed to really make a huge impact on my viewers. They made such an impact that clients and even other coaches began calling me the Mindset Man.

But here is the point: Indifference cannot be manufactured. It cannot be faked or rushed. Walking around in a huff, angrily saying, "I don't care if I hurt," is not indifference. We cannot be in a rush to get well and still be authentically indifferent at the same time. Frustration and indifference cannot coexist. Indifference is truly an attitude of "Whatever, so what? Who cares if I have symptoms?" And that only happens when we truly do not care.

I believe indifference happens organically after the "holy crap" moment, where we truly realize and accept on a deep level that we are really okay. Once we get the fact that the symptoms are truly a false alarm, it is *so* much easier to be authentically indifferent.

So, please don't try to force indifference. Focus on dialing down the fear and calmly reassuring yourself more. Know you are okay and that all of this is temporary. One day, you'll be saying what I hear in my group coaching program quite often: "Dan, I went out and did something I haven't done in years. The symptoms were there, and I really didn't care." Now *that* is true indifference. It's real. And it happens organically when you have a deep knowing that

you are okay and begin to make living your life and saying “yes” to opportunities more important than living in fear.

MINDSET MATTERS

Your overall mindset about life, pain, and symptoms can be the glue that holds this entire recovery process together. Actually, your mindset is one of the most powerful tools for leading an amazing life. If you don't use it proactively, the scared brain will create a less-than-ideal mindset, which can make pretty much everything in your life much harder and more miserable than it ever needs to be.

So, be sure to harness these concepts. Create a positive mindset that not only supports your recovery but supports building a life you can fall in love with.

Once you get your mindset dialed in, you can begin asking yourself questions like . . .

- What do I want to be when I grow up?
- Who do I want to be?
- How will I show up for myself and others?
- What fun things do I want to do in my future?
- How can I rebuild my life after years or decades of not living fully?

Someone asked me recently, “How can I begin to live my life when I've never really had one?” This is where we get to dream, imagine, and make believe. What would you do if you weren't spending all day dealing with, focused on, and trying to fix your symptoms? Write a list. Pick one thing that is within your current limitations, and begin to do it. Start to engage your brain. Find joy.

This is the way forward for you. Once you end your pain and symptoms, there is no limit to what you can achieve.

Life after pain or symptoms can be fantastic. What do you want your life to look like? Begin planning it. Making that amazing life a reality is not just possible but fun, and it's your responsibility. It's time to *know* that you can leave your pain and symptoms behind. It's time to dream of a brighter future.

Take some time to pull out a notepad or journal and begin dreaming on paper. What's on your bucket list? Who do you want to be? What do you want to do? How do you want to spend your days? Your weekends? Dream!

PART IV

END PAIN FOR GOOD

A SUMMARY—HOW TO END YOUR PAIN AND SYMPTOMS

LET'S WRAP UP THIS BOOK WITH A SUMMARY OF THE CONCEPTS THAT HAVE been proven to work. It begins with knowledge and decision—the four foundational principles of recovery. Without these founding principles, the rest of the concepts in this book won't be as effective.

THE FOUR FOUNDATIONAL PRINCIPLES

1. Know what causes symptoms: the brain perceiving danger or threat.
2. Know that this applies to you. The assessment in chapter six is how you can tell.
3. Know that there is a solution. The concepts in this book are proven to work.
4. Most importantly, know that you have what it takes to implement this proven solution. This is a decision you will need to make. If others can do it, you can too. Why? Because the human system works the same in all of us. You are not some special kind of broken.

SIMPLE SAFETY STRATEGIES

1. **Creating emotional safety** (chapter eleven). Feel your emotions. Don't judge yourself harshly for having emotions. Don't get stuck in ruminating on the story behind the emotions.

Feel the emotions and they will be released. Do this, and the brain will learn that emotions are safe and no longer turn on a danger response (pain or other symptoms) when emotions are present.

2. **Creating physical safety** (chapter twelve). Relax your body (lower your shoulders) and breathe. This is a great, simple way to teach your brain you are okay, and it sends a message directly to your subconscious that you are actually safe. If you weren't safe, you would not be relaxed and breathing naturally. Danger makes the body tense and causes shallow and quick breathing.
3. **Creating mental safety** (chapter thirteen). We all have a constant narrative that runs through our brains. The key here is not to stop negative thoughts. (This is impossible.) Also, don't try to fix your negative thoughts as some other mind-body programs recommend. (That would be exhausting.) Instead, do not take your own thinking so seriously. "Listening" to our brain chatter and taking it seriously is one of the biggest causes of unhappiness, mental health challenges, and poor outcomes in life in general.

Remember, the brain's primary goals are safety and survival. A stream of negative thoughts is just another symptom of a brain perceiving danger and doing its best to warn us with our thoughts. But once you know the truth that you are not truly in danger, you can stop listening to those negative thoughts. You don't have to believe them.

4. **Reframing your self-image as a way to create safety** (chapter fourteen). This is where we create safety in the way we treat ourselves. Just know that judging and criticizing

yourself creates a definite perception of danger, almost like you are attacking yourself. Nothing about that says you are safe. Learning to treat yourself the way you wish others treated you is one of the main keys to getting well. It is quite difficult to end your symptoms if you are constantly blaming yourself or criticizing your perceived flaws.

Self-love is spoken about often, but in this context, its implementation and making it a way of life literally affects your symptoms and whether or not they go away. If self-love seems out of reach, treat yourself as you would someone you like or are responsible for.

5. **Responding to life and pain to create safety** (chapter fifteen). It's not our lives and stresses that cause pain or symptoms; it's how we respond. How we respond to our pain and symptoms will either confirm the brain's perception that something dangerous is happening or convince it that we are actually okay and that it's just a false alarm.

Never underestimate the power of a calm, reassuring response to your pain or symptoms. It is literally the one thing in your direct control that has the biggest impact on teaching your brain that you are safe. You may be doing all the proper self-talk in the world, but if you panic when or if symptoms show up or increase, your brain will continue to see danger, thus delaying recovery.

6. **Engaging your brain to create safety** (chapter sixteen). Focus on living more and fixing less. Engage your brain in things other than the pain or symptoms. Do normal things. The reason this is effective is that you are showing, not just telling, your brain that you are capable of living well. When you do normal things, your brain realizes, "Hey, look, Dan isn't hiding in bed

avoiding movement and life anymore. I guess he really *is* okay.” Being willing to resume normal activity is yet another super powerful way to prove to your brain that you are okay. And, if symptoms do show up as a result of you doing more, how you respond is the best way to teach your brain that you are unconcerned with the symptoms and thus safe.

