

## THE PROACTIVE NEUROSOMATIC THERAPY PROGRAMME

## **BOOKLET 1**

# CFS/ME AND FIBROMYALGIA: AN INTRODUCTION TO THE NEUROSOMATIC MODEL OF ILLNESS AND RECOVERY

And

## THE PRINCIPLES OF THE NEUROSOMATIC THERAPY PROGRAMME

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## CFS/ME AND FIBROMYALGIA: WELCOME TO THE NEUROSCIENCE REVOLUTION

We are living in one of the most exciting times in medical history, a time when we have convincing new scientific explanations for the origin of a wide range of chronic illnesses like Myalgic Encephalomyelitis (ME), Chronic Fatigue Syndrome (CFS) and Fibromyalgia (FM). The findings of neuroscience show us not only how and why we develop symptoms, but also how new, neurobiology-based treatment programmes can help dispel these symptoms.

This research means that we now need to transform how we regard these illnesses. We now know that people with CFS/ME and fibromyalgia and similar conditions no longer need to be ill.

The Neurosomatic Recovery Programme which we have developed is based on the latest neuroscientific evidence that allows us to challenge many of the myths and misconceptions about the origin and treatment of CFS/ME and FM. In particular, we challenge the view that CFS/ME and FM are conditions that are "all in the mind" and cannot be remedied. Neuroscience now offers us the neurobiological evidence for a sound, integrated explanation of these illnesses. We have used this new understanding to offer sufferers of CFS/ME and FM an appropriately designed Recovery Programme that can help dispel all the symptoms of these debilitating illnesses, permanently.

However, we also acknowledge that not all forms of CFS/ME and FM are necessarily amenable to neurosomatic treatment, and that our approach may not be appropriate or help everyone with these conditions.

According to our neurosomatic model, CFS/ME and FM are the direct result of a genuine epigenetically-acquired neurosomatic condition. We use the term neurosomatic to describe chronic disorders like CFS/ME and FM which arise through dysregulation of neurobiological systems that are primarily involved in the chronic stress response in individuals whose neural networks were subject to "programming" in response to early-life stresses. We define the form of stress that generates the symptoms of these chronic disorders as 'neurosomatic stress'.

The fundamental premises of our approach are that

• these disorders result from changes in gene behaviour, rather than directly from our genetic inheritance (i.e. they are epigenetic in origin),

and that

• the brain remains plastic and malleable throughout our lives.

These findings mean that we can each change for ourselves both the behaviour of our own genes and the neurobiology of our own brain-body system in ways that allow us to overcome our illness, even after many decades of debility, allowing us to make a full and permanent recovery.

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Since the mid-1990s we have seen a revolution in our understanding of how a number of illnesses may develop and how people can recover their health. This revolution is the outcome of an explosion in the volume of research into the neurological workings of the brain and its biological links with the body and the symptoms of chronic illnesses.

The latest neuroscientific research confirms what all sufferers of these chronic conditions already know, namely, that these illnesses produce genuine and severely debilitating symptoms. The research shows us that these symptoms are triggered by

- Over-activity of the autonomic nervous system (ANS), which comprises the sympathetic branch (SNS) and the parasympathetic branch (PSNS) of the nervous system. Chronic hyperactivity of the sympathetic nervous system (SNS) generates a wide range of stress-related systems which, if not checked, can eventually lead to adrenal fatigue and SNS hypoactivity, in which SNS activity is replaced instead by hyperactivity of the parasympathetic nervous system (PSNS). At this stage, individuals may suffer physiological shut-down and metabolic collapse;
- Over-activity of the neuroendocrine system (ie behaviour of the nervous and glandular systems), and in particular, the pathway linking the hypothalamus (H), the pituitary (P) and the adrenal glands (A), which form the 'HPA'-axis. We also know now how deeply implicated are the brain's neural networks, largely inherited from our genes and early childhood experiences, in controlling how we deal with life's challenges. We can now see how and why, for many individuals, these challenges may stimulate the HPA-axis to move into a 'hyperdrive' state, causing dysfunctions of the nervous and immune systems, and producing a wide range of other painful and debilitating metabolic disorders; and
- Dysregulation of ANS and the HPA axis results in **dysregulation of the immune system**, allowing reactivation of earlier viral infections, reduced resistance to new viral infections, and increased vulnerability to inflammatory conditions, multiple chemical sensitivities, and allergies.

We have illustrated in the diagram overleaf the chain of primary physiological dysfunctions of the autonomic, neuroendocrine, and immune systems that arise from disruption of the ANS, HPA axis and immune system, and which trigger the symptoms of CFS/ME and FM. If you would like to read more about the neurobiological details of the origin of the symptoms of CFS/ME and FM, do refer to our recent book *Breakthrough for Chronic Fatigue Syndrome, M.E. and Fibromyalgia* (Volume 1), details of which are given at the end of this booklet.

