



# INTERVIEW TRANSCRIPT

DISCUSSIONS WITH WORLD-LEADING EXPERTS

## Mind Your Body: The Role of Emotions in Chronic Pain

Nicole Sachs, LCSW

Author & Podcast Host | Clinical Psychotherapist

*The Cure for Chronic Pain* | Your BreakAwake

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**Introduction (00:05):** Mind-body medicine, and Nicole Sachs' work in it, is based on the concepts of stored trauma and repressed emotions, and their impact on physical health. Nicole is a clinical psychotherapist, podcaster, speaker, and the author of *Mind Your Body*. She posits that dysregulation of the nervous system is at the center of medical conditions often deemed incurable and has experienced and seen remarkable success through methods focused on reversing it. Nicole, welcome to the Migraine World Summit.

**Nicole Sachs (00:34):** Thank you so much for having me.

**Elizabeth DeStefano (00:37):** So, to start, a little bit about your background, Nicole. You studied under, and then worked with, Dr. John Sarno. What instigated that?

**Nicole Sachs (00:49):** Well, I began as his patient, as many people do in the wellness world. You come through — come by it honestly. You suffer yourself, and then you learn your own healing, and then you are wanting to extend that to others. I was diagnosed at a very young age with a structural spinal condition that I was told would limit me for life. And through finding Dr. Sarno and mind-body medicine, it opened my mind to thinking about pain through a different paradigm.

**Nicole Sachs (01:15):** And by doing so, it allowed me to completely transform my experience of chronic pain. I haven't had chronic pain in over 20 years, and I've been using that work to help other people all around the world.

**Elizabeth DeStefano (01:28):** What is mind-body medicine?

**Nicole Sachs (01:31):** Essentially, mind-body medicine begins with saying the pain is not in your head. You are not hysterical, you're not making it up, you're not overly dramatic, and you're not at fault. It just gets curious about why the pain signals fire in the first place. When you look at the neuroscience behind chronic pain, oftentimes it's noted that even after an injury is healed, the mind — the brain — gets stuck in sending the signals because there's a confusion about what it takes to protect someone who is in a quote, “dangerous situation.”

**Nicole Sachs (02:04):** So, essentially, mind-body medicine looks at the whole person, looks at the trauma-based and emotional world, understanding that sometimes those things can leave our nervous systems in long-term fight or flight, and when it is, the pain signals are sent as a means of confused protection. So, my work, and Dr. Sarno's work before me, is to reverse this process, allow the nervous system to go from fight or flight to rest and repair, and the pain signals stop firing. And I know it's hard for people to believe at first, but it's astonishing what can happen.

**Elizabeth DeStefano (02:39):** And I'd love to dig into each of those concepts a little bit more as we move forward. I love that you started with the fact that this does not mean that we are to blame. When we talk about mind-body medicine in the context of chronic pain or illness, it can, for some of us, feel a little bit threatening, almost — almost as if, if what we talk about does work, then are we saying that what we've experienced isn't real or that we're to blame for it? And I appreciate that you address that right off the bat.

**Nicole Sachs (03:11):** It is one of the most common misperceptions about anything mind-body: that a person is at fault or is making up the pain. And so, I just want to make sure to reinforce the fact that this is neuroscience. The pain is the pain. If you have inflammation in your body, or muscle constriction, or spasm, or neuropathy, that's how these things are expressed through the body. You are experiencing them. But the key question is, why are you experiencing them? And that's what can change the game.



**Elizabeth DeStefano (03:42):** You've been known to talk about choosing between what hurts and what hurts worse. What do you mean by that?

**Nicole Sachs (03:48):** So, this is one that I came up with many years ago. And on its face, when I ask that question, many people think I'm being negative. And I say, life is not bipolar. Life is not good or bad, happy or sad. Life is moments. And life is often the choice between what hurts and what hurts worse. And when you really let it sink in, it is a great relief.

**Nicole Sachs (04:13):** Because whether you are choosing to have that donut or to have that baby, both of those things are going to hurt for some reason, and they're going to hurt worse for others. And it's always going to depend on who you are. And I say that to lighten things up, but I also say that to have it land, that we get to make choices in life. We are free. And freedom means we get to make choices. And so we have to be fully informed about what those choices are.

**Nicole Sachs (04:40):** So, when someone comes to me, and they've had years of a migraine disorder; or fibromyalgia; or back, neck, or shoulder pain; or irritable bowel; or skin issues; or pelvic pain — these things are ruining their lives. And when they come to me, and when they relax into knowing that the pain is not in their head, but I might have a different solution, that can be met with a lot of resistance, both unconscious and conscious.

**Nicole Sachs (05:04):** And so I help them understand: Life is a choice between what hurts and what hurts worse. So, yes, it's going to hurt to try to change your paradigm, to try to be willing to see things differently, to do the work, to unearth this emotional repression that's causing your nervous system to go into fight or flight. But might it hurt a little less than what you're doing now?

**Nicole Sachs (05:28):** And when we can start to understand that dynamic, and not expect or need life to be the third option — because this is what people dream of: There's what hurts, what hurts worse, and then there's the third option where I can keep doing everything that's comfortable for me, but that my life is going to change. And I just really gently and lovingly help people understand that that third option doesn't exist.