In the end, creating credible evidence that we are safe is key in turning off pain or symptoms.

This book represents years of study and interaction with many thousands of people in an attempt to find the most direct path to ending symptoms and getting our lives back on track. In twenty-five years of living, studying, teaching, and coaching these concepts, what I have just outlined for you is the most straightforward, simplest, and shortest route to ending your pain or symptoms.

Many programs tend to over-complicate what is, in my view, a simple problem:

Perceived danger = symptoms

Safety = no symptoms

The strategies in this book map out how you teach safety.

I hear it often: “But Dan, it can’t be that simple.”

Yes, it can. Yes, it is. In my approach, you don’t have to . . .

- Rewire your brain
- Retrain your amygdala
- Rewire your limbic system
- Fix your nervous system

When your brain is given the right information and consistent messages of safety, it handles all of these things automatically. Your only job is *safety* (consistently).

You also don't have to . . .

- Journal
- Meditate
- Do breathwork
- Process old trauma
- Go to therapy
- Eliminate stress
- Eat certain foods or take supplements
- Take or stop taking medications
- Strengthen your core, exercise the sore body part, or stretch
- Do physical therapy
- Push through the pain or symptoms
- Change your personality or who you are
- Change your life, partner, or job

Yes, it is this simple. And yes, this stuff works, folks.

To sum it up: Perceived danger creates symptoms. Consistent messages of safety end symptoms.

THE RECOVERY JOURNEY

I often get asked what people can expect during this recovery journey. What does that look like? Plain and simple—it's bumpy.

Difficult. Full of ups and downs. There are many speed bumps along the way.

This isn't to paint a bad picture of a difficult road ahead but more so to set realistic expectations. I have done my best to simplify the process into two core understandings: Perceived danger creates symptoms. Safety turns them off. The concepts are simple.

Unfortunately, they are not easy to implement. Why? Because we are dealing with pain and symptoms, thoughts and thinking, long-held beliefs about ourselves, and what it means to be who we are.

As I have mentioned, you don't have to become a new person to get better. But as many who navigate this journey have found out, people might change when pain and symptoms are eliminated. We can recover from fear, and with it, the symptoms will go. And in that process, we will look around and realize we *are* actually different as a result of this journey. We become almost like a new and improved version of ourselves.

People notice and say, "I'm not sure what it is, but you seem different." We show up for ourselves and others more at peace and with more confidence and fewer anxieties. Life just seems brighter and better.

Does that mean this journey is all rainbows and unicorns? Heck no. Not at all. This journey will test you. Symptoms will move, change, ebb, and also increase. Depending on your fear and your brain's perception of danger, you may pick up new symptoms to overcome.

Again, I say none of this is to scare you. The main key in this difficult journey is your commitment to being calm, freaking out less, and learning to ride the waves of symptoms with as much clarity and as calmly as possible. Focus on knowing you are okay and teaching

your brain you are safe with the consistent messages of safety taught in this book.

People who get well more quickly are more easily able to neutralize the fear with accurate knowledge and consistent messages of "I'm really okay." Those who struggle longer tend to quickly fall back into fear and doubt about what is going on in their own body. Even if this is you, do not despair. I have seen some incredible recoveries of people who were so deep into fear and despair that they weren't sure if they could ever make it out. But they did.

As a matter of fact, the success stories posted on my YouTube channel are full of people who were deep in despair and hopelessness, yet they got better by following the concepts I teach daily. Toward the end of the book are some more success stories. Be sure to read through them. Each and every one inspires me to keep on teaching these concepts to the world.

In the next chapter, we will do a bit of a wrap-up and go over mistakes to avoid and some common questions. Keep reading, you are almost there.

WORDS OF CAUTION

DO THIS, DON'T DO THAT

While there may be a touch of overlap between the dos and don'ts and the "mistakes to avoid" section later in this chapter, I felt it was important to have this handy chart.

Don't do this:	Do this instead:
Watch the calendar and stress if you haven't gotten well yet.	Be outcome independent. Care less about when you will get well. Just know you are on the right path.
Let your scared brain create danger.	Proactively create safety. Don't take your fearful thoughts seriously.
Avoid everything that causes or increases symptoms.	Resume normal activity gradually. This teaches the brain that activity and movement are fine.
Let your scared brain's automatic fear messages dominate.	Talk to your brain with reassuring messages of safety. Make safety the dominant, louder voice.
Predict the worst.	Expect the best—the brain makes our expectations happen, thanks to predictive coding. When we expect something, the brain can literally create it.

Think, act, and behave as if you are in horrible danger.

Think, act, and behave as if you're safe.

Continue treating the body with physical treatments.

Once you have done the assessment and *know* your body is fine, stop all physical treatments (chiro, PT, massage, stretching, injections, etc.). Continuing them confuses the brain.

Panic when symptoms are noticed or increase.

Freak out less. Panic less. Jump right past the default response of fear and go right to safety. You don't have to figure out what the cause is. The brain perceived danger. That's all you need to know.

Monitor, track, measure, fear, or focus on your symptoms.

Be indifferent to the symptoms. Show disinterest. Get bored with them.

Continue all fixing activities. If you love meditating, great, but meditating to fix symptoms will cause the brain to continue to believe there is a problem that needs fixing.

Focus on living in the deep knowing that you are already okay. Fixing tells the brain there is something wrong.

Make recovery a full-time job.

Find something else to focus on. Virtually anything. Make living your life more important than ending symptoms.

Keep talking about symptoms. That delays recovery.

Do normal things. Engage in things other than talking about your pain or symptoms.

Keep researching and looking for evidence that you are broken. Staying on the fence and not making a decision keeps the brain in the danger zone and delays recovery.

Take the TMS/PDP assessment (chapter six) and, most importantly, *accept* the result.

Believe you are “different” and need a unique solution. There aren’t different processes for different symptoms.

Understand that all symptoms of PDP/TMS are caused by the same thing and, therefore, have the same solution.

View success stories with frustration because others got well and you haven’t yet, or look for the success story that matches your symptoms perfectly. You don’t need that to move forward.

Watch success stories for inspiration and ideas at PainFreeYouSuccess.com.

Continue to identify your symptoms by the scary, incorrect medical terms given to you.

