THE FATIGUE SUPER CONFERENCE

**Case study: Healing the trauma of diagnosis**
Guest: Jess Thompson

**Alex**:Welcome to the Fatigue Super Conference. And for this session, I'm talking with Jess Thompson, who is Director of Psychology here at the Optimum Health Clinic. And this is part of our series of real-life case studies. Where we're talking about cases with their permission, of patients that we've either worked with historically or we're working with at the moment as part of either our psychology departments, our nutrition department. There are also some case studies where people did work with both departments. So we're kind of having multiple perspectives in terms of how we worked with people.

And for this case study, we're going to be looking at a case of a woman who's had various traumas as part of the picture of her chronic fatigue. And interestingly one of those traumas was actually the trauma of being diagnosed. So we'll get into that and how that can have the impacts that it can have. Just before I welcome Jess, just to say briefly that a part of the Optimum Health Clinic model, we talk about different subtypes. Different predisposing factors that can significantly increase the likelihood of someone developing a fatigue-related condition.

And on the psychology side, we talk about an achiever subtype, a helper subtype, an anxiety subtype, but also a trauma subtype. And that's really where either there's been single significant events in someone's life, where there's been trauma that's had an impact, or indeed there have been what we call trauma with a small T, or developmental trauma where it's not sort of any one thing, but it's a sequence of things, or a lack of holding and supports. And Niki Gratrix interview, where we talk about adverse childhood events, goes quite deep into some of the theory and the evidence and research around this.

But the role of trauma can be significant as part of the wider picture with fatigue, but in this discussion we're going to talk about it from the perspective of the case study, and actually how Jess worked with this patient, and the impacts that had in terms of the recovery process. So, Jess, thank you for joining me.

**Jess**: You're welcome.

**Alex**:So maybe a good space of starting with this, is just to get a better general context. When this woman first came to see you, what was happening, what was the kind of symptom picture that she was presenting?

**Jess**: Okay. So this client was a young mom. Two young children. She'd previously, before having children, she had quite a high-powered job in advertising in London. An achiever-type, somebody who pushed herself a lot. The onset of her chronic fatigue syndrome started with a flu-type illness, from which she didn't recover. And when she came to us, she had been housebound for several months. And had just got to the point where she was able to attend the 90-day program, which is our 3-day workshop. In her history, just prior to becoming ill, she had had four house moves, a huge house renovation, two pregnancies, and then the flu, which was the final trigger for the onset of the illness.

**Alex**:So that's a good example of it's rarely one thing, right?

**Jess**: Yes. Excellent.

**Alex**:And it's that kind of funny old word to use or that kind of funny thing that you notice where, when you see enough cases, it's almost like you get two-thirds of the way through the cases to where it kind of becomes very obvious almost, what's going to come next in the sequence.

**Jess**: It makes sense.

**Alex**:Yeah. Right. Exactly. And did she, at this point, was she identifying trauma as being like, as she described her experience which, did she say that I've had some traumas, and they've had a role, or was that something that became a little bit clearer as you went down the path?

**Jess**: Yeah. This became clearer as you went down the pathway. Initially, she didn't identify herself as a trauma subtype. There wasn't anything that was significant in her history that made her think she was a trauma subtype.

**Alex**:Okay. So she then did the 90-day program. Which as you mentioned is a start to the three-day workshop and that's it's a kind of 90 days of kind of support and conference calls and sessions and that kind of thing. How did she respond to that?

**Jess**: That's right. So she came along to the 90-day program, and on day one of the 90-day program, we give a really clear understanding to the client. So it's the illness, what's caused the illness, the predisposing factors, the

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perpetuating factors. And that in itself for her was calming. That reassured her that there was a reason why she felt the way she did. And she was very much in stage two of the illness when she came to us. Stage two is tired and wired, so she was exhausted, but was really wound on adrenalin in order to kind of push through. And she recognized that she'd been stuck in that place really since the diagnosis. And we went through the usual process of giving clients understanding, teaching them tools and techniques to calm the nervous system down, helping them to see where they were in their illness and what they need to do.