**Elizabeth DeStefano (05:51):** So, let's talk about the brain science that is foundational to what we're discussing. How can emotional experiences create physical responses?

**Nicole Sachs (06:02):** So, the first thing I'll explain is that — and this is once again, all founded in basic neuroscience — the human brain seeks something that it can predict, something that is familiar, something that is habitual. The human brain loves familiarity. And so what will happen in any situation, wherever you are, or in relationships or in human relationships, is your first instinct will be to choose something you know.

**Nicole Sachs (06:29):** And so, there's a saying that I think sounds harsh, but it's true, which is: A human brain will choose a familiar hell over an unfamiliar possibility. And so when we know that this is the hardware with which we're working and it's not a flaw, it's part of how we're built, we can start to say, “OK, if I am unconsciously always directed to choose the thing that is familiar to me, then that is not necessarily in my control unless I really understand what I'm choosing.”

**Nicole Sachs (07:08):** So in terms of emotional experiences creating physical responses, the nervous system, since it's seeking something it can solve for, something it can control, really hits a wall when we're looking at a problem that is called “your mother” or “your body image” or



“your children” or “your love relationships.” These are big, complex things that are a real threat to the nervous system.

**Nicole Sachs (07:38):** And all of those things have a whole tree underneath them of complications — of childhood trauma, of personality characteristics like people pleasing and perfectionism, of past experiences; even in adulthood, bad relationships, whatever they are drawing from. And that creates in the process a predator. There is a predator afoot, just like there has been for all the years that we have been a human species.

**Nicole Sachs (08:07):** When the predator is afoot, we go into fight or flight and we have superhuman abilities: run faster, jump higher, freeze more quietly, be able to go for quite a long time without food or water, or ability to use a bathroom. The body is on our side. But when emotions start to rise, and what I call this emotional reservoir, and they hit the capacity where the nervous system sees the predator — I don't know if you could see your mother — that's a little too complex for us right now to solve for.

**Nicole Sachs (08:41):** We would rather be in a safer space. So what happens? The family dinner's coming up and all of a sudden, it's not your fault, you're not trying, you get a horrible migraine. You're on the bathroom floor. Who could blame you for canceling? What I like to call this in the thousands and thousands of people I've worked with is “safe in the unsafest way.” Your nervous system deems you safe because that it can solve for.

**Nicole Sachs (09:07):** You can take a pill. You can close the blinds. You can cancel your plans. And even though you don't want that life, unfortunately, this confused mind-body connection is deeming it a safer place for you. And it really goes on safe and unsafe. If you have a hot stove and you touch it, you don't sit and — decide whether or not you want to pull your hand off. It's an immediate reflex.

**Nicole Sachs (09:31):** And so is the trigger of the migraine when it is in a space where you are deemed in the space of a predator. So what I help people do is regulate their emotions, understand where their trauma is causing triggers, understand where there are things that need to be seen and heard with compassion. And although this is going to sound, once again, maybe strange to people who have never heard it, the pain signals stop firing. Because when there is no fire, there is no need for a fire alarm.

**Nicole Sachs (10:01):** And I'll give this one analogy briefly at the end of this answer so you can really have it land. If there's a fire in the kitchen, and the alarm goes off, and the alarm is screaming, the alarm is so loud and so visually screaming, and the firefighters come. In this scenario, the firefighters take out their hoses and they start dousing the alarm, the alarm that is screaming, the alarm that is getting their attention. They're dousing it and dousing it with such good intention.

**Nicole Sachs (10:26):** They want to get it to stop. But of course, we have the fire over here. Now imagine if they just turn their hoses to the fire and extinguish the fire. When the fire goes out, the alarm stops ringing. It's connected. It's automatic. So when we are chasing specialists and cures and, once again, another diet change, another alternative treatment, whatever it is, we are the firefighters dousing the alarm. The migraine is the problem. Sure, it is a problem.

**Nicole Sachs (10:56):** But what it really is, is an indication that there is a problem. The problem is the fire. The problem is these rising emotions that are threatening our nervous systems like



there's a predator in the room. We can turn our hoses — with the right guidance — toward the fire and extinguish it. And then the pain signals stop firing.

**Elizabeth DeStefano (11:17):** So in this case, the emotions that we have about the stressor, or circumstance, or relationship, or dynamic in life, is what our brain perceives as our modern-day predator. And the symptoms are the protection, the way the brain knows how from that predator.

**Nicole Sachs (11:37):** Exactly. And the workings of the human brain are so fantastic when you look at them without fear and without skepticism or judgment. Meaning, if you were running from a person pursuing you, really terrified that they were going to take your life, if you stepped in a hole and broke your ankle while you were running from that predator, you could run on that broken ankle without pain.

**Nicole Sachs (12:01):** You would run on that broken ankle without pain until you reached total perception of safety, right? You get into a door, you close it, you lock it, you slam it, you breathe. Now your ankle is going to explode in pain. Why? Because pain is protective. Pain is here to alert us. It's an alarm that there's a problem. If you don't get that ankle set and cared for, you could lose the ability to walk.