Drop the medical labels. If it’s perceived danger symptoms, call it that. The medical labels do not help create safety. They just carry all the misinformation and fear of the label itself.

Convince yourself that you are too anxious, that the symptoms are too intense, too scary, or have been around for too long for you to get better.

Change the story from "I can't," to "I *can* do this, and I will." You are not some special kind of broken.

ELEVEN MISTAKES THAT KEEP YOUR PAIN AND OTHER SYMPTOMS STUCK!

I encourage you to read through the following list and do an audit to see how many of these mistakes apply to you. You may be surprised how many you are making.

1. **Catastrophizing:** Viewing your pain or symptoms through the lens of the worst-case scenario is catastrophizing. This also includes predicting that nothing will change and that your entire future will be the same as it is now. Clearly, that is not a message of safety. These stories we replay delay recovery, if not prevent it entirely.
2. **Fearing and giving symptoms a lot of attention:** When we encounter our first symptom or pain, the fear we feel, along with the attention we give the symptom, is what makes it chronic and persistent. There is a concept in science called neuroplasticity, which explains that what fires together, wires together. The brain becomes very efficient at sending the signals that we fear and focus on most often. If this is the formula for chronic pain, the formula for eliminating symptoms is to reduce the fear and attention given to the symptoms.
3. **Trying to fix your pain or symptoms all day long:** This is a big one. Nobody wants to feel poorly because it can hurt like

crazy and be massively disruptive to our lives. However, trying to fix your pain or symptoms all day long simply keeps your brain believing that there is a problem that needs fixing. Remember, you aren't broken. Your brain is sounding a false alarm because it incorrectly perceives danger. That said, why spend time fixing something that isn't broken? And in the context of perceived danger causing the pain and symptoms, is trying to fix these problems conveying safety or danger? You've got it right: danger. There's nothing to fix.

4. **Watching the calendar:** Another thing that can keep you stuck or make things worse is watching the calendar and being impatient about getting well. Let's say you commit: "I'm going to start this new program today." But three weeks in, you're crying because it hasn't worked yet.

My recommendation for you is to avoid watching the calendar. Keeping track of time passing is only going to keep you stuck. One of the reasons why looking at the calendar is a really bad idea is because every day that passes, doubt creeps in, and we start to look at our situation and say, "Everybody else got better. What's wrong with me? What am I doing wrong? I'm never going to get rid of this. I must be the one person out of a hundred that's not going to be able to get better."

Just look at the pressure you are putting on yourself. None of this convinces your brain that you are safe. Impatience = danger.

5. **Measuring and monitoring your symptoms all day long:** Keeping track of your symptoms is not helpful. "Oh, my pain's about a five. Later in the day, it's up to a seven. Later in the day, wow, it's back down to a four. Maybe I'm doing a little better. Oh, it's back to a five. Oh, no." Stop measuring and

monitoring. It is not necessary, and even worse, it is detrimental to teaching your brain safety.

Sometimes, symptom levels are constant, but other times they fluctuate. Expect that. There is *no* value in tracking pain levels, as that just places too much attention on the symptoms and keeps the brain perceiving danger (see mistake number two).

6. **Using medical names and terms to describe symptoms:**

Sciatica. Herniated disc. Bulging disc. Spinal stenosis. Fibromyalgia. IBS. Rotator cuff tear. You name it. Any medical term for your symptoms gives them authority. I really want you to look at your pain as nothing more than a false alarm of protection.

The other reason to drop the medical labels is that they identify you as broken or sick with XYZ illness or injury, and with that medical label comes all of the scary information you have ever heard about that diagnosis.

Once you have done the assessment in chapter six, you know for sure whether you have perceived danger pain or symptoms and that the medical label that you were given by the doctors (or even by yourself through self-diagnosis) is incorrect. Using the label delays results. For example, "I have foot pain caused by an overprotective brain. My foot is actually perfectly fine." This is way more accurate, and it leads to recovery much better than telling yourself you have plantar fasciitis.

7. **Doing online research:** This is another thing that can keep you stuck or make pain worse. We often go to Dr. Google or Wikipedia or WebMD. This medical research can really freak us out. It is so easy to start researching other symptoms. Google suggests all sorts of things, telling us that people with this

condition also have XYZ condition. Then we start thinking, “Oh my God, I hope I don’t get *that*.” In some cases, the fear and expectation are what cause the brain to create that new symptom. There are so many rabbit holes that can create more and more perceived danger. Once you’ve done the assessment and determined that perceived danger pain or symptoms are the cause of your issues, stop the research. It doesn’t help you. It only scares you further.

8. **Joining toxic support groups:** There are tons of chronic pain or other chronic illness Facebook support groups that don’t know anything about the mind-body causes of pain or symptoms. Stay away from these. Many of the TMS or mind-body groups are good and can be very supportive. I’m okay with those. But be careful. Some of them still engage in too much discussion about symptoms instead of solutions. If a group causes you to have more stress and fear, you may wish to consider leaving.

The groups that are not mind-body focused are full of terrified people giving advice to other terrified people, and they all tend to share failed treatments and surgeries. There is a focus on what’s not working and how awful their symptoms are.

I call these bad neighborhoods. We’ve been taught since we were children to stay out of bad neighborhoods because they are unsafe. Let’s not forget this advice. A support group with no knowledge of how the brain’s perception of danger controls symptoms is not a place you want to spend any time in. Remove yourself from those communities. Your stress and fear levels will lower considerably as a result.

9. **Talking about pain constantly:** Another thing that keeps us stuck, or makes the pain or symptoms worse, is talking about it

all day long. I encourage you to coach those around you. Request they stop asking you. If somebody around you is saying, "How's your pain? How's your pain? How's your pain?" eighty-five times a day, you're going to have a tough time shifting focus away from your pain or symptoms. Coach them to stop asking.

The reason this is important is that when we speak about the pain, we keep the connections in the brain firing (see mistake number two). Talking about pain or symptoms gives them power and attention and will keep them going. Speak about them as little as possible, ideally, not at all. Since you *know* that it's just the brain's false perception of danger causing and keeping the pain going, there is no benefit to talking about symptoms. None.

10. **Believing Doctors and Not Believing Doctors:** Sometimes we believe doctors. Sometimes we don't. In the context of perceived danger, both of these can be problematic. Believing doctors can make things worse, and not believing doctors can be an issue, too.

