



## Laura Steckler

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Serge Prengel, LMHC is the editor the *Relational Implicit* project (<http://relationalimplicit.com>).

*The following is a transcript of the original audio. Please note that this conversation was meant to be a spontaneous exchange. For better or worse, the transcript retains the unedited quality of the conversation.*

*Serge Prengel: You work a lot in the field of chronic pain, now, in England?*

Laura Steckler: In Scotland, yes.

*S P: In Scotland. And what you are willing to do today is actually to talk about it within the context of your own experience with back pain.*

L S: Right.

*S P: So, do you want to maybe say how this happened? How you experienced it, what happened to you...*

L S: Sure. Well, this was a long time ago, I was in my, I guess in my late twenties, and I started having very sharp pain in my hip...and didn't know what it was, and I thought there was something wrong with my hip, and it turned out to be what's called "sciatic pain," which is referred pain, basically, from the spine. And they sent me for some x-rays, and I was shocked, actually, that I had all these things wrong with my spine. And that's how it started, and I was told I had some congenital defects in my spine, I had something that's called "spondylosis" which is sort of like, it's like the vertebra is fractured, but you're probably born that way, and it creates excessive movement in the spinal column, and so it wears away at the disc above it and creates a lot of inflammation of the nerve, the sciatic nerve, which is a very long nerve that goes from your back, down your leg, into your foot.

*S P: So the context is that, you're a dancer, you're doing a lot of things with your body, moving, you're experiencing pain, and as you're experiencing pain and you see doctors, there is an addition; the dimension of fear, of maybe there's something terribly wrong with you.*

L S: Yeah, and they kind of promoted that fear, I think because maybe they thought I wouldn't comply with them and so they would say things, one guy said to me, "Don't ever arch your back," he said, "don't ever lie on your stomach, and don't ever arch your back." And I tried to explain to him that when, in dance, we arch our backs we really do it very carefully and we lift our abdominal muscles and we extend the spine and everything and he said, "Look, just don't arch your back. Just

don't do it." And so for years I was afraid to arch my back and he said "If you don't comply with what I tell you I'm going to put you in the hospital in traction." So in a way that was the beginning of a lot of fear avoidance. And it is very scary. It is very scary when you get this pain and it's really strange and it's--and when it got really bad it would go down into my foot and my foot would get really numb and it was extremely painful, I could hardly walk, and it is very scary.

*S P: So what you're talking about is that in addition to the pain itself you have something that's fear avoidance--where something else comes up in addition to what you had before.*

L S: Yes. Well, I mean the guy, he also told me that my vertebra could slip and I could become paralyzed, so of course I was terrified of that and I thought, well if I can't arch my back and I can't lay on my stomach or I'm going to become paralyzed, it's this kind of—I mean you start to limit your range of motion, yes.

*S P: So, in other words, what is happening is that in addition to the pain itself, the process of finding a cure through the medical world as it was, actually made things worse by creating this intense pressure and fear.*

L S: Yes, I think so, I think it really did. I think so.

*S P: So what happened? What did you do to deal with the pain?*

L S: Well, I did a lot of different things, actually. I'm trying to remember what I did first, but over the years I tried a lot of things, I did a lot of Alexander technique work, and a lot of bodywork, which I did a lot of during my training with Ilana Rubinfeld, and that was really helpful. I think I might have mentioned earlier that I spent a lot of time lying on the ground, just trying to release the muscles, and I worked a lot on my body alignment. As a dancer you're aware that the way you hold yourself, your posture and things, is really important and I knew that there would be certain ways that I might hold my pelvis that might exacerbate the problem and other ways that might make it better but I did tend to overdo it a bit. So I would, in an avoidance of trying to--in trying to avoid arching my back, I think I may have actually brought my pelvis a little bit too far forward. So, over the years I was trying to find a right place for my pelvis, the right alignment for my pelvis.

