



THE FATIGUE SUPER CONFERENCE

Recovery story: Psychology is physiology

Guest: Nikkie Foster

Alex: Welcome to the Fatigue Super Conference. In this interview, I'm talking with Nikkie Foster. Nikkie is one of the psychology practitioners at the Optimum Health Clinic. Like a number of the practitioners in our team, she's also had her own recovery journey from ME chronic fatigue. For this conversation, we're going to talk about that journey, and her recovery, and the things that helped her, but particularly within the frame that when Nikkie first came to the Optimum Health Clinic as a patient, she was, I think it's safe to say, fairly cynical about the role of psychology. The Optimum Health Clinic having a nutrition functional medicine department and a psychology department, what can sometimes happen is people come in specifically saying, "I'm not at all interested in psychology. I don't believe there's any psychology elements to my fatigue. I just want to work on what's happening in my body."

With many chronic illnesses, they're multifaceted, and there's lots of different pieces to the jigsaw. As we'll come into this conversation, Nikkie discovered, like many people do that actually psychology was some of the key pieces of her recovery journey. Nikkie, thanks so much for joining me for this conversation.

Nikkie: You're welcome.

Alex: I think a good starting point would be when you first got a diagnosis. I seem to remember that you were told that you would never get well, and you should invest in a good wheelchair. I imagine that was not particularly encouraging advice at the time. Say a bit about what was happening at the time, and what it was like to be told that you had a severe chronic illness.

Nikkie: Yeah. I just graduated from uni, and I'd been working on a graduate scheme. Studying at the same time as working full-time. Life was really full on. My partner at the time had lost his job, and we had to move house. I'd had a major operation. Life was pretty busy, and I got a virus, and I never got well. About four or five months into this viral episode, if you like, I got this diagnosis because I'd had this previous operation. They had a lot of blood

tests from that point, so they already knew that there was nothing else really going on.

The diagnosis came from a neurologist who had worked with a number of people with chronic fatigue syndrome before. I think his trajectory, really in his experience, had been that this really doesn't go anywhere. It's something you have to manage. I think in hindsight, he was trying to be helpful. You know, "Buy a wheelchair," was his way of saying, "You need to get used to where you are." But I distinctly remember after that consultation getting into my car, ringing my mother, and bawling it on the phone.

Alex:It sounds like an entirely appropriate response.

Nikkie: Absolutely. Yeah, I mean, it was great to have a diagnosis to know there is something going on. I've struggled walking up the stairs, and life was generally falling apart, but I think the prognosis was pretty rubbish, actually. That was the bit that was the most shocking.

Alex:What were the main symptoms you were experiencing?

Nikkie: My biggest one was fatigue. As I said, I really struggled getting up the stairs. I would crawl up my stairs on my hands and feet. I could barely make food for myself. Activities of daily living basically stopped because I just didn't have the energy. I had a lot of pain, particularly in my legs, and pain to the level where it would keep me up at night, and wake me up, and I just couldn't sit still with it. The other big one was I had a lot of night sweats which meant that, particularly in the early days of the illness, several times in a night, I would wake up, and basically the whole bed would be wet. I would have to change my sheets. There was a lot of that going on, which of course meant my sleep was really disrupted. They were my top ones, if you like.

Alex:It sounds like you were pretty seriously unwell, but you were still, I think, trying to keep up with life a certain amount at that point. Did anyone suggest at the point that psychology might be a factor in what was happening, and if so, how was that?

Nikkie: Yeah, it's really interesting. A friend of my partner's mother, she had had chronic fatigue herself. I was about, I think I had my diagnosis for about two months when I saw her. One of the first things she said was how important psychology was to her. My immediate reaction was, "This is psychological. It's physiology." I think because of my health background, and the comfort I got from being in the science world, let's say, I immediately rejected it. I mean, I think we had a conversation for maybe five minutes before I shut the conversation down. I think in hindsight, it was very much I was just terrified that there might be something unscientific, I think is how I

saw it, that might be going on with me. Or it might be that there was something wrong with me. I think that was what was really going on.