Let me explain. Many people will go to the doctor with symptoms. Many times, after tests, imaging, and bloodwork, the doctor will say, "I don't know what's causing the symptoms. There's nothing showing up in your imaging studies, and your blood work is fine. Your stomach looks okay. We've scoped you from both ends, and all looks normal. I can't figure it out. I don't know what's causing your symptoms."

When we are told that we are okay physically, many of us don't believe the doctors. We conclude, "They must have missed something because I really have pain or other symptoms. I can't be okay!"

Then what do we do? We seek out another doctor, perhaps a specialist. Many people definitely jump back online and do more research, often diagnosing themselves with even more scary issues.

When a doctor says, “There’s nothing wrong,” believe them. They are unknowingly pointing you back to perceived danger pain or symptoms. In other words, if there is no known physical cause, the brain did it.

On the other hand, if the doctor says, “Ooh, look. There’s the culprit. There’s a bulge in your disc,” or “You’ve got degenerative disc disease,” or “You’ve got arthritis,” or any number of diagnoses dished out every single day, believing them can also be very problematic. Why? If your brain is causing the pain, the doctor’s diagnosis is very likely incorrect. How do you know? The assessment in chapter six, of course.

Believe doctors or don’t believe them—what a dilemma. But you can figure out what’s going on. Remember the rule of thumb discussed earlier in the book? Rule out life-threatening stuff. Then, rule in perceived danger with the assessment in chapter six.

11. **Allowing your life to be consumed by the pain or symptoms:** I can’t tell you how many people I have met whose entire lives have been completely consumed by their symptoms. Every waking moment and every conversation they have are 100 percent about their symptoms. Every spare moment they have, they are reading books, watching videos, listening to podcasts, talking to anyone and everyone who will listen, and commenting on Facebook about everything they are doing to end their pain, inevitably talking about their symptoms and how high they are.

I completely understand the desire and, often, desperation to do everything possible to eliminate symptoms. Unfortunately, due to the fact that perceived danger is what creates the symptoms in the first place, spending all day consumed by them will not convince your brain that you are safe and turn the symptoms off.

Quite often, the harder we try to get rid of the symptoms, the longer they persist. It can feel maddening, but unfortunately, it's true. "Less fixing, more living," is something I say often. Review chapter sixteen on engaging your brain in life to teach safety for more on this topic.

MISTAKES IN REVIEW

Truthfully, how many of these behaviors are you still doing? And how many of these were you not even aware were delaying your recovery?

Hopefully, this list of common mistakes was eye-opening for you. And if you have been aware of the mind-body cause of pain or symptoms for a long while but are still not recovered, this list should give you an idea of why you're still struggling.

The good news is that with awareness, you can choose to change your default and automatic thinking and behaviors. It's truly the best way to change your life and end your pain and symptoms for good.

SUCCESS STORIES AND WORDS OF THANKS

FULL-LENGTH SUCCESS STORY INTERVIEWS ARE ON MY YOUTUBE channel: <http://PainFreeYouSuccess.com>.

COMMENTS FROM MY YOUTUBE CHANNEL

"Hi Dan, been pain free for a few weeks now all down to you and your daily videos. Thank you so much for all the information keep up the great work you do. xx"

"Thank you. I will never have the words to express how much you have helped me. It is truly a gift to have you doing this important work."

"Just giving feedback that for me, your advice on feeling the negative emotions, stopping, relaxing and letting them pass through has been beyond profound. Not only is my pain improving, but so is my happiness and my marriage.

"I'm not religious, but 'God' bless you!"

"I'm older but better! I believe in myself, my power & ability. I truly believe you are saving many people!"

"I have been evolving . . . living my daily life pain-free thanks to these videos and principles! So, first off, a huge thank you for

putting this out to the world!"

"Hey Dan, I have been applying your methods of safety and quit sending red flag messages to my brain, and my anxiety levels have dropped drastically. Thank you so much. I am gaining so much mental clarity, and my social skills seem to be improving. You may have saved my sanity with your content."

"Waking up early in the morning, it's just me, silence, and the daunting pain. But then Dan's daily video is like an unfailing friend who [comes] to accompany me . . . So:

- 1. I wish I met you long ago before my condition managed to stay for so long and reinforce itself, but as they say, the second-best time is now.*
- 2. Be careful, with all that smile and white hair, some of your younger audience may start calling you uncle Dan.*

"Have an awesome day, you Bob Ross of TMS with all that calm progress, you Steve Irwin of daily video with [the] contagious smile, purpose, and optimism :D"

"You are a life saver . . . literally. Thanks to finding you in January & your clear, simple, concise, truthful information and, reassuring, loving words . . . coupled with my eventual trust, belief & implementation . . . I am learning, growing & living my life again more & more & more! The initial hurdle was to conceive & believe everything you impart, then to keep going with it even through the toughest, days . . . the path is not

linear but it is always headed in the right direction. Love you Dan & all who walk this path. We will all get there."

"Hi Dan, your teachings and videos are immensely valuable . . . your wisdom was the missing link in my recovery. The combination of simplicity & reassurance in your teachings [is] priceless. I made some leaps in just a couple of weeks . . . I [wish] millions could learn from you. A heartfelt THANK YOU!"

EMAILS

"Symptoms started in autumn 2019 after a protracted period of emotional turmoil and family crisis. The symptoms came on overnight in a dramatic fashion. I literally woke up stiff and bent over to one side, in intense low back pain. There was no prior injury or event. I struggled on for a few days until I simply couldn't get out of my car one day after driving to work.

"The next few weeks became a roller coaster of medical appointments and expensive private consultations . . . the symptoms did settle to a degree and I was able to resume my life.

"March 2020 and COVID arrived, and the symptoms came back, worse than before. I spent much of 2021 lying down, trying to stay as active as possible despite the pain . . . Some days I was just taking it a minute at a time, breathing through the pain. I felt desolate and desperate and lost. I [spent] a lot of money on treatments—acupuncture, chiropractors, osteopathy, hypnotherapy, physiotherapy, counseling. Nothing really helped.

"I came across Dan Buglio's daily videos in late summer 2021 and began to routinely watch them as part of my daily routine. I noticed that I felt calmer and physically better whilst listening to the calming, reassuring daily messages. It gave me hope, and little by little I regained confidence. It was not a quick fix for me, more a slow and undulating journey out of pain.

"Joining Dan's coaching group jet propelled my recovery. I started doing so much more, strengthened by the peer support in the group and the recognition that I was not alone.

