



## Case Study:

# Trauma and recovery from fatigue

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### **Jess Thompson - [00:00:15]**

Welcome to the Fatigue Super Conference. My name is Jess Thompson and I'm director of the psychology department at the Optimum Health Clinic where I've now worked for over a decade.

Today I'm joined by Nikkie Foster, a very experienced psychology practitioner, also at the Optimum Health Clinic.

Welcome, Nikkie, and thanks for joining me today.

### **Nikkie Foster**

Hi. You're welcome.

### **Jess Thompson**

This is one of our case study sessions where we're breaking down real life patient stories from the practitioner perspective to support other practitioners working in this field, but also to help those that are on the healing journey to understand the different ways that we will work with patients.

This session is going to be focused towards the psychology side of someone's healing journey. Obviously, with all recovery journeys, there are many pieces of that jigsaw. So as much as we're going to emphasize some of the psychology pieces, that's not to negate the importance that other pieces of the jigsaw played in this journey and in fact, in all journeys. This client was also working with the nutrition side throughout and continues to work on that piece of the puzzle.

So maybe a good space of starting with this is just to get a better general context. So when this woman first came to see you, what was happening in her life? And what was the kind of symptom picture that she was presenting?

### **Nikkie Foster**

Yeah. So this lady, when I first started working with her, she was a retired social worker in her 60s. She'd had fibromyalgia for about 20 years. And actually, it took her about 16 years to get a diagnosis. She had quite a lot of medical issues, migraines, IBS and severe constipation. She had a duodenal ulcer and early signs of arthritis.

Her top symptoms were two types of fibromyalgia pain. So she had one kind of pain that was really stinging, buzzing, burning, and another one was more of a contact type pain. So when she touched things, that was where that pain came from. Quite severe insomnia. I remember her saying to me that she almost dreaded going to sleep because that's where the battle begins. And constipation. All of which she scored about, we use a scaling in clinic, 0 to 10, where 0 is no symptom and 10 is the symptom is really severe. And hers she rated at about a 7, all of them when we first started.

**Jess Thompson - [00:02:25]**

So she had quite significant symptoms going on.

**Nikkie Foster**

Yeah. Yeah, she did.

**Jess Thompson**

At the clinic, we refer to subtypes and stages, in chronic fatigue syndrome and fibromyalgia. Would you be able to explain a bit about this? And particularly this client's subtypes and why this is an important aspect of our work?

**Nikkie Foster**

Yeah, of course. I mean, subtypes and stages are really key to help a client understand what ways of being create stress for them. And thus why their maladaptive stress response is so high. So, it effectively tells them and me, as their clinician, what needs addressing to help bring the system back into the healing state.

So in this case, the client's subtypes were achiever, helper, anxiety and trauma. So actually she related to all four of the subtypes that we work with in the psychology department.

She'd really learned in childhood that in order to feel good enough she needed to achieve and to help others. And what this meant was that she drove her body fairly regularly beyond her physical capacity, as if she had, if she wasn't achieving it or if she wasn't helping effectively, she didn't feel safe.

Now, of course, a lot of this goes on unconsciously. It's learned pretty young, but this client was quite self aware and was able to realize fairly early on that actually those things were really quite true and were playing out for her quite regularly during the day.

She'd been anxious as a child, and had suffered significant childhood trauma as well as trauma in her adulthood as well. And for her, in many cases of these traumatic things that she'd been through, actually, they'd been ongoing for many years. So, again, a lot of these subtypes that we see in the psychology department, they all interrelate. And actually for somebody to, for clients to really be able to understand what is going on, really helps them to be able to see, well, what is creating so much stress? And why is that been ongoing for such a long period of time?

**Jess Thompson**

Yeah, sure. It's quite common, isn't it, in our client group that actually experience that kind of way of being in the world across all of those psychological subtypes?

**Nikkie Foster**

Yeah, definitely. I think, you know, in this client's case, what we identified much later on, and we'll talk about later on in this conversation, is that really from quite early on the trauma, she'd had a traumatic childhood from quite early on, but actually also the family system, if you like, had really taught her that in order to be good enough, in order to kind of get on with things, in order to survive, difficult stuff, actually achieving and helping was the way of doing that. And anxiety, I think, can be created by a number of different things. And for her, it was probably linked to some of the trauma that she'd been through.