Alex: I think it's understandable. I had a similar level of resistance, let's say, when I was ill. Someone told me about psychology at an early time. I think it's, of course, understandable that someone has a very real, physical illness, and someone starts talking about psychology, and one's immediate assumption is that the inference is there for the experience is not real, or it's being made up. Of course, that triggers a whole reactivity for very understandable reasons. Yet, it then becomes a block to being able to explore that piece of the jigsaw.

Maybe say a bit about your training at that point, and the kind of work you were starting to do professionally because I think that also links in here in terms of why you had such a scientific, a more orthodox scientific attitude towards it.

Nikkie: Yeah. I'd come from an orthodox science family. My dad's a chemist. My sister was training to be a chemist. My mom's a microbiologist. I had just, the degree I'd done was in physiotherapy. I think a lot of what I'd been taught, particularly in physiotherapy was that there are certain psychological factors to things, but that's not the department that you work in, and if there are psychological factors, they have to go somewhere else. I'd come from this sense of the psychology isn't a place that I understand. It's not something that's where I sit professionally. As a result, perhaps that means it just isn't testable. I think that's probably the best way I can put it. It certainly meant from my family's perspective that if there was something psychologically that was relevant here, then that wouldn't make sense to my family, and thus it didn't make sense to me.

Alex: It sounds like it was it's something that happens to other people, and it's something which is somewhat mysterious, and something which is outside of normal human psychology, or human behavior. It makes sense that there would be a sense of, therefore, defensiveness. I know that from this point, you had an initial recovery that happened. Just say a bit about that because I think it's an interesting ingredient in the wider understanding of this.

Nikkie: Yes. The graduate program that I was on had because they ran academic year to academic year, and I'd missed a significant amount of the academic year I was in, they basically put me on a fairly long time sick leave as a way of restarting back in September. I had got the diagnosis in December. I'd been off work for a couple of months. By the eighth, I think, they said, "Look. Just take six months off." What that really meant was that the work pressure was no longer there. There was no pressure to hold on to life. I think initially that was really difficult, but actually what it meant was that I could be

much freer during those six months to really do what I was able to do. So really stay within my body's limits, rest, do a few couple of things that I really enjoyed, and actually that took a load of stress away. I think that's potentially the reason why I began to feel so much better within a relatively short space of time.

Alex: Then I think for a period of time then, you were back. You were back studying, and then you started working. It was like a chapter that had happened that was now in the past, and you just carried on life as normal, somewhat, from there.

Nikkie: Yeah, completely because I had really no idea other than time ... My assumption was it was just time that had got me well. I never really put the two and two together, and realized how little stress there had been around once I'd had this six month break, that I just went back to life as normal. I think it took about two years, probably, of working fairly full on, although I did a graded phase return back to work over probably two or three months, or something. About two years of working pretty normally going back to life as I had known it before I really deteriorated again, and I had to take a proper chunk of time off.

Alex: What was that deterioration like? You'd had this chapter. You'd got back to work. You were hoping that was in the past. Then suddenly things started completely falling apart. Talk us through what that was like.

Nikkie: Yeah. I think everything started getting harder. Getting up in the morning was really, really difficult. Driving home at night was really difficult. I started to lose my temper much more easily. I started to sleep really badly again. Then the night sweats returned. It was almost like a very gradual return back to that acute phase when I'd first been really poorly, but with a lot more this time. There was a lot more symptoms I had this time. I had some neurological symptoms. The fatigue was a lot more debilitating even though it had been incredibly debilitating initially. There was a really noticeable difference, but it was very gradual. It took me quite a while to really notice. "Oh, hang on a sec. I'm really struggling again."

Alex: You get to this point where suddenly you're not able to keep up with work. You're struggling again. Did you get a proper diagnosis at that point? Or how long did it take to get clarity in terms of what was happening?

Nikkie: I'd had the diagnosis fairly early on because I'd had this operation when everything was initially falling apart. I had it in the background, but because I'd recovered within these six months or so, it was only something that come back into my mind once I really couldn't carry on with work. I think

at that point, it really made me realize, "Okay, this isn't something that just goes with time. I actually have to do something, or I'm just going to keep going through life where maybe I recover for a bit, and then I get sick again." That was the point where I really started to research. "Okay, what is chronic fatigue syndrome? What are the different treatment, or support mechanisms out there to really work through this? Because it's not just going to go."

