Ep #264: Pain: The Mind-Body Communication Worth Paying Attention to with Deb Malkin

Full Episode Transcript

With Your Host

Jill Angie

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Welcome to *The Not Your Average Runner Podcast.* If you've never felt athletic but you still dream about becoming a runner, you are in the right place. I'm Jill Angie, your fat running coach. I help fat women over 40 to start running, feel confident, and change their lives. I have worked with thousands of women to help them achieve their running goals and now I want to help you.

Jill: Hey runners, so I'm here this week with an extremely special guest, their name is Deb Malkin and they are a fat chronic pain coach. They're also a former massage therapist who is committed to helping people feel at home in their bodies. And I will tell you what, as runners I know that y'all feel some pain sometimes. And sometimes that pain is chronic. So we're going to dive into all things pain, chronic pain, and a little bit of some brain fun this week.

So, Deb, thank you so much for joining me today. I'm excited that you're here.

Deb: You're welcome. I am so happy to be here. This is like my intersection of all my favorite things to talk about.

Jill: Yay! So before we kind of dive into our topic today I'd love to have you maybe give our listeners just sort of a little of your own background and what brought you to do this work.

Deb: That sounds great. So I am fat, queer, body positive, I used to work in fashion. I used to have a plus sized clothing store, resale clothing store called Re/Dress in New York. And that was like a really fun and cool kind of fat community hub and it was all about kind of creating access to clothing. So it was about fashion, but it was about kind of like community and liberation and feeling at home in your body.

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And then I moved to California and I became a massage therapist with the same mission. So it was about kind of like helping fat people feel at home in their bodies through helping create this connection to wellness that I feel like isn't always accessible. And so that was an amazing journey of like 10 years.

And in that process I studied biomechanics, I studied lymph, I fell in love with hiking and movement. And this is all in like my 40s. So I became a massage therapist in my 40s and went from really like rewriting my own script about what's possible for fat bodies and what's possible in my own body and then got to just witness and be a part of lots of different bodies healing and wellness processes. And it was amazing.

And in that process I had my own kind of chronic pain experience. So I was doing a lot of hiking and I was training to climb Mount Kilimanjaro, which was a really cool experience that I got to do with 20 plus sized women, or 20 plus sized people, I kind of identify as non-binary.

And that was really amazing and when I got back from that trip, I was having pain before that trip and I did like a stem cell treatment and I did some kind of medical interventions, then I had a lot of rest and I climbed the mountain. I had my own like personal summit, but it was quite an extraordinary experience.

And there's a documentary film made about it called Kili Big, which is really cool. So if people want to watch that, they can watch Kili Big and see us being fat on a mountain.

And so when I got back from that trip and went back to hiking I was having a lot of recurring pain. And one of the things that I had started also, I kind of got into this coaching world. And so a woman that I met from The Clutch,

basically, her name is Susan, she had mentioned the Curable app. So she had mentioned that she had cured her migraines through this mind-body work. And I was like, what is that?

Because I was having this chronic pain that wasn't going away in my right knee. And I have studied biomechanics so I was constantly checking my alignment and I thought I was doing all the right things. I thought I was kind of heading down the road to getting a knee replacement surgery, which I really didn't want to do.

And the pain was keeping me from doing the things that I wanted to do, and that I really loved. It was based on the work of Dr. John Sarno, who's a physiatrist who was very famous in like the 80s and 90s out of NYU, who wrote some books called like Healing Back Pain and The Mind-Body Prescription.

And he helped kind of coined this idea that pain is not just a physical problem in the body and the tissues, but that there is a mind-body component. And he helped thousands of people heal pain, people including Howard Stern, and there's lots of famous people also that he helped.

And so his work informed, this work became an app called The Curable app. And so I read that stuff, I did The Curable app, and I just was like, okay, this is a non-surgical process to start to examine what is going on in my mind and my body. And I took myself for what I call like this walk of peace.

One of the things that I noticed was when I was walking and feeling pain, my brain was full of judgment and fear. And there was this whole kind of inner conversation that I started to have with my knee. And it was kind of like, “I really kind of hate you, you're an asshole. You're always telling me

that I'm doing everything wrong and creating a lot of fear." And I was like, "Whoa, hey me, thanks for telling me all of that. I actually didn't know that was what was going on."

I thought I was doing all the right things by like trying to align my feet, and align my kneecaps, and do all of the right biomechanics and kinesiology things. And it was like, "Yeah, you're totally stressing me out all the time." And so it took this walk, it was really about creating a sense that peace and safety. And the idea is that pain is a danger signal from the brain to communicate to you that there's something that needs attending to.