**Nicole Sachs (12:25):** Now, back in the day, in the dawn of humanity, if you couldn't walk, well, you're out on the savanna, you're going to get eaten by a lion. This is real human evolutionary biology. And so when you kind of just calm down and realize, oh my God, there's nothing wrong happening here. It feels very wrong because I'm in pain and it feels terrible. But what's really happening is my body is working perfectly because it perceives that I am in danger. So I can do the work to undo that.

**Elizabeth DeStefano (12:55):** So this is what you mean when you talk about in your book, *Mind Your Body*, illness being protective, right? Misguided, potentially unwanted, but illness as protective. So how can each of our understanding of the connection between emotion and physical symptoms really play a role actively in us managing chronic pain or anxiety?

**Nicole Sachs (13:27):** So I'm going to be bold, Elizabeth, and say we are not here to manage chronic pain or anxiety. We are here to eliminate it. And I am not saying a cure means you're never going to have pain again or you're never going to feel anxious again. We're human. There's no cure for the human condition.

**Nicole Sachs (13:42):** The reason that I really confidently say there's a cure for chronic pain is because chronic pain — pain that is continuing to visit you without your ability to change the channel — is an epidemic of fear and meaning. We are terrified. And I have sat beside the most terrified people. I've been doing this year after year where a doctor has told them, "I'm sorry, there's nothing else we could do for you," or "I can't find anything wrong with you," or "This is your diagnosis, but there's no cure for it." So here are the medications and here are the treatments.

**Nicole Sachs (14:15):** It's a very disempowering place to be. And so when we realize that there are other ways to look at it, when we realize that — so, here's one way I can describe it: Each of us inside us, as I mentioned, has an invisible emotional reservoir. And this reservoir is filled with the deeper, more inconvenient and rather uglier emotions that don't feel safe to express.

**Nicole Sachs (14:46):** Things like rage, and shame, and grief, and despair, and terror. The things that we are not necessarily societally or familially told is a conversation that you want to bring up with people, or a conversation you even want to have with yourself. You might say you're



bumped out. You might say you're pissed off, but you're not going to say, "I am grieving and it is so heavy that I feel like I can't breathe."

**Nicole Sachs (15:14):** You're not going to say, "I'm enraged to the point where I feel like I can't trust myself when I'm around that person." People are going to be like, "Uh, OK." And so we don't even show those emotions to ourselves, but when they bubble up and they threaten to spill over, that's when we go into this fight-or-flight situation. So the work that I do is like putting a ladle in the emotional reservoir and spilling it out in a safe, directed, and consistent way.

**Nicole Sachs (15:41):** I started it because I learned it by doing this science experiment on myself, and practicing this work as I lived it, and eliminating all my chronic pain conditions, including migraine, which was an interesting second chapter because I didn't realize that my back pain, which I eliminated, was coming from the exact same place as my migraines, which were very real and had been happening since I was 12 years old.

**Nicole Sachs (16:06):** And when I was able to reverse that in my life — and I have a lot of great migraine stories on my podcast — it's been so many years since they were part of my life that I consider this a cure for chronic pain. Do I get headaches? Sure. That's the human condition. But when you understand that there are tools to reduce the reservoir, stop this proverbial fire, and so you don't need the alarm bell ringing, that's when people really transform.

**Elizabeth DeStefano (16:33):** And I'd like to touch a little bit deeper on nervous system dysregulation, which a lot of us have been hearing a lot more about in recent years. And you've mentioned this emotional reservoir, and that the goal should be of lowering the reservoir. I want to point out that this is very similar to something we hear a lot about in migraine, related to the threshold theory of migraine triggering.

**Elizabeth DeStefano (16:58):** So those who live with migraine have this threshold, and that the higher we can raise that threshold, the more things that in the past might have triggered an attack can exist in our lives without resulting in an attack or symptoms, as you're mentioning. So when you talk about this goal of lowering the reservoir, I want to first talk about what kind of things can happen short term and long term from a nervous system dysregulation standpoint, if that is not done.

**Nicole Sachs (17:31):** Well, that's kind of a hard question because I never want to make people feel scared that they're like — maybe if they don't do something, something bad's going to happen. Basically anyone who is living with a chronic condition is there, is at the worst-case scenario, which is they don't feel like their life is in their hands. They don't feel like they have choices. They don't feel like people understand them. They feel alone. They don't feel like they can ask for help and get anybody to tell them something that they didn't know. That's a terrible feeling.

**Nicole Sachs (18:07):** I mean, one of the things that I've been really leaning into in the previous couple of years is creating community and literally holding space for people around the world. We meet all together virtually and I work with them every month, because being alone, feeling alone, is the most profound cause of many different pain conditions and anxiety because you just are in that, in terms of evolutionary biology, that place where you don't think you're in the tribe.

**Nicole Sachs (18:34):** And when the nervous system doesn't think you're in the tribe, that dysregulates you completely because you feel as if you're not going to survive. We are a social species. So really what I will say is that I would like to answer that question, but in the opposite,



which is what is possible. So when we are dysregulated, the first thing to realize is that the human brain is plastic and it changes until the day we die. It is rewired through meditation.

**Nicole Sachs (19:01):** It is rewired through this emotional work, JournalSpeak work, that I teach. It's rewired by love, and by connection, and by being in community. Literally they have studies that show it again, and again, and again. So no one should ever feel hopeless. I have people come into my work in their 70s and 80s and literally change the way they experience life because they have no chronic symptoms.