Alex:How quickly in that process did you find out about the Optimum Health Clinic? Was that something that happened quickly, or something that took some time to come to?

Nikkie: It took a while. I went through quite a lot of different searching, if you like, because I was still at that point, very much on the mindset of, "What's the medical approach to this?" Yet, once I found the clinic, so much of it resonated, that I think on the psychology side, a lot of that broke barriers because it was really difficult to ignore what the clinic was saying as to how much the psychology side really impacted things. I think that was the first actual barrier in terms of being able to see that psychology had a role.

Alex:You came and did an in-person program, the 90-day program which includes start soft, where there's three afternoons in person. I seem to remember you saying you weren't particularly keen on coming and being in a group of people like that. Say a bit about some of that resistance, and some of what was getting in the way of that.

Nikkie: Yeah. I think a big part of it was fear of confronting how poorly I was, fear of meeting other people who were also really poorly, and also a big part of it, in fact probably the biggest piece was admitting to myself that actually maybe psychology did have a role to play. I think it was almost, I knew by that point that this was something that was important in my recovery because I think I started to understand that maybe psychology was also about physiology, but I didn't really want to do it, I think.

Alex:How actually was it in the reality of being with other people in that group?

Nikkie: Yeah. It was great. Everyone was really kind to each other. Everyone was really supportive of each other. Everybody obviously had the same similar goal in mind of, "I want to actually get well." The clinic were great, and it just helped me relax into, "Okay. This as a condition makes sense. There are specific things I can do that actually help, and there are people around that get it." I think those three bits really started to shift my perspective.

Alex: What was the impact in terms of physically how you were feeling? Were there any ... For some people, as you now know as a practitioner that for some people it can be dramatic, the initial shift. With other people, it can be there's a shift in mindset, but the shift in the physical side takes more time to evolve. What happen for you?

Nikkie: It took a lot more time, but I think the mental shifts that I made were quite impactful quite quickly. That didn't impact my symptoms so quickly, although I think what happened was it helped me make sense of why I'd got well the first time. That, in itself, gave me a lot of safety and security in that, "Okay, now it makes sense as to how I got well the first time. If I do more of that, plus all the other stuff that the clinic's offering, actually I really probably, highly likely will get there."

Yeah, I think there was a mental shift quicker. The physiological bit took a lot longer because I had all sorts of stuff going on that really took time, but there was something about that being okay because mentally the shift had happened already. I was more okay with the fact that it took time.

Alex: Yes. We'll come back in a bit to some of the psychology pieces that you were working on, but I think it's also important to bring into the equation, there were also obviously pieces on the physical side that you were looking at from a functional medicine, nutrition perspectives. Maybe just touch on some of those pieces of the jigsaw as well.

Nikkie: Yeah. Initially one of the things that really was important was looking at the gut function. A big part of what had been going for me was there were a few things I was allergic to, and had been allergic to probably my whole life I had no idea about. I was obviously exposing myself to those things because I didn't realize I was allergic to them. I'd had, I think a number of parasites. There was small intestinal bacterial overgrowth that I was working with. There was a lot of adrenal issues that I had. The biggest piece, probably for me, was mitochondrial bit, which is one of the reasons why I think mentally the shifts happened quite quickly, but physiology they really didn't. I didn't see them in my energy improvement. They were the main ones for me that were really going on in a nutritional basis.

Alex: You're working in tandem on the nutrition side with the psychology side with the clinic, but as we're focusing more on the psychology side in terms of for this interview, say a bit about, I know some of the, as the work deepened, and you were initially working on calming down the stress response, and getting into a healing state ... In fact, maybe just before we touch on some of the other pieces, just touch on that. What was that like in terms of realizing that the over activation of your nervous system was perpetuating influence in

your symptoms, and how was it starting to calm back down with some of the techniques?

Nikkie: Yeah. I think it made so much sense to me because it really fitted into the physiology that I'd learned as a physio. There was something really relieving, actually, just about understanding that concept. Actually, when I started working on it, I realized how stressed my system was. I had no real concept of how wired I was until I started calming down. I remember constantly being told, "One more level. One more level. You can calm down further." I kept thinking, "There's no way. I'm so calm already." Once I started down that journey, it really blew my mind as to how calm the system could get, which of course meant, in hindsight, how stressed I really was. A lot of it for me was through emotional freedom technique. I used a stop process, and identifying some of the things on a day-to-day basis that actually were really stressing me out, and sorting those things out.