And the problem with the danger signal is that it's not always ringing directly because the problem is in the body, but the problem can be in the perception, or in the fear. And so what happened after that walk was my pain reduced like 80% by the end of the day. When I woke up the next day I had about 95% pain, I had 95% less pain.

And, you know, I was a fat person over 50 and I didn't get any younger and I didn't lose any weight in that 24 hour period. And I just thought like, what I think I know about pain must not be correct. So then I just dove into learning everything about neuroplastic pain.

So I got to study with Dr. Howard Schubiner and study with the hands on, like he create a hands on course for practitioners and I did that course twice. And then I started working as a chronic pain coach. And I just have learned everything that I possibly could learn because it was this just radical, new idea about pain.

And what's so interesting is there's so much scientific evidence, and there's even more growing and growing. It's just like the medical field, science understands this, but medicine kind of doesn't right now. And so the

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International Association for the Study of Pain, like they even have a new definition of pain. And I kind of want to read it because I love it. So it's an unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage.

You know, they talk about pain is like a personal experience. And we talk about it in mind-body work as it is a biopsychosocial experience. Pain is based on not just like this Cartesian model of damage in the body sending signals to the brain, but it's really the brain's interpretation of nociception.

And nociception is like changes in, we all have these like nociceptors throughout our body and they sense changes in temperature, pressure, and chemical. And our body is sending messages all the time, and so some of these messages, when we have a sensitive nervous system or we have kind of learned pain, like our brain is anticipating pain, it just becomes like the messages are not accurately reflecting the state of your body and the tissues and the fact that you're actually well.

So it's fascinating and it's complex. And yeah, I end up telling people to talk to their body parts a lot, which a lot of people, just like my client yesterday, told me it made them feel silly. And I was like, yes, but would you like to be silly and feel better?

So that's like my personal story. And I've helped people with migraines and back pain and all kinds of different pains, fibromyalgia. So pain is always, like all pain, whether it's chronic pain or whether it's acute pain, it is a decision of the brain. So it doesn't matter, and it doesn't mean it's in your head. People are absolutely feeling it. It's just like but we have so much more impact over pain than we think we do. And we don't only, we're not only subject to doing limited or invasive medical treatments for pain.

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Jill: So that's amazing. There's like so much to unpack there, I almost don't even know where to start to dive in. But I think one of the most relatable things from what you said is your conversation with your knee because most of the folks that listen to this podcast have experienced knee pain at one point or another, have been told by their doctor or strangers on the internet that the reason they're having pain in their knees is because they're running while they're overweight.

And you and I both know that running while overweight, like running is actually great for your knees, it's great for your joints, it's great for your bone density and so forth. But the fact remains that a lot of fat folks experience knee pain when they're running. And I have myself, as well.

And I think, for me, as you were kind of going through that whole description I thought, oh, I could see myself in that because my brain, for sure, the first few times I experienced knee pain went immediately to. “Uh-oh, you're broken, you need to stop.” And through a lot of work with physical therapists and a lot of like self-coaching and so forth I've gotten to the point where I experience knee pain and I'm like, “Okay, what are you here to tell me?” Versus, “Ah!”

But how does one even begin to have those conversations with yourself and with your body parts? I absolutely love that your knee was like, “Listen, you're really stressing me out.”

Deb: It was telling me the truth because I am like, I am not subtle or quiet. I'm usually like, “We got to fix this. We got to fix this right now.” My body was like, “That is one of the problems, is you're not listening. You just want to fix and I'm actually trying to tell you I need you to dial it back.”

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And it's hard, it is hard as a fat person who has pain because we are told all the time that this is our destiny and so there's this, you know, that lights this rebellious fire underneath me to not live out that kind of predestined fat phobic story.

But the thing about pain is, pain is often an assessment, but it's based also on the inputs of our beliefs about our body, our beliefs about healing, and our beliefs about what is happening inside of our body. And fat people get told very negative and dangerous things about what's happening in our bodies without having any non-biased assessment.

One of the things that was happening for me recently was I had a flare of some pain and I moved back to New York from California and all of my health care access and kind of care systems are in California. And I realized like, oh, I feel so helpless. I don't know who to go to and who to trust. And that made my pain feel worse. When I was able to recognize that I was afraid of being mistreated by the medical institution, that also increases that kind of danger.

And one of the things we talk about in pain coaching and pain science is this relationship between fear and pain. So that oftentimes fear itself can be a trigger for pain. And there's lots of studies, like I was just sharing a study with somebody that there's like a fear scale and a catastrophizing scale. And so if people score high on like fear and catastrophizing, it predicts their pain intensity.