**Jess Thompson**

Sure. That makes sense.

I wonder, can you describe how you began working with this client? Was it in a group? One to one? And what was the purpose of that initial stage of the work?

**Nikkie Foster - [00:05:27]**

Yeah, so she came and joined our group 90 day program. This is the program that we run here in the clinic. It's spread out over 90 days and it begins with a kind of initial 5 day intense, group work, I guess. And really the program is about creating a framework around what's going on with our clients, for those particular clients.

For this client I remember her saying that it was the first time in 19 years that she trusted the information that she was being given. So actually it created a huge amount of peace around what had been going on, what she was struggling with.

And the first phase really was about putting good habits in place. She needed a good healing routine, which for her involved, and for many of our clients, involves listening, learning to listen to their body, having fun daily, something that gets forgotten about a lot when we're really poorly and establishing really compassionate habits.

So by this point, what she'd been doing some nutrition and that had made a huge impact on her symptoms, through cutting things out like dairy and gluten, supporting her body shortages of certain minerals and her system became less and less inflamed as a result. And I think kind of was prepared, at that point, for detoxing. But what we were really doing was with the framework of the psychology boatloads being able to help her with some of the helper tendencies. That's really where we started, particularly around the helper tendencies with her mom, who her relationship had been difficult with.

**Jess Thompson**

And that experience that she had of feeling for the first time that she could really trust the material is quite common, isn't it, in clients that come to the clinic?

**Nikkie Foster**

Yeah, lots of people seem to feel like they're being understood. There's a huge logic, and I remember this when I first came to clinic myself, kind of realizing how logical actually these fatigue related conditions are. But of course, they can feel highly illogical when you don't understand what the logic is and actually I think our framework's really help people to be able to piece together what exactly is going on for them. And that in itself is really safety creating, actually.

**Jess Thompson**

Absolutely. And also, they're given that opportunity to share their experience of the illness and they're really listened to and really heard, which often might not necessarily have been the experience they've had perhaps in the medical model.

**Nikkie Foster**

Yeah, yeah. I mean, I think we get it in clinic, and I think that is often what people feedback to us at the end of the 90 day program. They really feel like we understand what they've been through, even though their own journey is highly unique, of course, as is everyone's.

**Jess Thompson**

Absolutely. So it sounds like this client needed some stabilization, both psychologically and in terms of pacing, which is what you effectively started with, what happened next in the work?

**Nikkie Foster - [00:08:42]**

So the next phase was really about creating safety. So the maladaptive stress response was where we needed to go. So because of these boatloads on the psychology side, that we've been referring to, she had learned to be quite hypervigilant.

And again, a lot of this was unconscious, but as it became more conscious, we started to be able to really look at what were the triggers for that maladaptive stress response playing out in day to day.

**Jess Thompson**

I wonder before we go on, if you can just say a bit more about the maladaptive stress response so people know what we're talking about.

**Nikkie Foster**

Yeah, of course. So the maladaptive stress response is really, the way I think about it's like the system has got stuck in feeling unsafe. It's being able to see all sorts of, it's recognizing all sorts of threats and really the threat of the system being overloaded with all sorts of different boatloads, different subtypes that we've been talking about. And actually, as a result of being overloaded, the system then starts to react to the very symptoms that are being generated to try and tell the body, trying to tell us that the system is overloaded in the first place. So it's really the reaction to being poorly. And of course, being poorly is really the reaction to being overloaded.

**Jess Thompson**

That makes complete sense, thank you.

**Nikkie Foster**

So, yeah. So that's what we were really working with. We were looking at trauma that had been, that was being triggered in the day to day. So a huge factor for this client was being out of her comfort zone when things, when change occurred, when she was surprised. So her system would go into kind of huge stress as a result of that. And then all of her symptoms would come up. And then as a result of the symptoms coming up, there would be more stress.

So it was a kind of complex layer, if you like, that we were working with. We used a lot of EFT.

**Jess Thompson**

Can you just describe a little bit about what that is, again, just so people understand.