"In the end the recovery was simple, not easy, but simple. It began with building a good understanding of TMS/PDP through reading and listening, then recognizing that my symptoms were TMS: I did the pain tests many times, always scoring very high. I managed my doubts and practiced indifference, just getting on with my life despite symptoms. I learnt to challenge the catastrophic thinking and rumination; to 'flip the script.'

"I practiced self-compassion, learnt to be kind to myself when I was feeling fragile and uncertain. I carried on having doubts, I got better despite the doubt. It's a journey and I still have occasional down days but the fear has gone, I am not broken, I am strong and alive and living my life and I thank Dan and his coaching group for getting back my life."

"Dan, when I first found your channel, I'll be honest, I thought, OK here's another that will probably be like all the others. I was so wrong. Whilst there are a lot of wonderful people out there, there was something very different about your strategies and the way you put this across that just works. I didn't believe it

would happen, that I would be empowered and truly recover, but here I am! Thanks to you. You have a very special gift because even the language that you use to describe things has been carefully considered to get the message across to the brain that we are safe. And finally, I just 'got it!' You are absolutely a modern day Sarno, thanks for everything you do!"

"This was exactly me when I first found Dan's Facebook page, I thought yeah, here we go, another person with mind/body approach suggestions for 'back' pain, every TMS coach I found [was] talking about back pain & I thought no way something as simple as this sounds is going to help me [overcome] something as painful as Trigeminal Neuralgia (Atypical, the 24/7 constant type).

"It was Dan's way of teaching it that kept me tuning in every day, his down to earth approach & his sincerity in how it really seemed he cared about each & every one of us who were suffering that helped me really believe that this really could be the answer. I went back & forth with my belief in it to one day realizing nothing else was working so I'm going all in with this approach Dan teaches. 100% belief, 100% applying the suggestions, and I'll be honest it didn't happen overnight for me (too long to explain) but each time the pain free periods got longer & longer to finally being gone in about a year. In the beginning I remember reading that [someone else took] a year for their recovery & I thought, omg I don't have another year that I can handle with this TN suffering!

"Here's the thing. I realized this: where will I be in a year if I do nothing? And that was it, I accepted the symptoms for what

[they were], didn't fear it, didn't fight it, got on with my life rather than put life on hold, and calmed my nervous system with the suggestions Dan gave me, and sure enough, 1 year later I was pain free.

"Not everyone is a carbon copy of another, it may be sooner, it may be later, but the sooner you believe, accept & apply, the sooner you are to getting Pain Free.

"I'll say it again . . . Thank you Dan Buglio for helping me get my life back, I will always be forever grateful!"

"I was extremely lucky to find Dan 4 years ago—I first found out about TMS by finding Dr. John Sarno. Read all 3 of his books but wasn't one of those people that said 'by the time I finished reading the book, I was cured' . . . tried the journaling but ended up in a journal coma of depression.

"Then, I stumbled onto Dan's YouTube videos . . . what a breath of fresh air to finally hear someone who had 13 years of TMS and recovered speak about the subject. He was so Genuine! Clear, Concise and Caring. Definitely NOT 'simple minded' . . . quite the opposite. He chooses his topics, words, and delivery so carefully that he makes it look effortless, but that [is] what a true perfectionist does! [He makes] it look effortless, although many hours a week are devoted to his quest to help others get to the other side of TMS/PDP. Thanks Dan."

"It was the late spring of 2021 when the pain first presented. I was out of state visiting my mother for her birthday and decided to relax one afternoon and read for a bit. Out of nowhere I

suddenly felt a sharp pain zip across my forehead and settle into my right temple. 'What was that?!' I thought to myself. After a few minutes, I took a deep breath and waited for the pain to fade. It didn't. I decided to take a nap, hoping that when I woke, the pain would be gone. It wasn't. Little did I know at that moment [that] my TMS journey was just beginning.

"The pain was constant. And when I say constant, I mean literally 24/7. It was there when I went to bed at night. If I got up to use the bathroom, it was there. It was there when I woke in the morning to start my day. It was there when I arrived at the office for work.

"Finally after more than 2 weeks of this, I went to the doctor to begin the process of ruling out anything dangerous. After several weeks that included CT scans, MRIs, and never ending blood tests, I was told that everything came back normal. Thankfully. But the aftereffects of going through that terrifying process left me not only with the same 24/7 pain [but] engulfed in anxiety. Health anxiety.

"Because the doctors couldn't give me an answer to what was going on with me, my terrified brain began thinking that it could be anything. And it didn't really help when the doctors would tell me that it could be a rare thing called 'New Daily Headache,' or possibly 'trigeminal neuralgia,' or a 'low grade constant migraine,' or 'this' or 'that.' I was given prescriptions for muscle relaxers, migraines, and meds that were 24 letters long that I couldn't even pronounce.

"[I went from] a guy in his mid-50s that never experienced any real health issues to suddenly having a drawer full of

medications and [being] lost in swirling thoughts of this unknown disease I convinced myself that I had.

"Looking back after learning so much about TMS and the mind-body connection, I wish I could've told myself to not do all the things I was about to do. I googled every symptom and sensation. I joined Facebook 'chronic pain' pages where all the members would do was post their latest symptoms and pains and lament about how terrible they felt on any given day. I read Reddit threads looking for my particular pain and symptoms and what the best medication would be.

"I didn't know it at the time, but I was doing all things to ensure that the pain would continue. Why? Because I was terrified. And after stumbling across the name Dan Buglio, I soon learned that that terror was driving everything including the pain and symptoms.

"After watching Dan's daily videos every morning, I began to learn about calming myself down by giving myself 'messages of safety.' I learned how to 'freak out less,' and how to recognize my pain and symptoms with 'calm indifference.' The more I implanted Dan's techniques, over time, the pain slowly dissipated. The anxiety however hung on and seemed even more overwhelming than the pain ever was. But I continued to trust in Dan's process and the health anxiety slowly disappeared as well.

"I remember those early days when I was wrapped up in fear, watching Dan's 'Success Story' videos of people who were once in chronic pain, but made it through to the other side. How I would imagine myself getting through it as well and maybe I

would be one of those Success Stories too. Well, in January of 2023 I was.

"Thank you, Dan."