**Nicole Sachs (19:28):** My 85-year-old mother is a shining example of this. She's 85. She has little aches and pains, but no chronic conditions, whether it be by medical test or by the fact that she's in pain.

**Nicole Sachs (19:37):** There's just, there's a whole new way to live that people don't realize because it's new, and new things require familiarity, just like the human brain does. But what the possibility is, is that if you do this work to regulate, you can live in a way that really might blow your mind, that is different than the way you're living now.

**Elizabeth DeStefano (19:58):** So let's talk about emotions and trauma. And I think it can be very easy for people to step back from this and have almost a reflexive thought of, "Well, that doesn't apply to me. Emotions and trauma aren't part of my picture. They're not part of my pain or my medical conditions." So let's dig in there a little bit. You talk about the role that neglected emotions and trauma-related triggers play as these powerful modern-day predators that can activate these protective systems.

**Elizabeth DeStefano (20:31):** So what is an ideal mindset in regard to these emotions that our society might label as dark or that we might not be as comfortable talking about: anger, shame, rage, fear, sadness?

**Nicole Sachs (20:46):** I mean, the first is just normalize it. Every human being feels these things. The reason that there are classic defense mechanisms, as we've come to call them, is because they defend us, they protect us. So repression by its very nature is protective. It's not a bad thing. We are a species that in the animal kingdom have evolved to be very complex thinkers. The more complexity with which you think, the more you're able to perceive everything.

**Nicole Sachs (21:22):** You notice everything. We feel other people's feelings. We've developed patterns of codependency and emotional reliance. And we love so deeply. We attach so deeply to our children, to our parents, to love in our life, that we fear terribly, constantly, that they're going to be taken from us. No person can deal with that level of input.

**Nicole Sachs (21:46):** So you don't have to label yourself as someone who experienced trauma to understand that every person, the few things I just mentioned, every person goes through that. And so what happens is you feel a touch of it. You feel however much you can handle. The nervous system decides when it's too much, it represses the rest. It's an automatic, reflexive thing. So it ends up in the reservoir. None of this is bad. It's all normal.

**Nicole Sachs (22:12):** But what happens is we get to have agency over putting a ladle in it and getting it out. So one thing that I've done — so I've interviewed hundreds and hundreds of people on my podcast. I've been doing it every week. I've only missed a handful of weeks since 2018. And the reason I do that is because I want everyone to be able to find themselves within all of these questions.



**Nicole Sachs (22:38):** So I had one woman I interviewed once and she was like, "I had a wonderful childhood, my parents loved me. I had a rather idyllic time of it. Why am I in so much chronic pain? I didn't have trauma as far as I recognize." And we got to talking, and I found out that she considered herself painfully shy. She was just a person — her nature was that she was born very, very hesitant and tentative. And I was like, "Oh, OK, tell me a little about your family."

**Nicole Sachs (23:08):** And she goes, "Oh my goodness, the loudest Italian, everything's big. All the voices, all the conversations." I said, "Oh." I said, "That's interesting." I said, "So what used to happen when you were young and it was too much?" She said, "My mother used to literally sit at the foot of my bed and sometimes she would cry because she loved me so much and she didn't know how to reach me." And I said, "There. That is trauma. It's not trauma because it's bad or we have to label it negative."

**Nicole Sachs (23:36):** "You had an emotional and energetic mismatch to your family. You were born with a certain nature. It didn't comport with the way most times you were being raised and you probably felt very alone." And she goes, "I did." And that's enough. There are so many places we can find our connection to this work and it doesn't have to be anything that you define as trauma.

**Elizabeth DeStefano (23:59):** In your book — and actually one of our viewers who wrote in about this topic, Karen — referred to trauma with a "capital T" and a "little t." And I think you've just described to us one of the examples of a "little t" trauma. What other examples could you share that might resonate with some of us listening?

**Nicole Sachs (24:22):** I mean, the easier way to answer that question is what is "big T" trauma? Because everything else is "little t." So let's call "big T" trauma, and don't hold me to this, but this is a decent subset: severe abuse or neglect in any major way that we all know how to define — exposure to war, exposure to seeing human tragedy that a person should not have to see, exposure to starvation or having to be removed from people that you love and care for. These are "big T."

**Nicole Sachs (24:57):** I feel like if anyone kind of sits quietly for a moment, they understand what "big T" trauma is. The stuff that could cause PTSD [post-traumatic stress disorder], right? Everything else is "little t." And please never think that it doesn't apply to you because then you identify out and then you can't find yourself in this process.

**Nicole Sachs (25:17):** Childhood bullying — and I don't mean bullying that's like your life is in danger. I mean, people making fun of you for the way you look, for the way you talk, being the new kid at the school, moving when you're young. A divorce of your parents that might not be catastrophic, but for you, it was like a lot to move from house to house. Friendship stuff, body image stuff, self-worth stuff, sibling order, everything contributes. And I think the word trauma has become too much of a buzzword and I wish there was a better word to use.

**Nicole Sachs (25:49):** But the real answer is where has your heart hurt? Where have you felt alone? Where have you felt discarded? Where have you felt misunderstood? Where have you felt that even when people loved you, they couldn't find you? Where have you felt that you weren't on your own side? That you didn't understand how to be authentic? Another big thing here is the classic conflict between authenticity and attachment.