She went off and actually, immediately things like her sleep improved. So she calmed her nervous system enough to be able to get quality sleep. She had been picking up lots of viruses prior to coming into our 90-day program, and it had been taking her longer to recover from those than normal. But again, quite quickly realized that she wasn't picking up these viruses anymore. So things were really, shifted quite quickly for her initially. And she was really calming things down.

We then got to a point where she started to reintegrate. So she kind of had one foot in stage three, which is where she was starting to increase what she was doing. And then kind of some of the predisposing patterns came up which we worked on. So for example the achiever pattern. That tendency to push herself too hard. We did some work on that. And some work on her helper patterns, particularly as a mom. Putting the children first all the time.

**Alex**:And that's just ... sorry to jump in, but that's a good, I haven't yet worked out yet where, but somewhere in this conference I'll certainly cover the three stages of recovery. And it's actually a good example I think of when we ... often these underlying patterns, you mentioned the achieve and helper patterns, often these underlying patterns become more clear or more obvious that one needs to work on them, as one has more energy to run those patterns, right? So, it's like in stage one to two, one's life has very much got the brakes on, and so it's like we put ourselves first because if we don't we spend a week in bed kind of suffering the consequence. And then as we get more energy and more capacity, we've got more leeway, and it's almost then those old patterns often were likely to come forwards.

**Jess**: Yeah. Absolutely. So as those patterns became clear, we worked on them. And what started to happen, was that she would be doing well. Things would be going well. She would then perhaps bounce the boundary too far, whether that was to an achiever pattern or a helper pattern, symptoms would start to increase again, and she would go into a real state of fear about that. So we did lots of work on the kind of symptom-related thought she was having. Which were creating some of the fear. And that helped reduce it to a

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certain extent. But this time kept on happening. She would keep overdoing it slightly and then going into significant fear pattern about the symptoms.

When she got herself to you know, a reparative time, working on these patterns, working on the though-related symptoms, those sorts of things. She got herself to about 80% functioning. But still had this lingering fear that she would never get well. This fear would be triggered every time she had any kind of rise in her symptoms. And that's when I started to think about actually what she experienced when she was diagnosed with the condition, and what beliefs she picked up at that time. It seemed to me that she picked up a belief that she could never get better, and that kept being triggered.

**Alex**:Just to kind of break it down a bit more, so you say that she would have a symptom or something would happen, and then that would trigger a reaction. So say a bit more about what would actually happen. Like some of the either thoughts she'd have, the symptoms she'd have, so how would that kind of manifest? It's a good example of kind of what we would call the maladaptive stress response in action.

**Jess**: Yeah. Absolutely. So, she would be let's say, pushing herself to do something, like perhaps take the children to school, for example. And that might create some symptoms for her. So she might feel more fatigued, she might get a headache. Her thinking response to that was one of panic. Was one of oh my goodness, I'm ill again. How long is this going to take? When will I ever be able to get back to the life that I want to lead? So she attached a huge amount of meaning to the symptom. That it meant she was unwell and never going to get better. So, we worked on those thoughts, using the STOP Process, which is the pattern breaker we use at the OHC. And that would help, in those moments, to calm things down, but it didn't stop the pattern from reoccurring. It kept on happening each time she had symptoms.

Which is common in the initial stages of working with people. We often work on this first of all. That kind of illness-related thoughts to help bring down the maladaptive stress response. And that would work for her, but it would then get spiked straight back up again. As soon as a symptom appeared.

**Alex**:And it's a good example I think as well of there's often we would use different tools and different techniques at different points. And sometimes there's a very clear logic to that sequencing. And sometimes it's a bit of a mystery to that sequencing, that you do something that you might expect to have a certain outcome, and it either does or it doesn't. But then it's bringing in different tools to kind of find the path. So, as you, and I first suppose that also that for some people, that trauma of diagnosis, what we'll come to more in a second, is like a thing that happens and is negated and forgotten about,

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and it's not having an impact. And for other people it's kind of created a whole kind of world view almost, in terms of what's happening.