Jill: Oh, that's fascinating.

Deb: Independent of the physical assessment. So one of the things, this is why what we think and what we believe is so important for healing. And it's

hard to say that it, you know, then it starts to sound a little bit like, well it's all in your head, or it's your fault.

And I'm certainly not saying any of that. And I don't want anybody to believe that like this anti-fat bias is any fat person's fault. But it's hard to dig out from underneath it and think and access like kind of a weight neutral approach to having a body, especially when we're in pain and we're scared and needing help. It can be really hard.

Jill: So I want to roll it back a little bit to something you said a couple minutes ago. You said pain starts as an assessment. And the way I understand you to mean is that like your brain is taking electrical impulses experienced in the muscles or on the skin or in the organs or something like that, and processing that and then sending what it thinks is the appropriate signals. Is that what you're saying by assessment?

Deb: Yeah, and it happens so fast. So it's happening, you know, we're always processing sensory experience in our brain, constantly. Most of it goes below our awareness, which is great because we don't want to feel everything. Like we mostly don't feel our bodies digesting food. We mostly don't feel our blood moving throughout our bodies. We mostly don't feel the shirt on our back unless there's like a tag or some people who have heightened sensitivity will feel more things.

What we choose to pay attention to, there's like this dynamic process between our actual attention system that we have control over. Like, you know, if you ever had a bruise and you keep poking it and you're like, “Does this still hurt?” Right? It's like, it’s a bruise and then we're also looking at it and we're also poking it, right? We're bringing our brain’s attention intentionally to check in on this thing under the guise of like assessing our healing.

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That's a part of kind of how pain becomes perpetuated and learned, it's like what we're doing with our brain in our attention system. Pain is often like it's a message from the body or it's a signal to take action, it is some kind of information.

And so it's like if you put your hand on a hot stove, you get pain. It's a signal to move your hand before you have tissue damage, right? Oftentimes we move our hand quickly away from the stove before your skin has any damage to it, right? Or it has very minimal damage. So that seems like a really good feature of the body.

Now, we can turn it on and off. So if you're in danger, so say you like sprain your ankle but you're running from a bear, your body will give you less pain or no pain so you can keep running and escape this bear. And that's an acute injury. So it's like your brain's job is to keep you alive and if it feels like you need some kind of message of pain, it's not nefarious, it's just kind of the way that it works.

So the pain is a cue to pay attention. Like there's a great story that we talk about in pain science that there was this British man who was on a construction site and he jumped on a large nail and he was in incredible pain and agony. And he seen the nail going through his boot, they gave him pain medication, they rushed him to the hospital, like nothing touched it, the pain.

They took off his boot and there was no tissue damage whatsoever. The nail had gone through between his toes, did not break his skin at all. But his pain was very real because he saw a nail through his boot and his brain was like, “That hurts.”

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Phantom limb pain is similar, right? So it's like there's an assessment by the brain that there's pain in this limb, but the limb doesn't exist. The pain still exists. Brains are funny that way.

So I think it's like the first thing I always want people to know is that pain is complex and it doesn't just equal there's something wrong with your body. And I always just want to start there with folks. Some people hate that when it's not as simple as like doctors are like, let's just put an injection or let's just do this thing, but it doesn't make it any less true, I guess.

Jill: So basically the brain is taking all of the input it has, whether its sensory, visual, audio, like all of the input that it has and kind of making decisions the best that it can. And sometimes those decisions are, they kind of miss the mark, basically?

Deb: Yeah.

Jill: Because pain starts in the brain. So if your brain is telling you you feel pain based on the information that it has, then yeah, it's very real pain. That makes perfect, like the story about the guy with the nail in his show, I'm like, “Oh, I get it now.” Right? It's just like when somebody says, “Oh, it's all in your head,” I mean, I guess technically it is because that's where your brain is located, but it doesn't mean that you're imagining it is what I'm hearing.

Deb: No, it doesn't mean that you're imagining it. And that is a dismissive, I mean, people have used that idea as it being very dismissive. We all have experiences of pain that doesn't bother us, right? So it's like we trip or something, you have a little pain and you expect it to go away and then it goes away and we're not afraid. So it's like that fear cycle. Or we have

emotional pain, and we have it and we move through that emotion and then it's gone.

So the mind and body is complex and it's interrelated. And things that happen in our mind affect our bodies, right? So it's like when we're embarrassed, we blush, right? When we're angry, there's a reason why it's called our blood boils, right? Like we feel that from the inside out. When we're sad our eyes shoot water. There is a relationship between our mind and our body, pain is included in that.

