

## Ep #56: DIMs and SIMs



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With Your Host

**Susi Hatelty**

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## Ep #56: DIMs and SIMs

**Male Announcer:** You're listening to *From Pain to Possibility* with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

With this episode I want to dig into DIMS and SIMs. DIMS and SIMS is a concept from the work of David Butler and Lorimer Moseley from the NOI Institute. It's a remarkable concept for understanding pain and other symptoms and even our emotional responses. But also for our emotional responses to pain.

The idea here is that how we interpret pain resides in our brain. DIMS is danger in me, SIMS is safety in me. According to David and Lorimer's work back in 2015 they wrote, "We will experience pain when our credible evidence of danger related to our body is greater than our credible evidence of safety related to our body. Equally, we won't have pain when our credible evidence of safety is greater than our credible evidence of danger."

The key here are two words, credible and evidence. It is our brain seeking credible, and it's our brain seeking evidence. And it's our brain interpreting what is credible evidence. Really, really key concepts. With this background in mind, I want to share how I use the concept.

I interviewed David Butler, and Lorimer Moseley, and Tasha Stanton. All three of them are at the NOI Institute, back in 2017, as a part of an online conference that I ran called The Pain and Healing Conference. How I utilize the DIMS and SIMS idea is a little bit different than I sometimes hear about how other people use it.

But in my conversation with David Butler I believe I am on the right track. If someone has nerded out on DIMS and SIMS more than I have and you think that I'm a little bit off on the concept, do shoot me an email, and let me know. I'd love to have a conversation with you.

[From Pain to Possibility](#) with Susi Hately

## Ep #56: DIMs and SIMs

But the reason I'm sharing this with you today is because I have found it to be so remarkable in the growth of both, my professional trainees as well as my clients. And of course, when I see that as being growth, it's also that their pain symptoms and so many other emotional responses to things have improved.

So here's how I utilize it. My focus when working with my clients and my trainees is to help them see their body and their whole experience as a SIM, even when it's difficult. Because the reality is that in most recovery and healing processes there will be some awkwardness, some uneasiness, and also some discomfort.

The way that I provide this opportunity to view their experience as a SIM is to work with their body directly. And then to acknowledge directly what they did. The keyword is what they did. So when I work with people who have persistent symptoms, so whether it's pain, or strain, autoimmune flares, even headaches and migraines, and maybe a correlated pattern of anxiety and or depression. There are also compensatory patterns present.

When I can help my clients improve their movements, improve their breathing, and their ability to be quiet and still, i.e. I'm reducing their compensatory patterns, then they feel better. And they gain objective evidence for what they are subjectively feeling. And how their body movements, their breathing, and their ability to be still or quiet is contributing to this.

This is what sets the foundation for them seeing themselves and the process of recovery as a SIM. Because they just did something to themselves that improved their situation. And my validating them by telling them that their system, their whole mind body system, has just proven this to be true means that they can have this.

The fact that their symptoms reduced exists because it exists. And the fact that this new state of less pain, less strain, less symptoms, means that this

## Ep #56: DIMs and SIMs

new state can persist. And when that happens their brain then registers this as safe and as a SIM most of the time.

Now what I do next is equally as important. And what I mean by equally as important, I mean equally as important as the process of supporting them in uncovering their compensation patterns and reducing their compensation patterns. I also tell them that their symptoms are going to come back.

Now, when I do this, they often look at me like a dog sometimes looks at their owner. They kind of turn their head. They look at me with a bit of disbelief. I add for them that this is a new pattern. And new patterns can take a bit of time to get grooved or entrenched.

I also add in some form that the fact their symptoms are going to come back is not bad. In fact, it's then messengers of their symptoms that are coming back. And so by my being able to share that it's not a bad thing, that it's actually their system talking to them, then there's a message in the process, it's not something to be feared.

So then the opportunity then turns what they may have seen previously as a DIM or a danger into a SIM, or at least much less of a DIM. I'm supporting them in recognizing that their symptoms are messengers. Their symptoms are communication strategies. That their symptoms are guiding towards doing something positive for themselves.

Now, here's where it becomes really interesting. It's not uncommon for me to work with people who have a belief that their body is breaking down on them. Or at least that they have a fear that their body is breaking down on them.

But now that we've gone through a process where their symptoms have reduced and that they're feeling better. That they've experienced a new state. And then I've acknowledged that this new state can exist because it in fact, does exist. And because it exists it can persist. They now can see

## Ep #56: DIMs and SIMs

this as, “Huh, maybe there's a new opportunity for their body.” There's also this belief that their body is breaking down on them.