**Nicole Sachs (26:15):** As human beings, we have a biological imperative to attach because of the whole thing I talked about: We have to be in the tribe. We have to be cared for, but we also have a rather strong imperative to be authentic, to know who we are, to be self-expressed, to say, "I matter too. I would like to speak." And that's a higher brain functioning kind of imperative, but it's there.

**Nicole Sachs (26:38):** And this is why we find people in marginalized communities, like transgender kids, with a higher suicide rate. Because if they're in a family where it is — or gay kids — where it's no, no, no, it's an absolute no, their authenticity is completely squashed because they have to have attachment. They don't have a choice. And so this is something to consider. That's a really high-level situation, but there's tiny little situations all the time. For me — I'm a very, you might be able to see this — I'm a very, very kind of intense, passionate, self-expressed person.

**Nicole Sachs (27:12):** So I had a lot of “little t” trauma in school because it's like, "Everybody be quiet. We're not interested in hearing from you if the teacher doesn't call on you." And I would feel so shut down all the time, but it was nobody's fault. It was my nature didn't necessarily meet the public school of 1980s. Now with progressive schools, it's a big difference. So I guess what I'm saying is it's not that tragic, it's just giving yourself freedom to have had your experience.

**Elizabeth DeStefano (27:42):** You write, "The answer lies in rewiring the nervous system's misguided reflex to protect us with pain and syndromes." So let's talk about how to rewire the nervous system. So first you mentioned three pillars in this work: *Believe. Do the work. Patience and kindness* for yourself. So I'd love to dig into what each of those means. So to start, *believe*. Believe in what?

**Nicole Sachs (28:07):** So *believe* is essentially everything we've talked about thus far. My prescription is knowledge, just like Dr. Sarno's was. It is about educating yourself that not only is this stuff going on, everything we've talked about thus far, but that it matters, that it's causing alarm bells to go off. And those alarm bells are symptoms, fatigue, anxiety, all the things that befall you that you don't want, but your nervous system thinks are safe in the unsafest way.

**Nicole Sachs (28:35):** So: *Believe* truly, marinate in the material. That's why I am prolific when I write, when I make videos, when I do podcasts. I want to put so much stuff out there so everybody can find themselves. So that's part of *believe*. Understand what's going on. Replace your fear and skepticism with curiosity. That's another thing. The bar to any ability to transform your life is when you're like, "Nope, I know that could never apply to me."

**Nicole Sachs (29:03):** Treat that part of you with tremendous compassion. It's just scared. It just has only known one way. It's just defensive because people have not believed or made it feel welcome. "OK, I understand. I understand why I'm like this, but this is my life. What's it worth? Might I be willing quietly without telling anyone to investigate this and to see if it fits for me?" So that's the first thing in *believe*.

**Nicole Sachs (29:29):** *Do the work. Do the work* is the second pillar. *Do the work* is putting the ladle in the reservoir and bringing it down. Because without that, you cannot change the way your body is protecting you. If there is a car that comes around the corner and is flying in your direction, you're going to jump out of the way before you even think. That is the reflex that has kept the human being alive for all these millennia. Your migraine is the exact same reflex. So we need to lower the reservoir.



**Nicole Sachs (29:58):** We're never going to be able to decide not to have a migraine. The migraine is the alarm. When the fire is raging, the alarm goes off. It doesn't say, "Oh, I don't know, is this a good fire or bad fire?" It's a fire. The alarm goes off. So that's what *do the work* is. I have created through many, many years of my own personal experience and working with others, a tool called JournalSpeak. It's my signature program. At its very core, it's an emotional exercise in excavation.

**Nicole Sachs (30:29):** It is an expressive writing technique. It involves a system by which we go in, we take a look at different parts of our lives, and with compassion and kindness, we say, "I see you." That's all. We're not trying to fix our problems. You don't have to change your situation. You don't have to even leave an abusive situation. I've had people, when I used to lecture with Dr. Sarno at NYU [New York University], people would raise their hands all the time and say, "But my job is definitely my trigger. My boss is abusive. I make a salary that my family needs. I can't quit this job."

**Nicole Sachs (31:05):** And we would say all the time, "You don't have to quit your job. You just have to really partner with yourself in knowing how you feel about it and stop repressing the stuff you'd rather not look at so your nervous system doesn't keep trying to protect you from it."

**Nicole Sachs (31:22):** There's a paradigm that we've created in my work. My partner, Lisa, and I came up with it together and the acronym is the ANSR: Allow, Name, Stay, and Release. And in Allow, Name, Stay, and Release, there is a concept of Stay where you've Allowed, meaning you've paid attention to your experiences. You're not resisting them. You're not resisting the science. You've Named. You've done your JournalSpeak. You understand how you need to look at these things, but Release doesn't come until you Stay. And this is why it is hard work. And I teach and I hold space for that.

**Nicole Sachs (32:02):** But when you stay with a feeling that is incredibly uncomfortable, when you stay with knowing, "I need my job, I can't quit, my family depends on me. My boss makes me feel terrible every single day when I walk through, I'm in fight or flight when I walk into that building." When you realize that and you get all the details of it, but you stay and you don't run from those feelings and you sit and you go, "Oh my goodness, wow, this reminds me of when I had to walk into third grade with that bully. This reminds me of how it felt in that really unhealthy relationship in college."