*S P: So I want to say what I'm hearing is as somebody who was trained as a dancer you had probably more awareness of your body than many people, as you were experiencing pain you tried a lot of different things, looked for help in different areas, and tried different ways to change the alignment that you had. But what I'm hearing also is that while you were doing that there's a sense of you going through this process fairly alone, there was no guiding.*

L S: Yes. Well I did feel quite alone through a lot of the time and it was a scary time and a lot of my friends were dancers and I think a lot of them didn't know what to make of it, they didn't really understand what was going on and I became quite depressed actually for a period of time when I had to stop dancing because I was just—I couldn't do it, I was in too much pain. I did find, after a number of years actually, a doctor and a physiotherapist--you call them physical therapists over there--that helped me. I knew that strength was going to be important, and, although I tried, I think I had tried one round of physiotherapy that wasn't particularly helpful, but then the second time I found another physiotherapist who was really helpful and I developed a huge amount of strength in

my core muscles. And I've maintained that and that has been one of the most helpful things that I've found. Because I really need that stability, and it's allowed me to do so much more.

*S P: So one very positive approach you had to deal with it was developed strength, where it was helpful.*

L S: I can't remember exactly what the first physiotherapist had done but the second time around it was really helpful, though it does take a long time and I have to say that it requires a big commitment. And I think one of the things (this is an aside), is that a lot of times people want a quick fix, they want to be cured, and they don't believe that they can do these things for themselves, and they also don't want to have to cut back and stop what they're doing and start over, in a way, because that's what I had to do, it's almost like learning how to walk again.

*S P: So I get the sense as you're talking about it that what your experience of it has been is re-negotiating your relationship with your body.*

L S: That's right. I think that's a very good way of putting it.

*S P: So what are the ways in which you have learned to use your body in new ways?*

L S: Well, in addition to just you know, getting, doing a lot of core strength, which changes your body alignment anyway when you do that, when you really get a lot of core strength, doing a lot of \_\_\_\_\_ work where you're doing very tiny movements and finding the easiest pathway for that movement to happen, sort of retrains your body and it makes you really listen in to your body. I remember doing what is very common among body psychotherapists; a body scan. And I became aware that I had very little sensation, very little sensory awareness in my lower back and then, a lot of--anytime I would try to move that area or even if anybody were to touch me there I had a lot of fear.

*S P: Wow!*

L S: Yes, a lot of fear. I couldn't even get a massage, I mean I was just too afraid. So...eventually, now I'm very much into getting a massage but I think I had to first just allow myself to sense that area and sense it in stillness and also sense it in movement and do it in very tiny ways, very tiny ways. And that's partly how I—how I integrated that part of my body into the rest of my body.

*S P: Yes.*

L S: Yes, and when I was doing that kind of thing, that was in the midst of my training with Ilana and I do remember some emotional stuff coming up around that as I listened in, and in Rubenfeld work you do a lot of dialoguing with your body. And that was quite helpful as well, to really hear what that that part of my body had to say to me.

*S P: Yes. So are you comfortable sharing some of what that part of your body had to say emotionally to you?*

L S: Yes, I remember one session I had during my training when I was listening to my body and what it was saying to me was, "I'm sensitive." And I really see the body as like a hologram. And when we

go really deeply inside ourselves I think we can connect to these kind of--it's almost like a holographic pattern that you can connect in and it's got an emotional meaning. It's got a literal physiological meaning and my sciatic nerve is and was, particularly was, sensitive. And I needed to find quite a delicate balance in order to not irritate that nerve. But also, I think like most of us who go into the healing arts, we are sensitive people. And there's a lot of stuff I think about that for me, which I won't go into in a lot of detail about it, some of it connected to my relationship with my mother and what was going on, even during, probably during her pregnancy with me, so...there were a lot of ramifications and permutations of that very simple--seemingly very simple--very tiny phrase, "I'm sensitive." I also had to get past...in doing that kind of dialogue, I think in order to really have that be effective you've got to really, literally be listening to what the body says and not what you think it ought to be saying and I think it's very easy for us to say what we think the body is saying.

*S P: Yes, that you really listen to what the body says as opposed to what you think it...*

L S: Yes, without expecting it to say something. I think I had a lot of expectations about what it should be saying. But listening to it on a really deep sensory level is how I got to that.