Alex: I think one of the things that can be quite a powerful moment is when we start using some of those techniques, even if it's not a dramatic impact on symptoms straight away, that we notice something shifts. Like you were saying, of calming down one more level, that if we notice on a particular day, for whatever reason, that our system is wired, we're in that horrible tired and wired state, where we're depleted, and there's no energy, but of course, we can't settle because the nervous system's stimulated. That you actually use a technique, and you see a difference. Maybe talk about what those experiences were like.

Nikkie: Yeah. I remember the first time it happened. I rang my mom because the best reason I could come up with was there was this magic gift that we all had that none of us knew about because actually, it really did blow my mind. Actually what it meant was I felt so much more in control of what had felt so out of control. I think it was really nice to be able to have a set of tools to say, "Okay, this horrible, horrible feeling of why I'd agitate, being really agitated. I can actually do something about." When I draw out of that wired, yes, I still feel exhausted, but I don't feel so uncomfortable in my body." That there was something really important for me about being able to shift into what was yes, still not nice, but it wasn't so unbearable as that wired feeling is.

Alex: One of the things that can often happen, again as you know, that as we started to calm down the maladaptive stress response, we start to get in touch with some of the deeper emotional issues that are going on, and of course, of which one can be the different forms of trauma that we can experience. I know that was part of your part. Maybe talk a little bit about that, and perhaps what it was like to, as someone that had been quite cynical and quite resistant

towards the idea of psychology, how it was to see that, and how it was to start understanding that.

Nikkie: Yeah. I think it was really powerful because what started to happen as I started to identify some of these things that I think I had been running from for a really long time. A lot longer than I had chronic fatigue syndrome for. I started to free up my system, and I felt like I was freeing up myself to be more spontaneous, and more joyful. So yes, although I was going through something that was really difficult, again what happened mentally was that my day-to-day felt much nicer because when I was able to read, I actually enjoyed it. I was able to rest, and okay, I enjoyed it a little bit. What really started to happen was that I wasn't so afraid of myself. I think that was where the initial cynicism had really been about because I was really frightened of facing what I'd been running away from for so long.

It also meant as I learned the psychology tools, that I was able to work with those things myself too. I had the support from Emma, who I was working with on the psychology side, but I was also on a day-to-day basis able to identify, "Okay, right now I'm feeling really agitated because actually I'm quite scared. Okay. So I can do something with this fear," and then it would shift. What it meant was then when I started working with some of the deeper stuff, I wasn't so frightened generally of feelings because I had the experience of being able to, "Okay, I can feel what fear feels like," or "I can feel what anger feels like. I can actually do something with it, and I don't just get stuck in it." Which I think was my big fear, and I hear a lot from clients that, "We're frightened of feelings because we're never really taught how to deal with them."

Alex: There's an ego protection that comes in. That it's like we've learned to disassociate from our emotions and live in our mind because that's a familiar, safe place. Sometimes people will think, "Well, I just need to get into a calm, healing state," not realizing why the reason they're not in a calm, healing state is as a way to escape from and not feel all of that emotional stuff. So it's really important, as you know, to calm things initially to calm down the nervous system, and for some people that's really the main move that has to happen from a psychology point of view. For others that's the first move that then allows them to open up to the deeper work that is there.

Maybe say a bit about also how it was related to toxic relationships, or friendships, and other people in your life as you started to advocate more for your own needs, and your own emotions, what some of the impacts of that were.

Nikkie: Yeah. It was one of the things that as I started to understand how one of the ways that I'd learned to live in the world was to really give people

what I thought they wanted. For some people, that was what they wanted. For other people, it was what I assumed they wanted. What ended up happening was there was two reactions I saw. First, one reaction was actually people didn't want the things I thought they wanted. They were quite okay with me standing up for myself, and we negotiated relationships over time though gentle putting in boundaries, and they would do the same. Actually, the relationships really deepened.