**Nikkie Foster**

Yeah, of course, emotional freedom technique is an acupuncture based tool, acupuncture without needles effectively. So it's really easy to do at home. You tap on particular points on your face and your body while using words that help your brain to focus on the problem, if you like.

So for this particular client, what she was able to do is if she recognized when she was feeling out of her comfort zone, she would be able to say something along the lines of, even though I'm out of my comfort zone and I feel unsafe, it's OK. I accept myself anyway while tapping on particular points. And those particular points are really, they send nice healing, soothing signals, if you like, to the fear center of the brain, so it's actually really quite destressing.

**Jess Thompson**

Great. Thank you.

### **Nikkie Foster - [00:11:41]**

And so, the emotional freedom technique really allowed her, us in session, of course, but her in her day to day, to be able to do something with these triggers that she recognized during the day.

We also used a number of sensory anchors, which all that really means is an ability to come back to the present. So if something gets triggered, often it's like the past infiltrates the present, if you like, so suddenly that person unconsciously feels like or the system feels like I'm now in danger, because something that I'm seeing in the present is very similar to something I'm seeing in the past. And actually sensory anchors help remind us, today is the 29th March, 2021 as opposed to the 29th March, 2017, for example.

So over time what this did is it started to help her to slow down into a calmer and more embodied space because her body was a lot less symptom filled and she was a lot less frightened as a result of all of the symptoms. This then helped her to see any triggers of past trauma that were present and soothe herself more in the moment.

So what it started to do was effectively go from a kind of general, my body is just stressed all of the time, I'm freaking out at everything to much, much more honed approach of generalized calmer space, reduced symptoms and as a result, being able to pick up when her body was identifying unique threats, if you like.

Interestingly, in this particular kind of case, she'd done quite a lot of study intellectually around psychological trauma. So she knew quite a lot. But as is so often the case, this isn't quite the same as being able to self soothe in the moment.

### **Jess Thompson**

Yeah absolutely. Can you say a bit more about why it is that even though someone can have a lot of intellectual understanding of their situation and their psychology, this doesn't necessarily shift things for them.

### **Nikkie Foster**

Yeah, of course. I mean, I think it's mainly because the body is where the stress and the trauma is held. So, obviously, it's really important to be able to have a narrative around what's going on. And a big part of the reason that we have our, you know, our framework, our boatloads and our stages and subtypes is to be able to create a narrative around what's going on. Actually, the body is where all that stress gets held.

And so what we're doing when we're being able to use something like emotional freedom technique or other trauma based tools, we're really supporting the body to come out of the reactive space that it goes into, in order to survive whatever threat it recognizes in that moment. So i.e. stopping it, going into a place of fight, flight or freeze.

### **Jess Thompson**

OK, that makes complete sense, I know in this case that actually when you began bouncing the boundaries of the next phase of the work, that actually demonstrated that some of that trauma needed to be actually worked on.

### **Nikkie Foster**

Yeah, it did. Absolutely. And this is, it doesn't happen in every case, but in this case, what was really going on was the system just wasn't able to come back to or hold that space of calm that we really need in that third stage of recovery where we start bouncing our boundaries.

So there was a couple of things that we did at this point. We used the stop process, which is one of our key tools in clinic to work on the beliefs, to work on day-to-day thought patterns. And in this

client's case, it was really about helping her to realize when she didn't feel safe and to come back into being able to find safety. And this worked really well for her just on a day-to-day basis.

What we also did was managed to link her physical pain with a sense of psychological danger, particularly in going back to work. So this client had experienced quite a lot of trauma in the past at work. And as a result, when we were trying to bounce her boundaries into going back into work, her body just wasn't able to find safety in that space.

So again, we came back to emotional freedom technique. We gave the pain a voice. That's the kind of logical way of saying, of explaining it. And actually what we were really able to determine was the fear for her body was that because work hadn't been a good experience in the past, it was almost telling her, please, let's not do this again. And actually, what we were able to do is find an alternative, more helpful and safe perspective that allowed her to soothe her body as she was re-entering work gently.

### **Jess Thompson - [00:16:43]**

I wonder had she actually made that link herself before to the link between the physical pain she was experiencing and the body going into that state of psychological danger?