Yeah, so in terms of running there's a lot to be said about, you know, making sure that you have good running form, and you feel warmed up, and like you feel relaxed, I think, is a big part of keeping the mind calm. But also, so it's like really like, but what does it mean? Like noticing what's happening when you feel something that is uncomfortable, right? When you feel something that is unexpected, like outside of you fell down, or you tripped, or you fell in a hole, or something like that.

You know, those little tweaks and twinges and moments that come by. The best thing to do is just start to notice, what is my brain saying right now? Is it freaking out? Is it saying, “Oh no, I won't be able to do this race”? What is the approach to training? What does running even mean to you, right?

And so it can get spicy and interesting. But also it can be this really like incredible process for getting to know yourself better and creating an internal conversation of like self-friendship. That's how I really viewed that conversation that I had with my knee.

My knee had a lot of things it wanted me to know, so it wasn't just about like getting my knee to feel better. It was about changing my relationship

with the way that I was moving. But also the way that I was assessing the sensory experiences that I was having.

Jill: Can you say a little bit more about that? So like for folks that are like, “Okay, yeah, so my knee hurts when I run. How do I change my relationship with my knee?” I think we'd love to know a little bit more of how that process worked for you.

Deb: Totally. So there's a skill that we teach in mind-body work, whether you're working with a pain reprocessing therapist or a coach. And there's a tool called somatic tracking. And since your listeners also probably know the model and know thought work from you, it’s very much like how we process an emotion in doing thought work.

So it's creating the ability to self-witness without judgment and notice what the sensations are, what the feelings are, what the experiences are of something without triggering a nervous system response. So it would be while you're running you can just pay attention to what's happening. And kind of what I said was just like also pay attention to the thoughts that are arising.

And then the idea is we want to reinforce the idea that your system is safe, that your body is safe, that this movement is safe. Sometimes what I do when I feel pain is like, yeah, maybe I'll slow my gait, right? If I'm walking, I'm not a runner. But if I'm walking and I start to feel pain, the way I've interpreted it in my own body is, and sometimes is my body being like, “Oh my god, we're really nervous you're going to hurt yourself.” Right?

It's like my body being like, “Okay, you just scared us, you're moving too fast.” Like something. And I'm like, “Okay.” Right? So there's this kind of anxious voice inside of me that's afraid of pain. And it's like, it gets

triggered. It doesn't really, it just sometimes happens. I'll slow down, I'll talk to my body and I'll be like, “You are fine, this walking is safe.” And I'll just walk through it.

And I'll walk through the sensations and I'll start to pay attention to them like, “Oh, that’s so interesting. Oh, you're like, you're creating this sensation, Oh, it feels like this.” And the whole time, sometimes I'll even sing to myself. I'll start making like little songs that go with a gait so that I can walk with a rhythm. And then the internal, like my whole body gets on this rhythm and I can just feel my nervous system calming.

And then sometimes I record them and put them up on Instagram. And I’m like, “Oh, I’m that very strange person who sings to their feet as they walk.”

Jill: I love that.

Deb: But yeah, so it's this idea of like I use a rhythm, I use a tool that I call the somatic smile, which is taking this felt sense of a smile and putting it, like imagining in that body part that's feeling pain, the smile.

Jill: Yeah.

Deb: And so really just the idea is creating this connection to a sense of peace and to a sense of safety. And that like your body is strong, and that this sensation is temporary. So it kind of depends.

And then also, sometimes it's an invitation to see like what else in your life is stressing you out, right? What are you afraid of? What are you not dealing with? You know, there can be like time or place conditioned responses that our brain makes because our brain is a predictive organ. So

the idea that our brain is ahead of us in creating the experience that we live out because that is a metabolically conservative process for our brain.

Our brain can't actually process all the sensory input that it gets in real time. We would never, we couldn't possibly like eat enough to have our brain have enough calories, like having the power to do that. So the brain is usually just like, “Okay, well, this is what we're expecting.” Right? It's like, “This is what we're expecting to happen.”

And so what we want to do is create these prediction updates. And so oftentimes the brain is like, “Yeah, yeah, yeah, we always have pain at this time.” Unless you update the brain to be like, “No, this is not the experience that we're going to have at this time,” then the brain is just going to give it to you.

Jill: It’s like running on old software.

Deb: Yeah, it's running old software, it's running on autopilot. And that's just like, that's just how brains work. It's just like, sometimes I give the analogy of like learning to drive a car, right?