**Nicole Sachs (32:36):** You stay. Well, would you ever stay somewhere that wasn't safe? No. If there was somewhere that wasn't safe, you would flee. And when your nervous system looks at the Allow and the Name and it watches you Stay, it goes, "Oh, this isn't ideal, but this isn't dangerous." And so you can get up and go to work without a migraine. Doesn't mean you like it. And one day you may decide to change it, but it's not about removing that stimulus, it's about being in alignment with yourself.

**Elizabeth DeStefano (33:10):** What about the third pillar, *patience and kindness*?

**Nicole Sachs (33:13):** I only created that third pillar maybe like five, eight years ago. I did not realize, being a recovering, horrible self-critic, that it mattered how you spoke to yourself, how you viewed yourself, that inner dialogue. I did not know. And when I started really researching self-compassion and the science of self-compassion, what I realized was that doing this work without some sort of awareness of self-compassion and a self-compassion practice is like bailing out a boat with a hole in the bottom.



**Nicole Sachs (33:46):** Because you're doing all this hard work, and you're showing up every day, and your inner dialogue is, "You're a piece of crap. You always fail everything. You'll probably fail this. You didn't follow the directions perfectly. That wasn't a good JournalSpeak session. What you just said on Nicole's community probably offended someone. You should feel terrible the rest of the day."

**Nicole Sachs (34:08):** We don't realize that we do this to ourselves because it's so unconscious. It's so reflexive. And so that third pillar is to bring attention to that and make sure people understand there's another way to do it. It takes effort. I've had to change, but it's a huge relief.

**Elizabeth DeStefano (34:26):** We've heard from a number of headache specialists over the years at Migraine World Summit about the evidence for certain behavioral therapies like cognitive behavioral therapy, or CBT, in migraine, which many people with migraine have been introduced to at some point. Your mind-body approach resonates with many, even if it doesn't have the same level of clinical trial work specifically in migraine. How do your recommended practices — journaling, somatic awareness, emotional processing — complement or build on the approaches of something like CBT?

**Nicole Sachs (35:02):** Well, the first thing I'll say is I'm a psychotherapist. So before I ever just specialized in chronic pain, I was a general psychotherapist and I love CBT. There's nothing like that safety tool of knowing what to do in the moment that is going to help you through the moment.

**Nicole Sachs (35:21):** The limits I have found of CBT are because the emotional stimuli are causing a physical reaction because of this dysregulation, you could feel like you're dancing as fast as you can if all you're doing is CBT because you're constantly fighting fires on the surface. You're constantly trying to rewrite a moment when the thing is, the volcano is bubbling up from the bottom. And so it's almost like if you were the person on the surface with buckets of ice. So the volcano is coming up from the bottom, but you're like, you've got the buckets of ice and you're making it through.

**Nicole Sachs (36:01):** So it's not nothing against it. I think it's fantastic when paired with it. But what I guess people need to understand is what I'm teaching them, they already believe. I can be lecturing to a room of a thousand people and I could say, "Raise your hand if you've ever had a stressful day, and overwhelmed, and everything was too much and you got a headache."

**Nicole Sachs (36:20):** Every hand goes up. I don't know anyone who's never had a stress headache. And I go, "OK, OK. Keep your hands up if you ran to the ER [emergency room] that night for a CT [computed tomography] scan of your brain because you figured it was a brain tumor." And everybody laughs and puts their hand down because it is understood that stress can cause a headache. It is understood that when someone breaks up with you, you could lose your appetite. It is understood that when you're moved or sad, water falls out of your face, right?

**Nicole Sachs (36:47):** What these are is these are emotional stimuli that cause physical reactions. So yes, we are dealing with the tissue to wipe our eyes and blow our nose. We are dealing with whatever you do once you get a headache. Is it sit, lie down? Is it turn off the lights? Is it have a painkiller? Sure. Those are all to me equivalent to CBT.

**Nicole Sachs (37:10):** They're things to do on the surface because you don't want to feel that uncomfortable, but I just think that looking at that without looking at the reason for the response is where people get stuck. So, and I will say just to add to the conversation, the clinical trials of



the work that I do are growing every year substantially. I mean, in my book, if you read the chapter on brain science, I link to a ton of them.

**Nicole Sachs (37:42):** They are doing — they're being done consistently at Harvard right now and are coming through again, and again, and again with statistically significant results of doing this work is lowering things like fibromyalgia, is eliminating long COVID.

**Nicole Sachs (37:57):** I have a crazy body of work now building for long COVID with people who were down for the count, with brain fog, migraines, inability — I mean, really serious cases — inability to have word retrieval, and aphasia, and extreme fatigue, and unexplained chest pain, and things that people have been disabled by, are resolving completely when they're doing the nervous system dysregulation work. So it's really very hopeful.

**Elizabeth DeStefano (38:28):** How is this work different from therapy to explore emotions and/or trauma?

**Nicole Sachs (38:36):** It's not all that different. It's just a wider lens. So the first thing I'll say is your perception is your reality. So if you perceive yourself as being unsafe, regardless of the circumstance, your whole body, your circulation, your respiration, your heart rate, your digestion, your elimination, your big systems are going to be changing based on your perception of whether or not you have to potentially fight, flee, freeze, fawn. It's preparing if you perceive yourself as being unsafe.