So maybe talk a bit more about kind of the trauma of diagnosis. I know that you'd had your own journey with recovering from chronic fatigue, and I know in my journey, that trauma, that diagnosis was a pretty difficult experience. Basically I was told that you have this thing, but we have really no idea what it is and if you'll ever recover. And it's like I suppose that's not a very reassuring to say, when you're going to get medical advice to be reassured.

**Jess**: Absolutely. And this is what happened in this case. So when she was first diagnosed initially, the doctor was simply unhelpful. And more or less the test results said there was nothing wrong with her. So that's what he said to her. You know, off you go. But she knew there was something really wrong with her. She was housebound. She was unable to get out of bed and lead the life she wanted to lead. And so she kept going back. Kept finding different doctors to go to, and she would receive different messages from different doctors. So some of them would say she was depressed and want to put her on antidepressants. And of course she was suffering from a low mood, but because of what was happening to her it wasn't the root cause of the problem.

And she felt, as a result of all of these kind of unhelpful suggestions, I mean interventions, really kind of out of control. She knew something was desperately wrong. Nobody seemed to be able to find out what it was. Nobody could give her an understanding of what it was. And she was left in a position of having no prognosis, basically, of what was going to happen to her. And really I think for her, what she picked up from that, was that if nobody can understand it, nobody could tell her what was wrong with her, nobody could tell her when she was going to get better, she believed she just wasn't going to get better.

**Alex**:And I think what's particularly interesting here, and I think it's a really, it's a good example of how trauma can work, is that she then had a different set of information, and had a new set of evidence. Actually, she was on this recovery path, supported and guided by Optimum Health Clinic, and her symptoms were responding, and she was recovering. But despite significant informational evidence, and her own kind of experiential evidence. The way that trauma can often work is it's irrational, and it's not linked to updated information.

**Jess**: Absolutely. So, trauma gets stored in the brain separately to our adapted information processing system. So it kind of gets frozen in its own neural network, so it doesn't matter how much you intellectually understand

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something or how much information you have, the trauma is disconnected from that. It's in isolation. So if it gets triggers, you don't have access to all of that information. A body won't do the same sensations, thoughts, feelings, as if that information didn't exist.

**Alex**:It's one of the things that's really interesting is a kind of side comment, with phobias, for example. That you can have the most brave, courageous, determined, spirited, macho person, that has a phobia of buttons, for example. And it's like it's every part has nothing to do with courage or rationality or kind of anything. It's just that it's something that has a trauma association as you say that's split off and separated and has to be understood in that way.

**Jess**: Absolutely. So, for most people, as you were saying before, once they have the new information, they have the understanding, that calms the maladpative stress response down. And as they begin to get better, they gather the evidence, which they then use to help them go from hoping they'll get better to believing they'll get better. And that's the normal process. When someone experiences their diagnosis is traumatic, that process gets interrupted. So they may have the hope and they may have some evidence, but they keep getting triggered back to the old traumatic belief. They're never going to get better. And that's when I realized that in order to help her to move from kind of the 80% that she'd managed to get to from being housebound to 80%, we needed to really tackle this trauma to help her get to that final stage of recovery.

**Alex**:So, I know that there were two, there was the trauma of diagnosis and a second trauma that we'll come to in a bit. But this first trauma, I think you worked with using Emotional Freedom Technique, is that right?

**Jess**: So, there are two traumas in this case. One of them happened actually during her recovery process, on which we used Emotional Freedom Technique. This was a single event where she was traveling on a train with her children and somebody committed suicide onto the side of the carriage where she was sitting.