So when we learn to drive a car we have a lot of attention going on with all of the things that we have to know, right? Looking in the right mirrors, which foot does which thing? Like, where are we going? All of the places you have to pay attention to. After a while you can totally just drive your car, put on makeup, eat breakfast, and sometimes you get to your destination and you don't even know how you got there. Like you remember getting in the car, but you kind of don't remember anything else.

And that's how the brain learns things. And so sometimes pain gets just part of that process. Brain is like, okay, I've learned pain, here we go. And

there's this recent study in the boulder back pain study, they showed in FMRIs pain, when it was acute was in one section of the brain, and when it was chronic it is in the sections of the brain that are associated with learning. So we just understand that like the brain can learn pain. But the good news is it can also unlearn pain.

And I loved your story about your, was it your ankle? What were you saying about Nancy when you were like told that there's nothing wrong?

Jill: Oh, So we moved into, Nancy is my trainer for anybody who's listening. We had moved into this new house in Philadelphia and it's one of those really old, you know, super tall skinny row homes. And so the stairs, there's a lot more stairs, there's like four stairways and all the stairs are like really steep and narrow.

And so the first few weeks I was going up downstairs a lot, and I lived on a third floor walkup before but they were wide shallow steps and like super easy to navigate. And so I was starting to feel a lot of pain in one of my knees, kind of on the inside of my knee in a new place that I'd never felt pain before.

And so I immediately talked to my trainer, this is what's going on. And we decided it probably was the fact that I had this new movement pattern in my life that was creating it. I was also like getting some pain in one of my hips as well and we thought it was probably like me adjusting for the knee pain was kind of fucking up the hip, or vice versa.

Anyway, she started giving me some things to do to kind of calm my body down a little bit and realign things. And I think at one point I'm just like, I've sort of relegated it to like ancient history because the pain is not there anymore so I've completely forgotten it.

But she was kind of like talking to me about some of the, like you said, some of the pain is predictive. And so you're expecting to feel it and so of course you do. And it's not even like, you know, I would take a couple steps up the stairs and it'd be fine, and then the pain would set in because it was like my brain was like, “Oh, we're going upstairs, this is when we feel pain.”

And once I was sort of able to be like, say a couple different things to myself. One is just like, “Yes, you've got pain in your knee right now. It doesn't mean that your knees are broken, it doesn't mean that there's anything wrong, you'll adapt to it, you'll figure it out.”

And I think like when I was able to start telling myself that story, one day I was like, like I think I'd gone a few days without pain and not even realized it because I had stopped expecting it. And then when I stopped expecting it, it went away.

So I've definitely experienced this in my life. Although I do, I kind of have a question for you about like when do we make the decision of okay, this is learned pain? Because for me the going up and down the stairs, 100% learned pain because it's completely gone now. And you'd think that if I was like, if I was going to mess up my knees it would have been from all the miles of running that I do, right.

Deb: Right? Totally.

Jill: So it's like, maybe it's actually okay to run when you're fat. And it's just like don't move into a house with like four stories of stairs.

Deb: Yeah, really. That's the advice for fat people, don't move into houses that have four flights of stairs. But running is great.

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Jill: Running is great. But I am curious because at this point I've evolved in my mind to I know the difference between like, “Oh shit, you better get that checked out. Like you might have a stress fracture happening.” And, “Oh, all right, you've got a little bit of pain in this joint or that joint, maybe have a conversation with your physical therapist.” And then the third option, which is, “Is that actual pain? Or is that just your brain saying you don't want to run anymore or you don't want to do this activity?”

But where do you, like along that spectrum where do you say, “Okay, I'm just gonna have a conversation with my knee” versus I should go and see if I have IT band syndrome, or patellar tendinitis or something like that? So like where's the point between the conversation you have with your body and, oh shit, I might actually have an injury that I need to address?

Deb: Yeah, so one of the things that we, we always talk about ruling out things. So it's like but we want to rule out big things, right? So we want to rule out fractures, we want to rule out tumors, we want to rule out the big things, right? So that means go to the doctor.

Jill: Yeah.

Deb: But when they come back and there's nothing conclusive, then, you know, and one of the things is with neuroplastic pain it's often, it's like inconsistent and it's triggered. So it comes and goes, it's not always the same pain, or it comes on different times, or like you notice you have it during the week but you don't during the weekend. You know, there's lots of different ways to pay attention to the pain.

So yeah, we want to rule out a stress fracture. We want to rule out some kind of functional problem, like structural problem. And it doesn't mean that

like your running or the activity that you're doing doesn't need some kind of modulation in that moment.

Like we don't, I'm sure you don't tell your runners this, but like they don't run the same race or they run the same every single day, right? Our bodies are are different every day. And so while we're training to increase mileage and to do all these things, we also just can notice that our body feels different every day and kind of learn from that.