**Nicole Sachs (39:12):** And so it's really key to understand that when you're thinking about how to change a situation, how to affect enduring health. So the reason that this matters in terms of your perception being your reality, is people come to me and they're like, "I've done 20 years of therapy. And why then am I coming to you now with chronic issues?" And I say, "Because your perception is your reality."

**Nicole Sachs (39:38):** And the first thing we do, under *believe*, is we have to build a bridge between all this great work you've done and are doing. And the fact that this actually leads to pain cessation. You need to know it for your nervous system to relax enough into allowing it to happen, because fear is the biggest contributor to nervous system dysregulation. So it is therapy, but first of all, it's therapy you can do on your own at home if you feel safe and comfortable to do so.

**Nicole Sachs (40:07):** We have a whole coaching arm of my work, meaning we help people understand, and then we give them personal coaches that are trained by me, supervised by me, to help them. So a lot of people do do this work in concert with a therapeutic paradigm. So it's not that different, but it really is important to know that first of all, if you can't afford a coach or if you can't afford a therapist, this is work you can do on your own and is very effective. And whether or if you do choose to engage in therapy, it is really important to build that bridge of understanding of the connection.

**Elizabeth DeStefano (40:44):** Talk about the roles that surrender, acceptance, and trust play in effectively doing and trying your approach.

**Nicole Sachs (40:54):** The thing about radical acceptance, surrender, trust, however you want to frame it, is that the only message we need to send to the nervous system is one of safety. Literally. Literally. It's easier said than done. But if you really kind of slow down and think, when



you feel totally safe — and I mean totally safe, everything is good, you're protected, nothing bad's going to happen — you know how your body feels.

**Nicole Sachs (41:23):** There's a relaxed — there's a space for joy, there's a space for presence. We so often feel unsafe for myriad reasons. And so the whole thing is that we want to send a message of safety. So what's the biggest message of safety? The opposite of fear isn't joy. The opposite of fear is indifference. The opposite of fear is: “Yeah, I mean, whatever, I'm good, like, I'm fine, I've got it, no worries.” That's the opposite of fear.

**Nicole Sachs (41:55):** Joy is a huge, big feeling, but it's not the opposite of fear. Joy is also really big and full of a lot of stimulation. The opposite of anything that causes a lot of dysregulation is like: “I'm bored, duh.” It's not actually what people think. And so the reason we surrender, and the reason we practice radical acceptance, is because life is a choice between what hurts and what hurts worse, right? So: I'm having a horrible migraine flare. I'm in a cycle. I'm terribly scared.

**Nicole Sachs (42:31):** I'm pre-grieving and catastrophizing. I'm thinking about all the things I'm going to have to cancel. I'm thinking about all the things I'm going to miss, my kids' stuff and my work stuff. And now I'm panicking about, “Am I going to lose my job?” Right? Crazy fear, crazy fear. And I know this sounds nuts, but imagine if in that moment you could say, “I see.” This is compassion. Double hand to heart. “I see. OK. I got a lot going on. And my mind-body system is in crazy fight or flight. And this migraine won't stop because it thinks it's protecting me.”

**Nicole Sachs (43:07):** OK, there's the belief, there's the knowledge; there's the my prescription is knowledge. “I see what's going on in my body. This is an absolutely normal human function. I'm in it. OK. I would like it to be gone, but I know that wanting to be different than I am is just a sense of urgency that's going to add more fear to my nervous system, meaning this better end.”

**Nicole Sachs (43:26):** “But, I get a choice. It feels like it hurts to surrender to this because I'm scared that acceptance equals agreement, and that means this is OK with me, but I've heard what Nicole said: ‘Nope, it's just reducing that fear message to your nervous system.’ So right now I'm going to surrender and I'm going to say, ‘This is a terrible day, but my body right now is in that heightened state. I'm not going to talk it out of it anymore than I'm going to talk it out of keeping my hand on a hot stove.’”

**Nicole Sachs (43:56):** “So here I am. OK. However this goes, it's OK for me. Maybe it's a day in bed. Oh well, tomorrow will be tomorrow.” Now, as insane as it is to say that you could actually do that, every person I can get there, they're like, “Wait a second. I didn't have another migraine for a week. What happened?” And I'm like, “I know what happened because you have broadcast a message of safety. You have been seen as a trusted partner to your brain and your nervous system.”

**Nicole Sachs (44:26):** You've not been seen as someone who is spinning out and adding more fuel to the fire. You've been seen as the hose, the hose on the fire. “It's OK. I got it. I see what's going on here. Panicking is not going to make it worse. So here we are.” And that is something that takes practice, but it is possible and it works. And so it's, everything I do is a practice.

**Elizabeth DeStefano (44:51):** What are the main barriers to widespread adoption of mind-body medicine work?

**Nicole Sachs (44:59):** I really do believe that the No. 1 thing is, we are a society in fear. I was speaking to a dear friend yesterday, and she has some inflammation markers in her blood. And



one doctor — it only takes one — said to her, "Oh, this looks like RA [rheumatoid arthritis] and if you don't do something about this now, you could be the reason that you disable yourself in the future." These are messages that are often sent in many different ways.