"I was in chronic pain for two years. I had been to two years of physical therapy. I got imaging done and was handed the diagnoses degenerative disc disease, spinal stenosis, and many bulging discs. My doctor said, and I quote, 'the pain will never go away, but you might be able to make it not get any worse with enough careful exercise.' I couldn't be on my feet for more than 10 minutes. Standing hurt, sitting hurt, [lying] down hurt. I couldn't tie my shoes. I had sciatica, and my feet would go numb and tingle from time to time. I accepted this as life and was reasonably happy given everything that had been taken from me. Relationships were off the menu, hobbies were off the menu, and I was going to university but every class would involve the same thing—pain, lots of pain. Being a 22-year-old kid who had always prided himself on being strong and in shape, it was tough. I didn't want to admit it at the time, but it was tough. Until one day, by chance during a long car ride (which I was dreading because a car ride equals sitting, and sitting equals danger for your low back), I stumbled onto an interview on YouTube.

"It was Dan talking about TMS and his story. At some point during the hour-long interview, the words hit me. 'You're not broken.' 'YOU are creating the pain.' And instantly I felt the pain melt away. Now, the pain eventually came back as I settled into my default programming, which at the time was fear and alarms. BUT—that glimmer of hope was all I needed in order to

have the wisdom to listen and the resolve to power through. I got better just by watching Dan's daily videos. I got better by dialing down the fear, being okay with being in pain, and just doing whatever the hell I wanted to do anyway. Eventually, the fear and panic quieted. And I taught my deeper self that I wasn't broken. I started out slow—playing very casual volleyball, going on car rides, going on hikes, going back to work, swimming in the ocean, jogging around a little bit. Sometimes I'd get an offer to do something out of my comfort zone, which would create some fear. But then I would think, 'Wait. Why couldn't I do that? I'm not broken!' And then I'd do it anyway.

"Sometimes it would hurt, but I didn't care. And the more I didn't care, the more the pain got dialed down. After the first week, pain was down maybe 50%, and totally gone after maybe a month or two. I still get flare-ups, but whenever I feel symptoms coming back, I assess my current state of mind, and invariably I am in a fearful, tired, and stressed state of mind. From there, all you have to do is recognize that fact ('Oh! It's just stress.') and not care about the symptoms, and they will go away. I spent this last year doing kickboxing 5x a week and working as a dog musher—which involved twelve – to fourteen-hour days of hard labor every day for five months. There were flare-ups, but if you can see the flare-ups as love letters to yourself telling you [in] the only way it can to chill the hell out, you'll be okay. 'I'm not broken' became a kind of mantra for me during stress or symptoms. That phrase spoke to me, maybe a different one will speak to you. Not to get too hippie-dippie, but the universe is funny. It waited until I was ready to hear Dan's message to send it to me. If I had seen that video maybe three to five months prior, I would've been insulted at the idea that

my pain was self-created. But after exhausting every option I had, I was ready to hear it. And hear it I did. You don't need to dig around in the past or figure out why. All there is [is] now. And now, you're safe and not broken.

"Now, to get a little more 'out there.' Dan's teachings are bigger than chronic pain. I know this as a fact. I would even go so far as to say you can take his teachings and apply them to literally any problem (or appearance of a problem) in your life. You will see positive results. Dan didn't make me or any of the other thousands of people better. He showed us how we can heal ourselves. He is pointing to a piece of wisdom that the wisest people have been pointing to for thousands of years. In essence—if you're not solving a math problem, ignore the intellect. It's dumber than it thinks it is. It gets lost and confused. It creates problems to solve. It creates unhappiness. I've had success applying Dan's teachings to the following:

- *Back pain and sciatica (obviously)*
- *OCD*
- *Panic disorder*
- *Depression*
- *Digestive problems (When the back pain hit me, I mysteriously couldn't digest chicken after eating it all my life. That went away. Other things as well.)*
- *Fibromyalgia*
- *Insomnia*
- *General aches and pains*

- *Autoimmune things (frequent hives, canker sores, psoriasis, hair loss)*
- *Sexual function*
- *Teeth grinding at night*
- *Frequent heart arrhythmias and high blood pressure (During TMS times, I could feel my whole body throbbing with each heartbeat.)*

"And probably much more that I've forgotten. Thank you, Dan. I owe you big time."

"Hi Dan,

"As 2022 comes to a close I need to give you a huge thank you for your daily messages.

"I had debilitating chronic pain for almost three years. The pain came on during an extremely busy and stressful time in my life.

"I quit working because of my symptoms. I was unable to move around, use the computer, drive or walk without extreme pain (heat, electrical, super sensitivity). I made it my full-time job to find an answer.

"I worked with four chiropractors, three acupuncturists, three physical therapists and a massage therapist. I went to a podiatrist, a neurologist and eventually ended up at the dreaded pain management. None of the treatments I received had a lasting effect.

"The diagnoses I received were numerous and scary; carpal tunnel syndrome, idiopathic progressive neuropathy, plantar fasciitis, fat pad atrophy of the foot, bursitis, arthritis, degenerative disc disease, causalgia.

"My primary care physician was at a complete loss.

"I felt deep shame for not responding to any of these treatments. Additionally, I was spending money I didn't have searching for the answer.

"In 2018 I came across the concept of Mind Body pain from a video with Alan Gordon. I dismissed the idea as a bunch of [woo-woo] because MY pain was REAL!

"More suffering ensued.

"Then in 2019 I heard about Howard Schubiner and I purchased his book (which I honestly didn't finish) and started to listen to the meditations on his website. This was a turning point for me because while listening to Howard, I began to accept the idea that there was nothing wrong with my body.

"I began to take short walks. Ten minutes a day the first week, adding more time every week.

"I went on to read Dr. Sarno's Mindbody Prescription and I also read Alan Gordon's book.

"I listened to tons of podcasts and tried to focus on listening to people's success stories.

"At some point during all of this I was lucky enough to find your videos. It was your daily messages of safety that solidified my belief that there . . . never was anything wrong with my body.

"I've been listening to you almost every day for 2.5 years now.

"I'm now 65 years old. I walk at least an hour a day, swim several times a week, use the computer, drive and do lots of stuff around the house.

"Even though I'm 90% symptom free, I still listen to your reassuring messages most days. As you always say, it's a sales job. Some days my brain still needs to hear your message.

"I have small recurrences, usually when I'm anxious, but I do my best to acknowledge the symptoms, laugh at them and keep moving. I have not visited a medical professional regarding my pain for over two years.

"I have no doubt that I will continue to improve.

"Thank you, Dan, for your knowledge, your empathy and your consistency."

"Hi Dan,

"My opinion on the group coaching calls and the membership: I appreciate your patience with everybody's questions. Your dedication to help each person as fully as you can. Truly amazed at how you listen. Really listen. For 3 hours. I like how skillfully you rein in those of us who like to talk and tend to ramble. You are a great leader and coach.