So like I was having foot pain and I'm training to do a weeklong hike in Iceland. And one thing I think I know about myself now is I think I'm allergic to training. So now I'm trying to change my mindset around this idea of training because I think I just have this like very all or nothing approach to training, which is very filled with intensity and a lot of demand. And my body is just like, “Yeah, we don't really like to move that way.”

So I got foot pain, like after three days of my training. No matter how relaxed I was trying to be, it was kind of a ruse. I was like, I'm relaxed, but not really because I'm going to train really hard for this hike. And then I started getting foot pain. And I was like, okay, well, I need to make sure and find out that there's not a fracture in here, that there's not an injury.

And I went and I got an x-ray and it was normal. I started working on, you know, really recognizing, oh, I'm kind of very high stakes. I'm making this movement that I'm doing very like all or nothing. I am not being, there's no gentleness here. And that's just something that I recognize about myself. And so my focus was on it and I was catastrophizing a lot.

And so my advice is get things checked out, absolutely. And also recognize that your brain can be amplifying the sensations of something that isn't a problem, or that can heal, or that is like, you know, if you do have that ankle

injury from a decade ago, there's so much kind of compensation and beliefs. We don't have to unwind everything. The goal is really to just create movement and teach your brain that this movement is safe.

So it's not like we have to go back 10 years ago and be like, okay, my ankle healed. But really just be like, now I believe that I can walk on this ankle. And creating the proof evidence for your brain to believe that. So that might mean changing up your training. That might also mean doing PT.

But also not listening to like how, some PTs are great in terms of building up your belief that your body is strong and capable. And some PTs are, you know, or just people who tend to people's bodies can get really fiddly on all the like, well, you know, this is out of alignment, and this muscle is doing this, and these muscles aren't firing. And all of a sudden, we go from like, oh, I'm trying to feel better to feeling like, oh my god, there's nothing in my body that's working right.

And so the messages, in this work we talk about DIMS and SIMS. And DIMs is danger in me, and SIMs is safety in me. It’s really just this beautiful acronym that we can take with us for any kind of treatment. Is this creating a sense of safety in my body? Or is this creating a sense of danger?

It’s like I went and got an x-ray and they're like, your neck curve is reversed, or something. And then I brought it to a practitioner that I really trusted and she's like, you know, there's a lot of variation in curves. There is so much proof that imagery, like MRIs and x-rays are not an indicator for pain and dysfunction.

There's a concept called wrinkles on the inside, so it's like they did a big study of like 3,000 people who were asymptomatic, who had no pain, and

took MRIs of their back. And like 80% of people over 50 had disc degeneration.

And so when you go and you get, you're like you have pain, you go to the doctor, you have back pain, or you have some kind of pain and they take imaging and then they point to it and they tell you this is why you hurt. But I guarantee you there are lots of people who have the same images, who don't feel pain.

Jill: I've had x-rays and MRIs of my knees because about 10 years ago I was having a lot of knee pain. And I have both of my meniscus, menisci have little rips and tears in them. And one of them, my orthopedic surgeon was like, “Oh, we should probably fix that.” And I'm like, “Stay the fuck away from my knees.”

And I have arthritis in my knees and my hips, in some places in my knees it's bone on bone. And I don't have pain because, you know, I've gone to a lot of physical therapy, I've definitely done the structural work. But I've also just decided that being a fat runner doesn't mean that I have to have knee pain.

And I really think deciding that has created, and it's not that like I don't occasionally feel a twinge here and there, but when I feel a twinge, I don't make it mean something's wrong with my knees. I'm just like, oh, I probably stepped funny. That's what I decide. And then it is amazing.

And so when people are just like, “Oh, I have a torn meniscus,” I'm like, well, you know, like, depends on the seriousness of the tear, but I have two torn meniscuses and I’m just fine. Now, I know not everybody's like that, but I feel like there's probably, like if somebody else saw my x-rays, they

will be like, “What? Why is she running? This is a terrible idea.” And I just don't think it is.

Deb: Yes. I love that you're living proof of this concept. I have a podcast that I called Decide That You're Okay. And because our perception and assessment of things, like our brain and our nervous system are operating underneath, under our conscious level, right? It's just assessing threat and danger all the time. It's working hard to keep us safe, that is it’s job, to keep us safe, right?

Jill: Yeah.

Deb: And, and then we, our self, like the person that we are, which is the we still has our brain and nervous system. But we have to be the ones with intention to be the one to update that prediction, that assessment of threat and danger. And so sometimes we, you know, we use all these different tools to assess danger, but so many of them are inherently biased against fat bodies moving.