There was another set of relationships were actually it turned out either what we wanted really weren't the same things, and one of us was trying to please the other to try and keep things going. That happened in friendships. It also happened in the long term relationship that I'd been in. Actually the best thing for both of us was to part ways. I think that's what happened on the day-to-day, and what it made me do was really track back to how would I learn, and where did I learn this idea of people pleasing. I was able to do some of the trauma work around where that came from, and actually also make the behavior in life changes in my day-to-day life to make things much more grounded, and me much more central to my life.

Alex: Because of course, as you've been talking about, that's one of the big challenges in changing is that impact that it has on other people. It's like that dance of change. If we're dancing a dance with someone, and let's say we're ... I don't know that much about dancing, but let's say we're dancing, I don't know, the foxtrot, whatever that is. We're dancing the foxtrot let's say, and then we decide we're going to go and dance the tango, and ... I don't know how different they are as dances, but let's say they're different.

Nikkie: I don't either.

Alex: Go and dance the tango. The person we're dancing with really has one of three choices. They're either going to come and dance the new dance with us. They're going to hold us back in the original dance, or we're going to dance two separate dances. I think that process can be difficult, as it sounds like you were experiencing, that we can be tempted to be called back into the original dance with the relationship, not because that person doesn't love us, but because they do love us. They don't want to feel like they're losing us. It takes quite a lot of courage to be able to go and dance the new dance, and the dance which is we need to be dancing support our healing process.

Nikkie: Yeah. Right. I think that was really, really evident in my relationship. I, by this point, had got married. It was really becoming clear for me towards the end of my journey that actually, this was probably one of the last pieces was that actually something needed to change quite dramatically in the relationship. In the end, it meant us parting ways. I think for some people,

it doesn't necessarily mean that, but often things need to change quite dramatically in those day-to-day relationships, whether that's the intimate relationship, or relationship with parents, if that's who we're living with. Because your system is constantly responding toward whatever toxicity is there, I guess.

Alex: I think that's one of the really helpful ways, right, of thinking about the impact of psychology. That it doesn't mean that we're in the wrong relationship, and therefore, we're making up symptoms as a way to try to get attention or to get away from it, and those very old-fashioned lazy psychology thought processes. It's having an impact on our nervous system. It's like we're not able to really turn off our sympathetic nervous system, be in a calm, relaxed, healing state because we're constantly responding to our old patterns, and that's triggering us into stress, or into trauma responses, or into pushing ourselves beyond our current capacity to try to placate, or keep happy that person. Ultimately, it drains the system, and it, therefore, is perpetuating the fatigue.

Nikkie: Yeah. I think that's why for me, often one of the things I keep coming back to, and I often say to my clients is psychology is about physiology. Actually, you cannot separate the two. You can make decisions, and you can use psychology, and you can process lots, and lots of things to be able to be less triggered in a relationship, but there are points where actually that becomes even masses of work, and it's sometimes not worth it, or it's just almost an impossible task. So parting ways is maybe appropriate.

Alex: As you were coming to the later stages of your healing journey, what was that like as you went from being unable to work, and being very limited in terms of capacity, to starting to get well? What was getting well like? What was that coming back into the world like?

Nikkie: Yeah. I mean, on one hand, it was amazing, and it was really exciting to be able to be at that point because I could see how far I had come. On the other hand, what started to happen was I started to go back into this place of, "Well, I'm kind of all right, so it's fine. I don't need to do this work anymore. I can just get on." So the last little bit actually was in some ways one of the hardest bits of it because it meant being really consistently disciplined, and having my goal in mind of actually I want something better than what I've got now. That doesn't mean accepting where I am, but being able to really have an idea of this is actually what I want. I want optimal health. I don't want necessarily to go back to a place where I kind of feel all right most of the time. So actually this is for me, where a lot of the trauma work came in, and where I had to do quite a lot of work, deeper work, nutritionally deeper work too to really find what was going on in those last bits.

It got frustrating because I felt like I was so close. Actually, once I got to that point where I was really getting there, it felt amazing.

Alex:What was some of those key moments? Often people have certain things in mind that, "When I can do that, that's when I know that I'm recovered." I know that for me, it was being able to go for a run without having any fear of consequences. It was like this Rocky moment of running up this hill, and near where I live now actually in North London, but what were some of the moments for you where there was this significant sense of "I'm on the other side of this"?