**Alex**:Wow.

**Jess**: Yeah. Really traumatic event which actually put her body back into a state of stress, understandably. For that single trauma, I used Emotional Freedom Technique, which is something that we teach class at the Optimum Health Clinic. Which worked really effectively, and actually helped her to get back on the recovery path.

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**Alex**:And in times with EFT there's, again, actually a few times recently, but at the point of recording don't exactly know the agenda of the conference, but there's a section where Dr. Craig, we know who is the EFT trainer and that's a good place to go to answer more about EFT, maybe you just want to say kind of minute or 30 seconds, whatever, just like very briefly what EFT is and how it can be helpful.

**Jess**: Sure. So Emotional Freedom Technique uses the same points as acupuncture. It's based on the idea that experiences or emotions can get stuck in the system, and if we use tapping with our fingers, we can block those emotions or those experiences and help the body to digest them and process them. With EFT for trauma, we broke the situation, the event down into its various aspects, so all of her senses. So we looked at what she heard, what she saw, what she felt. And worked with EFT on each of those aspects, and getting to the end of that, we were then able to allow her to see that actually she was resourceful in the situation. Initially she felt that she did nothing and there was nothing she could do. She was able to connect with the fact that she was resourceful, she was able to protect her children from the experience, and in that situation she did the best she could.

**Alex**:And how long did the ... roughly, was it resolved relatively completely within one session? Yes?

**Jess**: Absolutely. One session. Yes.

**Alex**:Was she surprised by that?

**Jess**: Yeah.

**Alex**:But you weren't, that she was.

**Jess**: Yeah, absolutely.

**Alex**:I think that's one of the things that can be so powerful about these techniques is that when something's traumatic, and it's having a significant ongoing impact on somebody, it can feel hard to even believe it could be different, let alone that it could be different so quickly. And I guess one of the things particularly with trauma, is that if it's single-even trauma, it's an event that happened really quickly. Therefore, it does actually make sense rationally that resolution can be quick.

**Jess**: Yes.

**Alex**:But it can be quite stunning for the client when they have that experience.

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**Jess**: Absolutely. Yeah.

**Alex**:Then there was the second trauma, which we've been touching on around the trauma of diagnosis. And I know, I think that you used EMDR as the intervention there. So maybe say a little bit about what EMDR again briefly what it is, but also why you used EMDR instead of EFT, or was it that you'd used EFT and it hadn't quite shifted it?

**Jess**: No, no. EMDR. So EMDR stands for Eye Movement Desensitization and Reprocessing. It's a psychotherapy, evidence-based psychotherapy used in the treatment of post-traumatic-stress disorder. It's recommended by the NICE guidelines as a lot of controlled trials to prove that it works. It is based on the idea as I said earlier that when we have traumatic experience, it stored in isolation. So separate from our adaptive information processing system. Where actually human beings have the ability to overcome trauma and to process difficult events. And EMDR basically facilitates that natural process. So it helps to connect the trauma network with the adaptive information processing network.

**Alex**:Okay. And so you, then maybe just explain a little bit about what actually happens in EMDR. It's a little bit like EFT in the sense that one observes it happening without knowing what's going on, and it looks a little odd. So maybe you just explain why ... what you would do in the EMDR session with someone now, some of what you'd be doing, what that might look like.

**Jess**: Sure, okay. So the first stage with EMDR is always stabilization. So I use the analogy when I'm using EMDR of a house, so a house that needs some renovation. The house maybe has got some floorboards that need replacing and the wiring needs sorting out. But you wouldn't go in and do those things until you put some scaffolding up around the house first. So, the kind of preparatory work would be the work that we do at. So things like helping somebody, giving them tools and techniques to really retrain their nervous system. So they're able to come into that calm healing space. So that's the first thing we always do with EMDR.