## If you are a sufferer of CFS/ME or FM,

we provide you here with a brief explanation of **how** and **why** it is possible for you to become well again at last,

and we introduce you to the Neurosomatic Recovery Programme and the neurobiological principles that underlie the Programme.

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## DEVELOPMENT OF THE HPA DYSFUNCTION AND SYMPTOMS OF CFS/ME AND FM

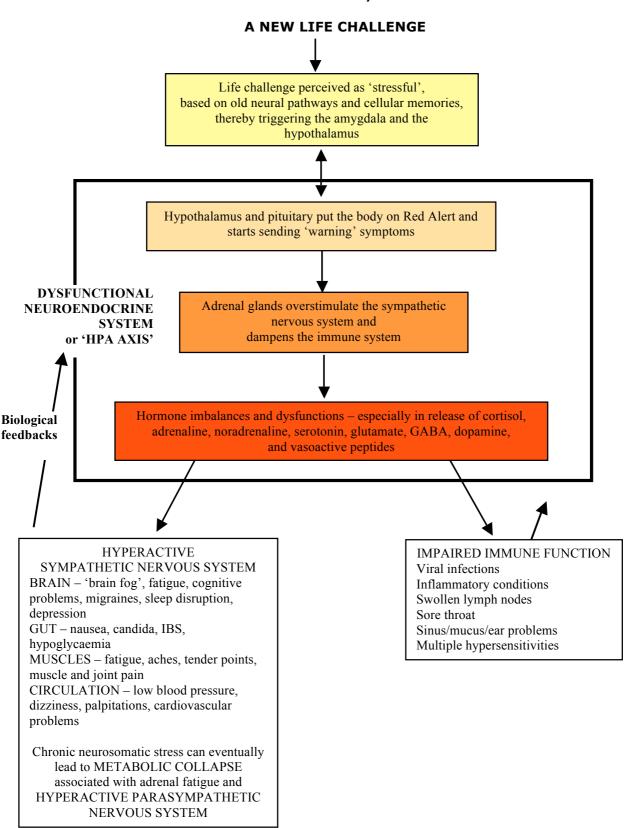


Diagram modified from John Eaton (2002): ME, CFS and Fibromyalgia: The Reverse Therapy Approach

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## THE PRINCIPLES OF THE NEUROSOMATIC MODEL OF CFS/ME AND FM

The Neurosomatic Recovery Programme is based on the theory that the numerous debilitating symptoms of CFS/ME and FM are the result of neural networks in your brain being conditioned from early childhood to stop you from feeling and expressing your emotions. You are experiencing your symptoms instead of feeling your emotions. Emotions are neurochemicals, and when emotions are blocked your neurochemical balance becomes disrupted and neural networks are impaired. Your body is sending you your symptoms to alert you to the fact that you need to find a new way of dealing with your emotions instead of holding them in.

Once you start expressing your true feelings in a safe and constructive way, which we guide you to do, your hormone balance becomes restored, your neural networks become more fully connected, and your symptoms will start to disappear. Your body will no longer 'need' to send you your symptoms as it will have released those key hidden emotions it had previously been 'protecting' you from.

## **HOW DOES YOUR BODY 'SEND' YOU SYMPTOMS?**

## 1. Neural Pathways Established in Childhood

When you were a small child, you learnt from your parents how you should behave in order to get their approval, acceptance and love. However, if your own emotional needs were not met, and you did not feel secure and nurtured either some of the time or all of the time, for whatever reason, you would have been subject to stress. Babies and young children can also be subject to all kinds of other stresses, ranging from *in utero* damage, to traumatic birth experiences, to abuse, separation or loss of a parent.

Any of these circumstances would have caused your developing brain to become 'hardwired' to regard all new or difficult situations as stressful, ie stress-related neural pathways became dominant. Children who feel secure and loved develop pathways that reflect the calm contentment of feeling nurtured and are generally able to cope well and with less anxiety, whatever the situation. But if not secure, your childhood brain switched easily and regularly into the stress-related pathways, sending streams of stress hormones around the body to help you cope with the anxiety of constantly trying to follow your parents' 'rules', and/or trying to cope alone in new or difficult situations.

These early pathways have remained fixed in your brain ever since childhood, making you particularly vulnerable to switching on the stress-related pathways and stress hormones whenever you are faced with new or difficult situations. These pathways meant that, whatever the situation you faced, you have been trapped in having to follow the 'rules' or strategies for 'coping alone' that you learnt in childhood.