Nikkie: I think a much more mundane moment than that. I remember walking. I'd been, I don't know, working London somewhere, I think. I remember being on the Tube, and walking up the escalator, and suddenly I was like, "Hang on a second. I'm walking up the escalator. What is going on?" I'd worked a full day. I had seen friends that evening, and I was actively choosing to walk up the escalator rather than stand in it, take me up. I think there were moments like that, or the first time where I was like, "I've got the energy to be able to wear heels all day." That was the other moment for me. It was like, "I don't have to wear clothes, or wear shoes that just get me from A to B. I can partake in the beauty again." I think they were really small moments where probably nobody else who'd been around me would've understood it, but I think anyone who's been through this kind of journey would really get it. I just remember those moments for such fondness. What it means now is every time I put a pair of heels on, I kind of go, "Yeah, this is really cool."

Alex:I'm somewhat envious. I've never had that moment where I could wear heels the whole day. Maybe also say a bit about the ... Some people may not be aware that there was a coming full circle in this story because you were qualified and working as a physio. You then got sick, and you had to stop working. You went on this healing path. Then you decided then to do the practitioner training program. You ended up going from being a patient, to being a student, to then becoming a practitioner with the Optimum Health Clinic. Just say a bit about that journey, and what it's been like to start to be on the other side of the equation. That running the 90-day programs, for example, in the same room that you'd been a participant of.

Nikkie: Yeah. I think it's been a really amazing part of the process because I really feel like had it not been for the chronic fatigue syndrome, I would never have come across my actual love of psychology. I truly, truly love it, which means I get to work with people, and do this on a day-to-day basis. I think that it is one of the most ... Fields that once you understand what the models are, why this stuff happens, it's one of the most logical conditions I've ever

come across. It's really great being able to support people in the way that other people supported me, and just being able to see the benefits that people get from really understanding themselves even more. Being able to live in the world much more from their heart because I think what often happens is when we close down, we close down the very essence of ourselves, and just being on a 90-day program, and being able to explain some of these models to people, and see their eyes go, "Oh, yeah. That actually makes sense," is just so humbling. I think being able to see the resilience of people, and bravery, and courage that people really go through facing themselves, and facing stuff that they've been doing their best with for a really long time is just indescribable. It's amazing.

Alex: What would you say to someone, as we come towards the end, what would you say to someone who is suffering from fatigue on some level, and maybe understands obviously there's key physical elements, and perhaps as we're listening to some stuff as part of the conference, they've started to piece together some of those pieces, and make a bit more sense of that? Perhaps they're where you were at the start in terms of psychology of, "I'm not open to that. That's not part of it." What would you say to someone that's feeling that way?

Nikkie: I think the first thing is it's okay to be frightened, and it's okay to not understand this stuff. That is really, really normal, and at the same time, I think it takes real energy to have defenses, to have protection. Yes, we need them, and they've served us really, really well up until now, and yet, there is another way. I think my journey was really about understanding what is the alternative because when we're able to identify with truly where we are, be authentic with that. If that is, "I'm really cynical about psychology," having a conversation with somebody about that, what that allows you to do is it allows you to process whatever hurt is there, reduce whatever defences are there, feel safer, which means you have more energy because actually your system can calm down, and your life much more of an authentic life. Being frightened, being cynical, being anger, that this might even be part of it, all makes complete sense, and is completely normal.

Alex: Fantastic. I think that is so true. I think that there's, as you say, it takes courage to be willing to see things which are uncomfortable or difficult to see. Of course, I guess the irony is that it may be a bit more uncomfortable initially, but it's a lot less painful than not seeing it, and staying stuck in the situation.

Nikkie: Right.

Alex: You're obviously a living example, breathing example of someone who's been through it, come through the other side, and realized that psychology is not something to be afraid of. It's actually something to fall in love with, ultimately.

Nikkie: Right. Yeah. Absolutely.

Alex: Fantastic. Nikkie, thank you so much. I really appreciate you being so willing to share of your story. I think it will be really helpful to people, so thank you.

Nikkie: You're welcome.