*S P: So really that safety, that space that was made for you to listen to it at a very, very deep level and to discover this apparently very simple thing but very deep, very profound, that "I'm sensitive" and starting with the sciatic nerve and the lower back were really very, very sensitive areas...so sensitive that you couldn't even really tolerate a massage in that area.*

L S: No, I didn't feel safe enough to have anybody even touch me. And I think one of the things that happens when you have a lot of pain and you develop a lot of fear is that you disconnect from that area, and I had done that, I had disconnected from that area. And reconnecting with it was very important.

*S P: So what you're talking about is that since what we often describe as pain, just pain, just physical, how deeply it's connected with emotional things and how much fear and safety are part of the experience of pain.*

L S: Fear and safety are part of the experience of pain?

*S P: Fear or lack of safety.*

L S: Oh, lack of safety. Yes. I think that's true. Fear is part of the experience of pain, it is just intrinsically interwoven in it. Partly because the neuropathways are the same. And of course we need pain to be scary because normally it's a warning signal, and so if we didn't—if we don't have that, we're in deep shit, we're in a lot of trouble because people who don't have the ability to feel pain can really injure themselves. So it is part and parcel of the whole experience of pain.

*S P: Yes. So that the same circuits, the same pathways are used to transmit pain and emotion...*

L S: Yes. Particularly anxiety, fear, yes.

*S P: So there's something in which at that level the mechanism is faulty or it's not calibrated.*

L S: Well, it can become that way. I think when you're talking about an acute pain situation, then it's healthy and very important to feel that fear. But when you've got a chronic pain situation, then it becomes dis-regulated and the affect is no longer so useful. And as it gets worse there are changes that happen in the nervous system that make the pain threshold lower, so you're feeling pain more readily, and then—this actually happens in the spinal cord—the spinal cord actually boosts the signal to the brain that says “There's more, look out, watch out”...they call that “wind-up.” So in a chronic pain situation, there is this lack of calibration—I don't know if I would use calibration but sometimes I think about it as like a car alarm that's set very delicately and very low and all you have to do is stick your head near the window and it's going to set the alarm off.

*S P: Ok, so that--the threshold is very low.*

L S: Yes, yes.

*S P: So does it mean that in the case of chronic pain in a way, it's the signal that is defective and the reason for the pain is less, or is it a question of getting accustomed to that level of pain?*

L S: Well, it's both, probably. Do you mean in terms of helping, what helps it?

*S P: Yes, I'm just using the analogy of the threshold set very low.*

L S: Yes, you can raise your pain threshold. We have a plastic nervous system; we can retrain our nervous systems so that alarm doesn't go off quite so easily and it doesn't boost the signals, the signals don't get boosted so much. I think it does help to remind ourselves that when we're feeling pain that actually it's not harmful to us.

*S P: And that is something that doesn't just happen cognitively?*

L S: No, it doesn't just happen cognitively. It actually happens psycho physiologically, it happens in the nervous system in the parts of the brain that are registering pain happening in the spinal cord.

*S P: And when you were describing your experience, that slow pacing, that seems to have been a very important part of the process.*

L S: Yes, I had to gradually build up things. And you do have to have a lot of patience to do that. I had to just walk for five minutes, just walk for five minutes and stop. Things like that. Now I can walk indefinitely but it took a long time and I couldn't—I didn't used to be able to walk on uneven surfaces for a long time and now I can do that but yes, now I'm dancing again, I can bend forward again, but again it's all, you have to do it gradually and you really need a commitment...to your body and to whatever it is that you're wanting to work towards.