"These calls are extremely valuable and I look forward [to them] each week. What you offer in the course is on top of all this. It is a remarkable, comprehensive resource.

"People are recovering, getting their lives back. You can't put a dollar value on that. How much is a life worth? For those who have been suffering for decades . . . what you offer is profound.

"The depth of your wisdom, patience and compassion, and ability to clearly communicate is just awesome. Worth every penny. I could go on.

"You have my deepest respect, admiration, and gratitude."

COMMENTS FROM MY YOUTUBE CHANNEL:

"Please don't be on the fence, make a decision and stick with it! I made the decision last Oct. I could barely walk to my mailbox, yesterday I walked almost 12,000 steps, proof this stuff works! This is TMS/PDP only foundation, clarity, consistency, repetition, implement, implement, implement, go live your lives, baby steps to the best of your ability and slowly you will be on your way!

"Listen to Dan! Join the Coaching Calls I'm getting my life back and so will you!"

"Dan, I am so grateful to have found you and for our group coaching calls, your daily videos, your reassurance and compassion with us.

"One year ago, I was in a different place, two years ago I was in a very bad place. Not only do I feel great physically . . . but the

changes I have noticed in my mindset and psychological status are priceless. Thank you so much for the difference you make in so many lives.

"You are helping people change their lives."

"Pain Free You. I just wanted to say a huge thank you for sharing this. A light went on for me the day I watched this. I had been slowly learning about the power of self-care and meditation and had slowly been seeing some success, but ultimately, was still on a downward spiral. Having spent a lot of last year in bed, suffering symptoms, I was really scared.

"I watched your videos and my life changed. I can categorically say I haven't had a full day of symptoms since I watched. The week before, I was bedbound. I continued to watch a lot of recovery videos and kept watching your daily support videos . . . and now I don't need any of them apart from the occasional 'top up.' 2 months after the wakeup call, I went on a family holiday and walked over 20k steps a day around Disneyland. I was tired, but 'normal person' tired!

"I am no longer worried about being long-term sick or stuck in bed. I have my life back and I am so grateful."

"I must thank you so much, although I don't need to play the videos. It was because of your videos that I don't require them anymore.

"The messaging for my brain was no longer required.

"I suffered from Chronic Headaches for over 14 years and [have] now been chronic pain free for a couple of years now. Thank you from the bottom of my heart.

"Life is great again."

"You are changing so many lives honestly. I first found you last year in January, and now in one year you've changed more than my bodily pain conditions. For example, today I was worried about some random work stuff and overthinking the situation. I suddenly reminded myself 'what would Dan say in such a situation?' then I calmly reassured myself and proceeded with the tasks in a stress-free way. Your Zen energy is contagious :) much love and light to you and your family."

"Your videos were the only thing that ever helped me get back to a mostly normal life . . . I continue to watch your videos because a lot of what you teach also applies to everyday life. Getting out of my head and inner world is always something I struggle with, and also dialing down fear, but I've been applying your techniques to fears in general or things I worry about . . . accepting what is and indifference to things that I might panic over has made me a much calmer person overall. Mindset is everything and . . . learning how to get out of chronic pain has also taught me how to get out of daily fear and anxiety over my life in general. Thank you for all you do."

"Dear Dan, I am writing this to thank you. I was so sick with anxiety—desperate to find help. I previously cured my TMS sciatica using Dr. Sarno's method but prayed (literally) for help

with my TMS anxiety. Then I found your YouTube videos that were life-changing. I cannot say enough thank yous and send you enough hugs for your brilliant interpretations of Dr. Sarno. You're my healing angel."

"Thank you so much. Finding you and this TMS approach to my Pelvic sensations has been a life saver. Hope is the thing with wings, that little bit of light we all need to overcome our fear and start living and not just surviving. I hope you realize that you are helping save people's lives. And not just ours but all the people in ours. So, thank you isn't quite enough. My kids get to have their mom back, and I too will help as many people as I can!"

"For over two years, I was in nonstop low back pain. Began researching TMS and devouring everything I could find on it. Dan's videos were a huge help because he would upload daily to give me the boost of encouragement I needed. It took about just over a year of listening every single day sometimes for hours a day and the pain began to slowly disappear. Then suddenly it was gone. It's been over two years and I don't even think about my low back pain anymore. It's like it was just a terrible dream. I can honestly say I put a lot of work in to truly understand what was happening and why it was happening. But when you finally get it, you get it and everything changes."

"Hey Dan, I want to thank you from the bottom of my heart for all the work you put out there FOR FREE. It's really, really amazing and it was the last piece I needed to solve this puzzle around my 'illness.' Your videos played a huge role in the

recovery from a 3 year-ish fatigue. Especially the interviews with people who had CFS/long COVID . . . literally after 3 days of watching many of your videos it was like a switch turned. It all made 100% sense and I went from being housebound/mildly bedridden to going to the gym in more or less [the] blink of an eye! It's crazy but it worked, now a month later my energy is still getting more and more. I can work out, take as many walks as I want, meet with friends and study again. If YOU are on the fence about whether all of his advice works or not, don't worry just commit to it, it will help!"

"Congratulations Dan and a huge thank you for your generosity, good humor, and commitment. After watching 2 months of your free videos. I am symptom free now most of the time and am unbothered if they appear. I am living a full life again . . . much less anxious and irritable than I was before my symptoms began 20 months ago. It was your video on 'Deep Knowing' that suddenly released the fear and shifted me . . . I have watched it several times and have saved it. Bless you."

"I suppose it was sometime last summer that you showed us a bit of your dear mother's yard. I remember sitting on my bed looking at the video, in fact, I think I commented about her beautiful gardens. However, in my mind, I remember, clearly thinking, well, that used to be me, but I won't be able to do that ever again. Well, [I have been] implementing these truths, knowing God wants us to have joy, and be well. For the past week, I have planted flowers, weeded gardens on my hands and knees, and just [done] general yardwork. It feels like a miracle, I will never be able to thank you properly, Dan!"

"I want to thank you Dan. I have had chronic pain for 7 years and have been listening to you religiously for over a year now. For the first time in years, I was able to play volleyball with my husband and son this weekend. I kept telling myself that I'm safe, [but] my brain tried to get the pain to come back while playing and I ignored it and kept going. I even fell and scratched up my knee, but no back or sciatica pain for the first time in 7 years! I'm so happy!"