Like it comes with this whole litany of doom predictions. And that's just like, that gets into our subconscious. So at the very least, when I say like when we're feeling something, notice what your thoughts are. We have to kind of open up our subconscious and bring out these thoughts like a little buffet, and be like, what do I believe right now?

And one of the things that helps me, one, I talk about pain all the time. I’ve studied this stuff, so it's very helpful. I mean, even then I’ll like fall into Dr. Google and have to like crawl my way out. But just that experience that I had.

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So what we always want to do is find evidence, right? So the evidence for not pain. The evidence for when your pain is there, but then it shifts. The evidence for like that walk that I took. That was so transformative to have pain change so radically overnight. It was like, wow, that just threw my whole belief system of what I was taught about pain out the window. And if I was a doctor, that would change my practice.

And it did change my, it changed my massage practice. It taught me a lot of things about how to talk to my clients about what was going on with their bodies. And like I moved completely away from looking into fixing, and really working on helping people recognize when they don't feel pain and building this sense of safety and strength, and like finding the non-dysfunction that they're having.

And it doesn't mean that then you don't want to get help and do strength work and all of these things. Because pain is some kind of communication from the body. So it might just be like, hey, you're trying to do something that we're not really ready for, right?

It might just be like, we're not actually strong enough. You want us to do this stuff, but maybe our tendons, or our connective tissue is kind of like it's not warmed up enough. Because muscles and connective tissue, they get stronger at different times, right? muscles can grow really fast, connective tissue not so fast.

Jill: Yeah,

Deb: So it's like there could be a part of the body that's like, it's giving you pain to protect you from overloading.

Jill: Yeah, from becoming an injury.

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Deb: Yeah, so it's protecting you from having an injury, but we think the pain is from an injury, right? So it's just always communication telling us that there's something that it wants us to pay attention to.

Sometimes I just get pain when I'm having a strong feeling. And it's just like, my body is just like, “I just want you to pay attention to me and just let me know I'm okay.” And I'm like, you’re okay, body, you're doing great. And I pat myself on the head and it's like, okay, cool thanks. And then like just whatever that feeling was, it goes away.

Jill: So I want to like come back to something you just said because I want to make sure we don't lose it. And that’s sometimes pain is an actual injury, pain is an indication of an actual injury. And sometimes it is your body saying, “Hey, we're not quite ready for that. And if you move forward, there might be an injury,” right?

Deb: Yeah.

Jill: So I think that I want to make sure that people aren't hearing, oh, just talk to your body and the pain will go away. I know that's not what you're saying, but I want to make sure people are understanding that, like you said, pain is definitely a communication of some type that is worth paying attention to.

Deb: Yes.

Jill: But it's like paying attention to when it comes, like if it comes and goes, or when it shows up and what's going on in your brain and other things that are going on in your body, that it's a really, really complex system. But I think when we, most of us are trained that when you feel a sensation that is not pleasure, right? That it's immediately like, oh my God, something

terrible is wrong. And most of the time that's probably not it. That's kind of what I'm hearing from you.

Deb: Yeah. And I think what I'm saying is like that, oh my god feeling, that is a stress response, right?

Jill: Yes.

Deb: What we want to do is not every single time we you feel something unpleasant, train the brain to be like, “Oh my God, something scary is happening,” right? We just want to be like, “Oh, here's something that I can notice.” And then when you start to have a strong internal conversation, like sometimes you can notice patterns. And that's one thing we do, which is paying attention to when the pain comes on, what else is going on in your world? What activity are you doing?

And it's not about pushing through either, and just like doing stuff and ignoring pain, right? Because then also, oftentimes then pain gets louder, right? If your body is trying to get you to pay attention and you're not paying attention, then it's just like, how's it going to get your attention? Well, it's going to get really loud.

Jill: Yeah.

Deb: It's going to start screaming. And sometimes over time, like we have times in our life, like when we're under a lot of stress, our whole system can become sensitized. So another thing that we can think about is like, what are the ways that you're taking care of you so that that lowers that whole body stress response? So are you getting enough sleep? You know, thinking about recovery during movement.

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This week I've had multiple conversations with people who have like delayed onset muscle soreness, but that really lasts for days. And I was like, okay, so there's an inflammatory process that's happening in your body. And some of that is, you know, we can think about perception and anticipation.

But also, bodies are just doing stuff. They're responding to things. So if there's like, a lot, you know, there's some process being triggered, maybe it means take a break. Are you having enough rest time? Is your active recovery time, actually recovery time or are you just kind of pushing through and keeping doing more and more? Are you eating enough, right?