Then take a kind of detailed trauma history. And the trauma history isn't just about understanding the difficult experiences a person's had, it's also about understanding the experience in which they've been really resourceful. So, we take a history from childhood through to current day. Of traumatic experiences and also good experiences. Experiences where they felt resourceful. We then look at three areas. So we look at processing the past event that was traumatic. We look at the current triggers that can cause a person to have the same disturbing kind of symptoms, thoughts, emotions.

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And we look at future events that could trigger the trauma. So we look at those three areas. Past, present and future.

We use something called bilateral stimulation. So this is where we are using eye movements. This is where it can look a little bit odd. We ask someone to track our fingers from left to right, or we'll tap on either side of their body. The theory behind this is mixed. There's different reasons why people think this works. One of which is it almost acts in the same way as rapid eye movement in sleep. And basically, what it does, is allows a person to be in the present with the practitioner, whilst also accessing almost behind the conscious thought. It gets the conscious brain out of the way, in order to be able to access that kind of isolated trauma. If that makes any sense.

**Alex**:Yeah it does makes sense. But I think also what's fascinating about it is, it to me, part of what I think is also happening to what the memory being isolated, it almost cracks the shell somehow on the isolation of that.

**Jess**: Absolutely, yeah. Basically, allows you to create new neural pathways, real connections, between the trauma and your more rational understanding of the world part of your brain. And it reconnects the two. So it stops it being this thing in isolation.

**Alex**:And I think part of what's also I think been really interesting in terms of I guess the popularization of EFT and also EMDR, which have kind of come from kind of quite different backgrounds, but have somehow had a kind of similar level of kind of evolution, let's say. It's a very different way of working with trauma to what is traditionally used in a psychotherapeutic context. Which is that really to process trauma, one has to go and relive the memory, and often in those instances, people can be reliving the same traumatic memory again and again and again. And the idea is that if you go through it enough times, you're going to process it and digest that. And I think that does happen sometimes. And other times what happens is people just almost train themselves to feel their trauma. And it can almost be re-traumatizing in the first place of doing that.

**Jess**: Absolutely. With EMDR, there's actually very little talking. Once we've done the history taking of the trauma, we're actually doing the processing. The therapist if you like, is far less involved. So what we're actually doing is allowing the person's brain to heal itself. By getting the conscious brain out of the way, accessing the trauma network, and reconnecting it with the part of the brain that has all the resources that the person needs in order to feel okay.

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**Alex**:And maybe say a bit about what the client's experience is during the process. How much are they feeling the emotions, the feelings? How much they associated into that? How much of it's kind of a cognitive processing?

**Jess**: Sure. So the first thing that we do, is create a picture of the first and the worst of the trauma. So, in this case, if we bring it back to the case that we're talking about, the worst picture for her was her lying in what her image was really her lying in that prison cell. A very gray room. Completely trapped. When she associated into that image, the feeling that she had was helplessness and fear. So, we do, the client does associate into the picture of the first and the worst. And they do feel the feeling. So, you're accessing the trauma in a way that you're setting it up basically before you process it.

They look at then in that image, with that feeling, what did they decide about themselves in that moment? So for her, what she decided in that moment was I am never going to get better. We then look at actually what would they like to have decided about themselves? Now. What would they like to think now, looking back at that? And of course for her, it was I am well. And able to stay well. Which is the absolute opposite.

So we know kind of where they were and we know where they want to get to. And then we have to do the processing to help them to get there. Once they've kind of created the image, and they know what the feeling is, that feeling's being treated, then we start processing with the bilateral stimulation. So either the eye movements or tapping on the side of the body. We do one set of that, without saying anything at all, and then the person, the client needs to really go with whatever comes up. And it can be very random. You know all manner of things can come up. You're really getting your conscious mind out of the way and allowing your unconscious to come up with whatever comes up. They'll give a brief description of what images came up for them, what sounds came up for them, what feelings came up for them, and we don't analyze that. So there's no talking about that. We just go with that.

And then we do another set. And we continue to do the sets of the bilateral stimulation whilst new material's emerging. Basically, this is the brain processing and digesting the experience, which it wasn't able to do before because it was stuck.