So these two can actually coexist. And why this is important is because I'm not actually telling them that whatever they think about their body is right or wrong. Number one, it's because it's not where my skill set lies. But I actually fundamentally don't believe I need to go there and change it. Or even ask them to change it.

Because I have found that in the history of my working with people that the belief doesn't have to change in order for change to happen. I've seen too many people get well and it had nothing to do with the belief changing ahead of time. What was important was meeting them where they were at and recognizing that they did have that belief or the fear of that belief.

And that when I simply say to them, “Yes, your symptoms have dropped. The fact that this new state exists means that it can exist. And the fact that it exists means that it can persist. Oh, and yes, in the process of this new pattern re-grooving, the likelihood of your symptoms coming back is pretty likely.”

But I can be very freeing about it because it's true. And all I'm asking them to do is feel it. And then in the sort of way that I'm sharing it with you, it's not really a big deal, in a way is what I'm offering up to them.

And a lot of times when I work with people in this way, I can see them palpably relax. I can see the tone of their skin being to change, that their breath starts to settle. Because they truly start to see their symptoms as messengers. So that when those symptoms do arrive, then they can let me know about how they arrived and what they did when they were there.

See, two things are happening when I do this. First of all, I've helped them notice how their body has settled out. As their compensatory patterns settled out their body feels better. They now have credible evidence of this

## Ep #56: DIMs and SIMs

being so. And I haven't questioned them having a belief of their body breaking down.

So nowhere in this process have I deemed anything that they do is wrong. I've simply introduced new ways of considering their body. And in my act of teaching and their act of experiencing what it is that I'm teaching, their body has shifted. Their brain has seen credible evidence of what is possible.

Now they have the choice. And pretty much most of the time, people being able to see what's possible, them seeing the credible evidence that is contributing to them feeling better, that's where they tend to follow.

One thing I want to make mention of that I think is very significant is that I'm explaining all of this to you about what's happening, but most of the time, I would say 99% of the time, I don't even go into this level of explanation with my clients. Because I am in the doing of it with them.

I'm actually showing them their compensatory patterns, their breathing patterns, their ability to be still or not be still. I'm actually teaching them about noticing their symptoms as messengers. So that if or when they come back, and then we get into the explanation of, "Oh, so this is what contributed to them coming back. And this is what you did for them to settle out." And helping them connect the dots of what they're experiencing.

We're just in it, like we're on the field doing it, as opposed to me explaining intellectually about what's going to happen. Because intellectually talking about it isn't actually changing anything up. I'm just explaining it to you in the context of this podcast so that you can understand how this process works by playing around with this from a body perspective.

It becomes really powerful because it enables a professional to work with anybody, no matter what their belief is. Because in many ways, it's not going in there and saying, "You must change your belief." Instead, it's providing a novel experience. And then out of that novel experience, a new belief or a new possibility arises.

[From Pain to Possibility](#) with Susi Hatelly

## Ep #56: DIMs and SIMs

And then that person can then make a choice. Do they want to stick with the one that has this kind of credible evidence? Or do they want to stick with the other one that has this other credible evidence? And then they then make the choice. So it's all in their hands.

I want to give a couple of examples of this. So we have the quadratus lumborum. And a lot of people who I see have quadratus lumborum issues. I'll use QL as the short form to that. So a lot of people with QL issues that are persistent pain, a lot of them will do things like core stability and stretching out their QL. And they'll get some short term relief.

But they start to get frustrated, and even move into resignation because it always comes back. What I have found is that when I can work with their compensatory issues in their hips, their ribs, and their shoulders, a lot of changes happen around a QL settling out.

Because ultimately, the QL doing what it's doing is not the actual problem. It's the expression of the problem. So when the person starts to see how their hips, the rib cage, or their shoulders are contributing to their QL, they now have credible evidence of them feeling better. And they start to realize that change can happen and that they are the ones who have helped contribute to that change.

They also start to pay attention to when the symptoms come back. They start to see the messengers of those symptoms either or, or in all of their shoulders, their rib cage, or their hips. And then when they start to notice the whispers of that, then they can start to intervene with whatever the issue is, with whatever technique I'd showed them.

And they start to create better and better connections in their body. And their brain continues to grow evidence that this is working. Their belief continues to shift out of one which was being frustrated and resigned into hope and possibility and a future of a QL that's not panicking and being in pain.

## Ep #56: DIMs and SIMs

So the key here is that they're starting to see the distinction between when they were in frustration and resignation. And they're recognizing that, "Oh, this problem that I'm experiencing being the QL is actually not the problem. The problem is actually somewhere else."

Now, they're thinking differently about that problem. And they start to experience more freedom, and more ease, and a lot of inner power about what they can do for themselves to shift it up. They grow their own ability to be their SIM in the process of recovery and healing.