"I am just sore and it feels great, my son was so happy that I got to play with him for two hours."

As you see, this stuff works, folks!

Will you be a success, too? You can and will be a success. Implement the concepts in this book and you *will* succeed. There is life after chronic pain and symptoms. And it's a glorious one.

THE WRAP-UP—FINAL THOUGHTS

BOTTOM LINE: YOU ARE NOT TOO FAR GONE. WHEN YOU FOLLOW THE proven steps outlined in this book, it's not just possible to get better, it's probable that you will. A new and better life awaits you if you trust and implement.

Be open to the “holy crap” moment, where you know deeply that “I’m really okay.” Then, make it your primary goal to consistently *teach* your brain that *fact*.

In the end, you’re not broken. You just think you are. Change your thinking and you will change your life. It begins with knowledge, doing the assessment, accepting the results, and then teaching your brain that you are indeed *already* okay.

There is literally *no* downside to this approach to recovery from chronic pain or symptoms. These same concepts will work for mental health challenges like anxiety, depression, PTSD, OCD, and others. Even if you have a legitimate illness or injury, these same concepts will help you navigate that with more ease, less pain, and fewer symptoms. The brain’s perception of danger controls it all.

This stuff works, folks! Commit to this process and you too can be a Pain Free You!

LAST WORDS

You are holding in your hand, and have just read, a proven, simple, and easy-to-implement solution to years or decades of chronic pain or symptoms.

What you do with this information is up to you. I cannot do this for you, but I have mapped out the journey in an easy-to-understand way, which is simple to implement.

This process need not be overly complicated.

Focus on the core problem: The brain perceives danger and turns on symptoms or pain.

Focus on the solution: Teach your brain safety so it turns off the symptoms or pain.

If you are not confident in your ability to implement these concepts, please borrow my confidence in you. I *know* you can do this.

I love you.

I know you can and will get well.

I believe in you.

Go for it.

—Dan

READER RESOURCES |

Download Your Free Book Bonuses:

<http://PainFreeYou.com/bookresources>

Watch My Daily Videos (Full Archive):

<http://DansYouTube.com>

Bookmark this page and come back daily for a new free coaching video. See you tomorrow?

Watch My Fast Start Playlist: <http://DansFastStart.com>

This is a playlist of my best daily videos to support your journey. Watch. Take Notes. Implement. Repeat.

Watch Success Stories: <http://PainFreeYouSuccess.com>

At this link, you will find interviews with dozens of champions who got well and ended their chronic pain and symptoms by implementing the methods in this book. Every one of these people and their stories inspire me to keep doing what I'm doing. A great life awaits *you* too. See what's possible. I hope you allow these stories to inspire you too.

Want to Share Your Success?

If you have achieved success as a result of my videos, this book, and the concepts I teach, I would love to hear about it so I can share it with the world. You can send your success story to me at success@PainFreeYou.com. Or, if you would like to be interviewed for a video success story, you can get on my calendar at <http://TalkWithDan.com>.

Want Some Direct Help and Coaching?

I also offer a group coaching program, which has been called the Pain Free You Family by its members. I run several group sessions

on Zoom each week where we focus on sharing our wins and successes. Then, you can ask any question you'd like to make sure you get direct coaching and are clear on the strategies and mindset to employ moving forward to fast-track your recovery. It's a great community of people who completely understand you and where you are in your journey because they are just like you. Check out the group, learn more, and join here:

<http://PainFreeYouGroup.com>.

Media appearances—Invite Me to Your Podcast, Social Media Channel, or Stage: Email *support@painfreeyou.com* with details of your request.

A WORD OF THANKS

THERE ARE SO MANY PEOPLE TO THANK ALONG MY JOURNEY. OF COURSE, there is the obvious: my mom—for without her, I wouldn't be here. She has always been my rock, loving, and supportive. I love you, Mom.

My son, Matt. What an incredible young man who has been a wonderful help to me and my businesses for the past twelve years. He is always thoughtful and supportive of the work I am doing. He has also been a constant source of nudging for me: "Hey Dad, when are you going to get that book written?" Well, Matt, I finally got it done. Thank you for believing in me and your persistent urging that I get it written.

Professionally, I want to thank Dr. Sarno, as it was his work that allowed me to know pretty early on that I wasn't broken. His work set me on this course toward my own recovery. He helped foster my fascination with pain and symptoms created by the brain, which has allowed me to help countless people around the world. I wouldn't be doing what I do if it weren't for Dr. Sarno. I also want to thank Dr. Howard Schubiner, whom I consider a mentor and friend. Howard is the one who told me, "You're not in pain because you are crooked. You are crooked because you are in pain." That level of clarity on what was going on in my world was a turning point for me in ending my thirteen years of pain.

I also want to thank every single one of my thousands of coaching clients, as well as the countless viewers of my videos. I have learned more from interacting with all of you than I did in decades of studying books on TMS, mind-body, and related topics. Your feedback in our coaching sessions and comments on my videos have

been invaluable. I feel I have gotten to know thousands of you through your comments on YouTube and Facebook. You are all awesome and a critical part of who I am and the work I am doing.

I could probably write pages and pages listing every person who ever influenced or inspired me. If you have been a part of my life in any way, you know who you are. Thank you. I am who I am because I was privileged to have you as a part of my life. Yes, I'm thinking about *you*. As usual, I love you all, and I'll see you tomorrow at <http://DansYouTube.com>.

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DAN BUGLIO is an author and content creator originally from New Jersey, now living in Bucks County, Pennsylvania. Dan's introduction to chronic pain began with a thirteen-year episode of back pain and sciatica in his early thirties. Ever since, Dan has been fascinated with learning as much as possible about pain, the brain, and how to eliminate chronic symptoms with a mind-body approach.



Dan is best known for his daily videos on YouTube and Facebook. He has posted over two thousand daily videos since March of 2019 without missing a single day. Many people report great success just from watching Dan's free videos.

With a strong commitment to helping others, Dan runs a group coaching program twelve hours a week for his members to drop in, ask questions, and get coaching on the implementation of these proven strategies for eliminating symptoms.

Follow along with Dan's daily teachings on:

YouTube: <http://DansYouTube.com>

Facebook: <https://www.facebook.com/groups/PainFreeYou>

Instagram: <https://www.instagram.com/danbuglio/>

And for those wanting some support in implementing these proven strategies, check out Dan's group coaching program: <http://PainFreeYouGroup.com>.

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