**Alex**:And how, in this instance, so this lady was talking about, how long did this process take?

**Jess**: So we had four sessions together, working on this. And a session would be an hour long.

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**Alex**:And say a bit about what, I guess, how things changed as a result? Both in terms of how she felt about it, but also that the impact that it had in terms of her actual recovery process?

**Jess**: Sure. So, during the processing she actually experienced, interestingly, really significant symptoms. The same physical symptoms that she experienced, had experienced as part of her CFS. So she experienced extreme nausea, dizziness, inability to control her temperature, and as we were processing through. And I say this is basically to be expected. The brain's doing what it needs to do in order to process and those are the feelings that almost got stuck in her system that she kept on experiencing because she didn't digest it in the first place. So during the processing, she experienced lots of physical symptoms. She also experienced a lot of emotions, so some of what came up for her was huge feelings of guilt. Which around the fact that she'd been unwell, feelings of guilt about her parents, they'd had to come look after her. Her children, who'd been very young at the time. Her husband, who was also taking care of her.

So we worked, we kept kind of processing through, until all of the physical symptoms and the emotional symptoms had worked their way through. So it gets to point where the processing, when you do a set, nothing comes up. And this took four sessions. After this, when she went back to the original image. So at the end of all the processing, she went back to the original image, and it completely changed. So we're one day in the gray prison cell, with her lying on a sofa, housebound, feeling hopeless and threatened, what she actually saw and felt that it was a really warm, cozy room with light pouring in through the window, a complete healing space, in which she knew she was going to get well.

**Alex**:Fascinating. And it's fascinating how those unconscious representations changed themselves, right? That in a sense, you know, I think a cruder way that sometimes to actually change was done in the past was you just try to go in and change the entire representation. But that often seems to not last because it's not really, it's a representation of something that's going on that needs working with. So, how did her recovery path then progress from there?

**Jess**: Yeah. So, she is now, she's herself. She's completely well. She's trained as a yoga teacher. She's currently helping a teenager with CFS actually through yoga. And is engaged back in her life. What she realized, partly through the processing, which is what you expect to happen, is that actually she does have all the resources that she needs in order to stay well. It was just that whenever she was triggered into that old trauma space, she went back into a space where she didn't know she had the resources. And so that's

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part of what happened in that kind of reconnect thing, was her understanding that she has what she needs to stay well.

**Alex**:And I think it's ... am I right in my assumption that it wasn't, that there are cases where dealing with key psychology pieces is the heart of as one of the only pieces that has to happen in the recovery path, just maybe say a bit about the wider context in terms of the case. In terms of were there are other things that you were aware of that she was doing, either in times of nutrition, or you know, either with or outside of Optimum Health Clinic playing the role?

**Jess**: Yes. So she worked with the Optimum Health Clinic on nutrition as well. Parts of her recovery was definitely also was best supported by dreams. That was something, and that was something actually that came up during the trauma processing, was we got to a point where she felt I can be well, but I will always need to be taking supplements. So that's another area that's part of the processing that we had to do to help her to feel that yes, she may always need to supplement, but she may not. And she'll still be okay. And, but yeah, she needs nutrition too. And yoga was significant for her.

**Alex**:Very interesting. And I think, maybe just another kind of final piece on this is that I think it's important to say as we're talking about a case like this, that this doesn't mean because some key parts of the recovery process were working this way, that that means the symptoms weren't real, or it wasn't a real physical experience. That it's in a sense, the relationship between the body being in stress response and how that affects mitochondrial function, hormones, digestion and everything else, is part of that overall picture.

**Jess**: Absolutely. Yes. For sure.

**Alex**:Brilliant. Thank you, Jess. I'm never surprised at the great work that you're doing, but it's always a pleasure to hear about it. And I think it really helps some people to get a sense of actually what happens in a real-world setting. So thank you.

**Jess**: You're welcome.

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