Let's also consider hypermobility disorder. We did some work recently with a three month program on hypermobility disorders. Which you can get access to, just send us an email.

But what was so powerful about that program is that for so many people with hypermobility disorders, they're being told that this is a life sentence. That the way their connective tissue is, is just like too bad, so sad.

And the key bit is that when someone can start to connect into how their body actually moves, and how they breathe, how they are becoming more still, then they can listen to their body a lot more clearly. Now, lots of people with hypermobility disorders have a lot of problem proprioceptively connecting to their body. They have a lot of problem even feeling other aspects of their internal world.

So it can be really challenging because in their not being able to feel they can push well beyond what they really should do. So for a lot of people I've worked with who have hypermobility disorder, their whole being is a DIM and it's frightening for them to move. Or they've gone into surgery and for a joint, and this is a true story for one of my clients.

She went into surgery for her hip, she came out with a shoulder problem because the team, she's been told later by another medical professional, didn't realize that she had a hypermobility disorder. And when she was

## Ep #56: DIMs and SIMs

under general anesthetic, something may have happened. And then she hurt her shoulder in that process quite possibly.

So she came out of that hip surgery with a shoulder problem. So then that continued a relationship with medical professionals who didn't understand what was going on for her. And so then she just kept having a more DIM experience working with the medical world. Developed more entrenched white coat syndrome.

But when we were able to work with her to help her recognize how her symptoms were messengers, she was able to reclaim an inner authority of her body. She was able to reclaim an ability to listen and to feel her body. She was able to tune in in a way that a lot of people who have hypermobility disorders have not been able to tune into.

And out of that, she was able to gain a greater support and language around her own unique experience of her symptoms. So that then when she would go to medical professionals she could simply say, "Listen, I need you to know I have hypermobility disorder."

So now that they know this, and if they didn't even know what hypermobility disorder was or what to do about it, she could then say, "Listen, I need you to do this, I need you to do that. I need you not to do this. I need you to consider this. I need you to be more thoughtful."

She was able to gain an advocacy and an agency for herself because she was tuned into her own inner world. She was tuned into herself as a SIM. And she could bring that into an experience with the medical world. And then the medical world could become a Sim and less of a dim. And her results continued to improve.

So the bottom line here is that DIMS and SIMS are a really important construct to support yourself in understanding how our brain interprets pain. And really, I mean, I would even take it further, how our brain interprets anything. And when our brain is seeking credible evidence of

[From Pain to Possibility](#) with Susi Hatelty

## Ep #56: DIMs and SIMs

danger, or the brain is seeking credible evidence of safety then we are going to have a response from that.

In my work, I don't try and solve it from the brain's perspective. I look to come at the problem and the solution from the body perspective. The reason being is if I can provide an objective reality of what the body is doing, the brain will be able to find that credible evidence and interpret that as either a DIM or a SIM.

When the pain starts to go down the brain will see the credible evidence of it as being the SIM. When I can explain to a client that yes, your symptoms will come back. The brain often interprets that as, "Oh, okay, I'm expecting that the symptoms will come back so I'm not going to be necessarily afraid. Or if I'm afraid I know that it's not necessarily something that I need to be consistently afraid." So I can watch myself being afraid, knowing that okay, I'm being afraid about this, and it's okay.

So we can just give ourselves just that much more compassion in the process and that can help the process move along at such a great, consistent clip, that people start to experience more sustainable, more progressive, and more persistent states of goodness, and of feeling good, and of healing. And of revealing what's really possible for themselves as a human with the body, with the brain and with the system that they have.

With this, I have two opportunities for you. If you have really resonated with this, you are really going to love Healing and Revealing Human Potential. And you can access it from [www.functionalsynergy.com/synergy](http://www.functionalsynergy.com/synergy).

And if you're a health professional or yoga professional and you really want to grow your capacity and ability to work with clients in a therapeutic way. Work with your own self in a therapeutic way as part of the growth into working with your clients. And just really, really tap into the uniqueness of the healer that you are. You're someone who innately knows that you're a little bit different. You've got a strong intuitive capacity; you've also got a strong logical problem solving capacity. And you want to bring those two

[From Pain to Possibility](#) with Susi Hately

## Ep #56: DIMs and SIMs

together to help another person heal. Then you will love, love, love, love the challenge of the Functional Synergy Yoga Therapy Certification Program.

What I encourage you to do is to send us an email at [health@functionalsynergy.com](mailto:health@functionalsynergy.com). Let us know that you heard about it here on this podcast. And let's have a chat because I would love to help hone your talent, hone your creativity to become the very, very, very best yoga therapist that you can be. So send us a note, [health@functionalsynergy.com](mailto:health@functionalsynergy.com). Have a great time exploring.