*S P: Do you still consider yourself somebody who is prone to back pain and has to constantly work at it or is this something that's a thing of the past?*

L S: I consider myself someone who does have to work at it, yes, I do, but working at it, it doesn't bother me to do that. Now I know that if I don't do certain kind of exercise I will have pain, and I still do get pain, but it doesn't get in my way so much, if you know what I mean. I feel very fortunate and I think one of the things about this is it helped me really appreciate the ability to move and to

walk and to run and things that I couldn't do for a long time. But I do have to keep these things up. Because I know I'm prone, because I know I have this thing. Now, I know some people who have back problems may not have the kind of thing that I have which is a congenital defect in my spine and I have virtually no disc between L4 and L5. We all have a little bit of degeneration as we get older and a lot of people who have back pain will just have a little bit of degeneration and they won't have as many actual problems with their spine as I do, so they may not have to work as much as I do, as I've had to...still, I think when you've got a back problem, it is a big commitment.

*S P: Yes.*

L S: I felt like I segued off there somewhere. Anyway...

*S P: No, I was asking you if you still consider yourself somebody who's prone to back pain.*

L S: Well, I am prone, because I've got that problem, but what's happened over the years is that my flare ups, times when I'm really bad, are much less frequent, and they don't scare me so much. I'm not so frightened by them.

*S P: So part of the process is, of course, what you've done and renegotiating your relationship with your body, but also changing your expectation of what it was. And a big part of it seems to also have being able to get a handle on the fear that was associated with it.*

L S: Yes. And I think as you come to realize that when it gets bad it's not going to last forever and I think that does help you overcome that fear as well. Because I think the fear is, "it's just going to be like this forever and I won't be able to walk," or whatever.

*S P: So in contrast this is something that you know you can do something about, so you're not just helpless in the face of it.*

L S: That's right, that's right. But I think there's also an emotional censoring that's happened for me. It's hard to explain but maybe it's realizing that I don't have to panic about [the pain], which is slightly different. I think there's just a little bit of a grounding and a censoring that's happened for me.

*S P: That you can feel the pain but not have to panic about its existence.*

L S: Yes.

*S P: So I want to ask you, as you have experienced this both as being right in the middle of the experience and also as somebody who has a grounding in psychology and body psychotherapy, what has your experience of the pain and of being a patient brought to your practice, as a therapist dealing with pain and back pain?*

L S: Well, the people who I see at the pain clinic are really appreciative of the fact that I've been through what they've been through, you know, they know that I'm not just talking out of theory but from my own experience, and I know their frustration and I know the fear that they go through. So I think that helps me be able to have some credibility for one, and I believe in what I'm telling them when I say, "Look, you can change your nervous system, and you can change your body" and so that

I have confidence when I say that to them. I also really enjoy helping people develop a relationship with their bodies. Maybe partly because it's been so helpful to me, and we have a group program where we work with people who have chronic pain, and just teaching them an easier way to roll over, or to get out of a chair without straining themselves and just encouraging them to listen to their bodies is very rewarding. I find it really rewarding.

*S P: So to maybe widen the scope a little bit, what would you say about your perceptions of the relationships between mind and body?*

L S: Well, I think they're one and the same, and a lot of times what I find in working with people who have pain is that they will have had some undisclosed kind of trauma or something that they've never really talked about, or not really explored in any depth. And when they've been able to do that, it's not that their pain just automatically goes away, but I think it becomes much more tolerable and much more manageable, and then they're able to put some of these other kinds of things into practice. A lot of what is helpful are things like not only just reconnecting with the body but also doing a lot of deep relaxation and meditation and things that can help release endorphins into the system and help calm the nervous system down. And when the nervous system is on high alert because of trauma, because of a lot of stress and stuff like that, it's also very difficult to cope with pain and to put into practice the kind of things that will help people with pain.

*S P: So what I'm hearing is that, it's not a question of finding a simplistic relationship in saying the body influences the mind or the mind influences the body, but the pain is a symptom, and it invites you to pay attention to those painful or dissociated areas in the body and at the same time the emotional areas that are more difficult to deal with.*

L S: Yes, the emotional things that are also maybe dissociated in some way, or are disconnected or have been sort of shoved down for many years, things like that. It's sort of one of these both/and situations where body influences mind, mind influences body but maybe it's got some kind of spiraling relationship or circular relationship but it's definitely not linear. I don't think it's linear.

 *This conversation was transcribed by Margaret Moore.*

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