**Nicole Sachs (45:27):** And that could be as extreme as that with a doctor or medication. It could be: "You can't eat this. If you eat this, your pelvic pain is going to flare. If you eat this, your migraines are going to flare." I have literally thousands of people in the years, I mean, who have done my work and I don't even know most of them. They write to me and say, "I used to be on an elimination diet. I used to be on a restrictive diet — nightshade, vegetables, gluten, casein, all these things that people have eliminated. It wasn't working. I was still getting migraines. I was still getting symptoms. I've done your work. I eat literally everything I want and I have no symptoms."

**Nicole Sachs (46:05):** So I guess what I'm saying is anything that is fear driven, anything that is driven by shame, anything that is causing us to feel like we're failing — because a lot of these things do make us feel that way — are perpetuating these chronic symptoms.

**Nicole Sachs (46:20):** So I think that's big. There's also just the tipping point. I mean, I love the concept of the tipping point, which is Malcolm Gladwell's theory that if you have 10 people in a room and one person has a new idea, everyone's going to be like, "Are you joking? You're stupid." And then two people have the idea and people are like, "Are you joking?" Maybe they stop calling them stupid. Three people have the idea ...

**Nicole Sachs (46:42):** There's a moment, and I am freaking working for it, where there's a tipping point. And what somebody thinks is seen as interesting instead of bizarre, instead of a threat, and that is where I'm going and it will never come — I don't think from big pharma, big surgery, Western medicine down. It's not going to be something necessarily here from the up high, but here's where it will come from: millions and millions of people who are sick and tired of being sick and tired, who are willing to say, "I am willing to see if this changes my body." And then we rise and then we rise. And then the tipping point is reached. And then I believe that question you just asked me will be null and void because it won't be hard.

**Nicole Sachs (47:31):** It'll just be like, "One thing to do is this, and one thing to do is that. And I don't know, I'm going to choose." And then my hope is that one day it is, this is the standard of care. And, we're all working towards stuff and we'll see if it happens in my lifetime, but I have high hopes.

**Elizabeth DeStefano (47:50):** Well, anyone who reads your book or hears you on socials or podcasts — your own or others — can see how deeply passionate you are about this work. What drives that?

**Nicole Sachs (48:04):** You cannot sit in the space that I sit in and not be like this. I just, my head explodes with stories, but one I will tell you is — and this is a little dark, but this is the real truth — is that I get emails often with this kind of message. And I'm going to speak of one that I actually got:

**Nicole Sachs (48:25):** *"I was sitting on the couch with my husband and my daughter on the opposite couch, and I was Googling ways to take my life because I could not live with this chronic pain for one more day. And I made a decision quietly, didn't tell anyone, that if by Christmas I was not well, I was going to really go through with it." And I always like tear up and get chills because the next paragraph is, "And on a deep dive in Google at 3 in the morning, I*



*found a talk you did, or I found a recommendation for your podcast, and I'm writing to you six months later to tell you, I'm pregnant with my second child. I'm back at work."*

**Nicole Sachs (49:02):** And the last line is always the same, which is, *"I can't believe I didn't know this work was an option for me."* So what drives me is not that everybody's going to pick up what I'm putting down, is not that people are going to think that it's like a revelation right away. What drives me is that every person on the planet should know this work is an option for them. Should know exactly how to do it through the resources that I provide.

**Nicole Sachs (49:29):** Should be able to be surrounded by community and help with coaching or help if they so desire. And that they can take their power back, their life back, their agency back, their joy, their presence. This is what changes the world. The world is fraught right now. I mean, nobody disagrees, right? Polarized, so much trouble throughout the globe. But we have control over one thing: our thoughts and our behaviors, us. We have control over our next right-considered action. So my passion lies in education and empowerment because I'm full of love. I just want people to know that they have a chance to get better.

**Elizabeth DeStefano (50:14):** Nicole, where can we learn more about you and the work that you do and follow you?

**Nicole Sachs (50:20):** The easiest way we created as a community hub is my website. It's [nicolesachs.com](http://nicolesachs.com), just how you spell my name. Or if you Google my name, Nicole Sachs, everything comes up. Everything is linked there. My Instagram is [@NicoleSachsLCSW](https://www.instagram.com/NicoleSachsLCSW). We try to make it easy. My podcast is *The Cure for Chronic Pain with Nicole Sachs, LCSW*, as is my YouTube channel. My book is *Mind Your Body*, available anywhere you get books.

**Nicole Sachs (50:47):** I guess my message that I want to leave people with is: This can be a tiny bit lighter than you thought. I love to have a little lightness and to laugh at myself and to be like, "Oh my goodness, look, I'm doing it again." "Oh my goodness, welcome to me. I'm the anxious one, I'm the one." And just know that you're part of the collective and I think you'll be inspired.

**Elizabeth DeStefano (51:10):** Well, Nicole, thank you so much for joining us on the Migraine World Summit. It was absolutely fascinating and inspiring, and I'm sure will bring hope to a lot of people who often feel like they've run out of approaches to living a different type of life. And I know so many people will appreciate having heard directly from you about your approach. Thank you so much for joining us.

**Nicole Sachs (51:37):** Thank you, Elizabeth, for having me.