### **Nikkie Foster**

No, not in this particular case. And I think it was quite revolutionary, for her to be able to see that because so much of the fibromyalgia pain that she's had was really being worked on with nutrition and actually was making quite a lot of progress with nutrition. It was quite, yeah it was quite surprising to her that there was an element of psychological fear that was really coming out in pain.

But actually, once she'd made that link, it was quite quick for her to be able to see and differentiate between, OK, now I feel triggered and as a result, my body feels not safe so let's create some soothing mechanisms in the moment. And actually the psychological pain, if you like, reduced. So it was quite, and it's quite common that that is the case that we don't always realize that psychological danger can create physical symptoms, including pain.

### **Jess Thompson**

Yeah, absolutely. And at this point, I understand that she kind of also maybe played out some of her achiever type tendencies with recovery that sense of I have to perform?

### **Nikkie Foster**

Yeah. And this is cropped up in a number of areas, actually. So work was where we kind of came across it, if you like. But actually we were able to link it to recovery, to our relationship together. There was a sense for her that she really felt or part of her felt that she had to please me, show me that she was making progress and that she wasn't making it up as she had unconsciously been taught to believe as a child.

And also in life it's so common, I think, for many of us to feel like we've got to have this stiff upper lip and just get on with it. So what she over time was able to really see was that she didn't have to perform, that she could kind of let go and be a bit, just more authentically who she was and where she was, whatever that meant in the moment. And there was something really freeing about that for her.

### **Jess Thompson**

Yeah. So I wonder what happened for her as a consequence of letting go of that. What did she notice? What did you notice?

### **Nikkie Foster - [00:19:12]**

Yeah, there were definitely things that changed behaviorally. She was able to start unhooking from toxic ties, if you like. So things that didn't really work for her anymore, she was able to start standing up for herself, able to start choosing things that felt more authentically real rather than weathering her suffering, if you like, by pretending it wasn't there. So it allowed her to be much more who she was. And there's something very safety creating in that, because, of course, when we're having to try so hard, be that to try and achieve or help or perform whatever that trying is about, it's actually takes a huge amount of energy and a huge amount of hypervigilance, actually, to be able to do that consistently.

### **Jess Thompson**

Absolutely. And it's very often the case with our clients that actually part of the recovery process is undoing some of those layers that have kind of happened in their life as a result of different childhood experiences, often where they've had to become the helper, become the achiever. And when they peel back those layers, they get more in touch with who they really are underneath all of that.

### **Nikkie Foster**

Yeah, absolutely. It's often a tricky process for people to go through, but actually incredibly freeing at the end of it. And a huge part of our, probably the main part of our psychology work actually is about working through, obviously this maladaptive stress response, that reaction to being to being ill and having those those boatloads, but actually being able to, underneath it, get to authenticity and being able to just be who you are in the moment. There's something really freeing, yeah freeing about that, and I think a lot of people look back on their own recovery journey, and that's often the gift that people feel like fatigue related conditions have given them.

### **Jess Thompson**

Absolutely. I know from my own experience of having chronic fatigue that initially all I wanted was to get back to the life that I had before I became unwell. And it took me some time to realize that it was actually that very way of being in life that created some of the difficulty. The part of getting better for me was the same, you know, uncovering working on those layers. And it does become a gift in the end, doesn't always feel like it as you're going.

It sounds like some really significant shifts took place at this stage in the journey, kind of just to give practitioners and clients an idea, how many sessions do you spend, you think, on this area?

### **Nikkie Foster**

Yeah, we did about 6 sessions in total on this. And what that really allowed her to do was for us to work through some of the things that were difficult for her to work through on her own, it allowed her to work through some of it on her own in the day to day. Obviously, there's a huge amount of importance that we play in what happens between sessions, as well as what happened in sessions.

And for this particular client, she really started to understand the cost of continuing to engage, particularly at work, as something that had been so triggering for her. And, you know, as I said before, she was able to start standing up for herself, feeling more liberated, she felt more grounded and actually her symptoms, particularly the pain, remarkably reduced, which again, allowed her to be more of who she was because she didn't feel so restricted, she wasn't suffering so much because of all of the symptoms. So actually, it became a bit of a self-fulfilling cycle, if you like, along this part of the journey.