So it's like bodies are complex and we don't come with owner's manuals. And the ones that we get, especially the ones that are informed by like capitalism and diet culture and patriarchy, they kind of suck, right?

Jill: Yes.

Deb: Where it’s like push harder, do more, you know, all of those terrible fitness messages about like pushing through pain. Bodies don't really work like that.

Jill: Yep, agreed. Agreed. And I think, yeah, I mean, I just know for runners, when you don't listen to your body, your body takes you down. It takes you out. It's like, all right, you're not listening to me, here's what I'm going to do with it. Here's what I'm going to do about it. And now you're in a boot and you're not going to do your race. That’s literally what your body will do for sure.

Deb: And I think what happens is, you know, especially for fat people or anybody who's been told they're not a runner, like when we think of a

runner is, you know, I've heard you say like a runner is fast, or a runner is always running and not just walking, right?

There's a lot of like feeling really secure in who we are, the movement we're choosing to do, leaning into the pleasure and the joy of the activity. And even in the rebellion of like this is what a runner's body looks like and this is the pace that this runner's body goes at. And it's all valid.

Jill: I love that.

Deb: But being our own authority is really important in that. And it can be hard when we don't have role models. And also, when we have this kind of, you know, sometimes we have our own internal pressure forces because we think what we're doing right now is not acceptable. And so it would be better if I could run more, or faster, or longer. And I think there is a piece, it's like you can get to those places later. But you'll get there faster if you're also enjoying where you are now.

Jill: Yeah. Yeah, agreed. I think if you're in a rush to get to those places, that's when injuries happen and that's when the pain starts to speak to you for sure.

Deb: Yeah, absolutely.

Jill: So this has been an amazing conversation and I'm hoping that everybody has taken at least one or two nuggets away. I definitely, definitely have. Is there anything that you want people to know before we close out that we haven't covered yet?

Deb: I think like just fear, I think, is the is one of the biggest things to attend to. And that can be, it doesn't even just have to be about fear in your own

personal body. But like learning to dial down fear, to regulate your nervous system, to connect with a sense of calm. I think that's like one of the most important things.

And that actually, I don't want to say pain is a gift, because that's very cliche and annoying and pain absolutely sucks and, of course, we don't want to have it. But if you have it, and it's an experience of yours, it can teach you a lot about yourself. It can teach you a lot about what's important. And it can teach you a lot about what you believe about yourself and really lead you on a path of discovery in the process of finding kind of no pain.

And also here's the other thing, all human beings feel pain, we all feel stuff. Feeling pain is a normal, natural human process, it's important. There are people who genetically like don't feel pain, and they don't live very long. So pain is an important adaptive process and it's what we want to do, is to not experience chronic pain.

Jill: And also thin people feel pain too. So pain is not something that fat people are being punished with because they're fat.

Deb: Yes, thank you. Thank you, thank you. Absolutely, 150,000,000%. And sometimes thin people feel pain because they're trying really hard to not be fat, right? And so they're torturing themselves by just buying into this idea, this thin ideal, that thin bodies are somehow better or more superior, or that they actually have less injury and have less pain. And that idea can be a cause of pain in and of itself.

Jill: Yep, skinny runners get injured just as much as fat runners because that's how bodies work. So okay, so how can people find you to follow you, to work with you, to learn more about you? Tell us all the places.

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Deb: Okay. I am on Instagram, @movewithdeb. And that's also my website, movewithdeb.com. And I have a podcast, it's also called Move With Deb The Podcast. You can see a theme. And so there I talk about the intersections of body size and stigma and pain science, and I tell a lot of my stories.

And then I work with clients one on one. And right now I have like a 12 week pain recovery program. And so I do a lot of pain neuroscience education. And then we kind of work on like, because everybody's pain and every human's experience is different so then we just kind of work on like what their individual problem is and help work on rewiring your brain and nervous system so that they can do what they want.

Jill: I love it. I love it. All right, seriously, if you are a runner and you have knees, and hips, and ankles, and a spine, go follow Deb because you are going to need what she teaches at some point. So thank you so much, Deb, for joining me today. This was an amazing conversation.

Deb: Thank you, Jill, it was great to talk to you. Thank you so much. And thank you for everything that you do. You're an incredible resource to be out there. So thank you so much.

Jill: Thank you.

Hey, real quick before you go, if you enjoyed listening to this episode you have got to check out Up And Running. It's my 30 day online program that will teach you exactly how to start running, stick with it, and become the runner you have always wanted to be. Head on over to notyouraveragerunner.com/upandrunning to join. I would love to be a part of your journey.