### **Jess Thompson**

It sounds like this client really engaged with the work and as you say that's so important. What people do in between the sessions is really key. We can help them in the sessions to understand, to roadmap, to get a sense of where they are and what they need to focus on and really it's that work in between

that makes a big difference. It sounds like she really engaged with that. Did she need much support to engage?

**Nikkie Foster - [00:23:31]**

No, I think the beginning, partly because she, I think because she was a social worker by background, she understood a lot of this stuff. As I said before, she'd done some of her own understanding, her own kind of learning around trauma. So there was a lot of foundations in place already. I think the other thing was the fact that the framework that we put in place right at the beginning of that 90 day program made so much sense to her that actually really by this point, all I was doing was guiding.

And she was you know, she was seeing the benefit. She understood the logic behind it and she wanted things to be different. So she worked really hard, was incredibly dedicated. And of course, that doesn't necessarily mean the journey is going to be smooth. But actually, with this particular client's case, she got it, she was able to put things into practice. And as I say, what we were really doing was just moving things on every session that we had.

**Jess Thompson**

And it sounds like as a result of your work, she was able to kind of interpret the world in a different way and interact with it differently and learn how to respond to stressful things happening in a different way.

**Nikkie Foster**

Yeah, absolutely. What it meant, actually, was that she could really start to handle more, stress then subsequently came because life wasn't particularly easy, it wasn't stress free, let's say, even while we were working. And just by having the tools, having the resources, being able to realize that she didn't have to achieve or help as a way of staying safe, it allowed her to look at not only what was stressful in a different way and interpret it in a different way, but also manage it differently, which again, was really important to her.

**Jess Thompson**

Absolutely. And the final phase of the work that you did, can you tell us a bit about that?

**Nikkie Foster**

Yeah. So by this point, we were about a year down the line and recovery was looking more and more like it needed to be focused on nutrition. By this point, she had, I think there were some quite major mold infections, there were certainly gut issues that needed addressing. And at this point, other than pain, most of the symptoms were virtually gone. Now, what tends to happen at this point when somebody needs to focus their attention on one side of the clinic the other side, either gets put on pause or what we do is we allow the client to carry on with the work in the way that feels right for them.

So, you know, by this point, the client knew emotional freedom technique really well, she knew the stop process really well and they'd had some good experiences of where they had been super helpful for her.

So what we did is we put things on pause on our side to allow her just the resources, the time, the energy to focus on the nutrition side. And her gut is still a complicated boatload. It's still being worked through. There have been a few setbacks, possibly by infections. And really what we're doing on the, or what we've said on the psychology side is that, I'm here, she knows that she can re-engage in our relationship should she wish. And some people do. Some people feel like actually they know enough on the psychology side to be able to get on with things. And yeah, and it allows her, in this case, to be able to work with these tools in the way that feels helpful, knowing that I'm there as back up, basically.



**Jess Thompson - [00:27:27]**

Yeah. And I think that's a really great thing about the way that we work. It's very flexible. It's very tailored to the individual because everybody's journey's so different. So being able to take a pause in the psychology support to focus more on the nutrition, knowing that your support is there, sounds like it's really helpful for her.

And it also sounds like you really equipped her actually to be able to manage the kind of, what sounds like a complex nutritional physiological journey. You equipped her with the tools and techniques and understanding needed for her to be able to feel that she can actually manage that herself. Which, of course, is one of the aims of our work, is that people become confident in being able to hold their own hand, if you like, or be their own coach on the recovery journey.

**Nikkie Foster**

Yeah, absolutely. I think you know what I certainly find, and I'm sure this is tricky too, is that initially when clients come to work with us the level of support they need is often more intense than towards the end or once they've been equipped with those tools. And actually, it's really empowering for someone to be able to feel like they've got the resources to be able to go away and do a lot of the things on a day-to-day basis.

And at the same time, of course, knowing that if they do come across something that is either new or particularly difficult to work with, they can just re-engage with the psychology side for as long or a short amount as they really need, just so we can facilitate that next step, if you like.

**Jess Thompson**

Yeah. Well, thank you Nikkie so much for sharing this case today. It's always a great pleasure for me to hear about the great work you do. I think it really helps people get a sense of actually what happens in the real world setting. So thank you so much.

**Nikkie Foster**

You're very welcome. It's a pleasure.