The effects of any early adverse experiences remain into adulthood, affecting us at an almost entirely unconscious level – few of us are aware of how our childhood experiences may have "programmed" our neural networks to deal with stresses in life. While these neural networks supported our survival as children, as adults they are now 'out-dated' and can actually harm our wellbeing. Most adults with CFS/ME or FM are still trapped in these old childhood survival strategies. New and difficult situations can make them feel anxious and stressed because their old neural pathways trap them in old patterns of behaviour, keeping them feeling constantly fearful of breaking the 'rules'. For example, some of the most common rules among people with CFS/ME and fibromyalgia reflect their beliefs that they should always be polite and keep everyone happy, help other people, not let them down, not upset them, not be selfish, or demanding, nor admit to 'failure' or 'weakness'.

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Above all, most people with a neurosomatic illness have learnt from adverse childhood experiences that they 'have to' keep a firm lid on their emotions, keep quiet about how they really feel, and certainly never express how angry they are.

## 2. Other Changes in the Brain

Infants exposed to stress experience major changes in brain structure, neurochemistry, and hormone balance which can affect their wellbeing for the rest of their lives. The main changes are:

## • Limited growth of neural networks, so that cognitive and emotional processing areas of the brain remain poorly connected.

Poor connections mean that there is inadequate integration between left and right sides of the brain, and between the cortex (higher, more cognitive regions of the brain) and the limbic (deeper, emotional regions of the brain). In practice this means that individuals are often not fully aware of their own feelings, and so are unable to express how they feel. In this case, the cognitive brain was conditioned in early childhood to reduce or cut off its neural connections with the emotional parts of the brain, as one's own emotions felt too scary or risky to feel or express. As a child we still felt all the emotions but the cognitive part of our brain learnt to dismiss them, deny their importance, and 'block' them out.

## • Brain chemistry is dominated by stress hormones and reduced blood flow.

Individuals exposed to chronic stress tend to exhibit high levels of cortisol and noradrenaline in the brain, low levels of healthy hormones glutamate (which promotes neural activity) and GABA (gamma-aminobutyric acid, which calms the nervous system), and reduced flow of blood, oxygen and other healthy chemicals to the brain as well as to muscles and other organs. Eventually, after long-term exposure to stress (which includes blocking of emotions), normal hormone levels and hormone balance become disrupted, in turn affecting brain function, the nervous system, neuroendocrine system, immune system, the gut and digestive system, the cardiovascular system, muscles and joints.

## 3. Other Changes in the Body

When we are exposed to chronic stress or are traumatised as children, our limbic and nervous systems trigger the stress response. Normally this involves an instinctive response of fight, flight or freeze. But in the case of a CNI, because it felt too dangerous for us to defend ourselves, fight back or run away, our autonomic nervous system (ANS) (and especially the dorsal vagal branch of the parasympathetic nervous system), became dominated by the **'freeze-collapse' stress response.** 

"Freeze-collapse" normally means holding our breath until the danger is over, remaining as motionless as possible so as not to aggravate the threat, trying to make ourselves as small as possible, keeping our voice quiet and our feelings silenced. Instead of using our energy to mobilise to defend ourselves, to stand up for ourselves, to fight or flee, we had no choice but to turn our energy inwards, often in a state of fear and despair, in order to remain in our safe but "frozen" survival mode.

The shock of each of our early negative experiences sent our nervous system deeper into our immobilising stress response, 'locking' our body into an almost permanent state of anxious, passive-withdrawal associated with neurophysiological and emotional shutdown. This state generates long-term dysregulation of the autonomic nervous system, the HPA axis and many other organic functions, including our breathing, muscle, lung and heart functions. It is this state that makes us so vulnerable to developing a CNI.

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## 4. Our Inner Selves

Psychologists have suggested that we have a number of different inner selves or 'identities', each of which plays a crucial role in illness and in recovery:

## (a) Our Survival Mind

It is our Survival Mind that holds all the 'rules' of behaviour that we have internalised since childhood. Our Survival Mind is where we keep all our thoughts, ideas, beliefs, plans for the future, etc. Most of these beliefs and rules are unconscious, that is, as adults we are not usually aware that we hold these beliefs; we simply continue to conform to these rules since we have grown up with them and have used them to guide our lives ever since childhood. They include many automatic thoughts and actions: crossing the road, riding a bike, swimming, etc, but also, being polite, considerate, kind, hard-working – and keeping our true feelings hidden away. In other words, this is part of the mind that has been trained or conditioned to think and behave in certain ways, without our even realising that this has happened.

Our Survival Mind beliefs, thoughts, rules, and expectations are held in our old neural pathways. These deep-seated beliefs and rules of behaviour originate from very early childhood – we may have no conscious memory of this learning – and they are held in what is known as our 'implicit memory'. Many of our Survival Mind 'messages' that control our behaviour may become conscious (such as "I'd better keep quiet unless they get angry with me"), and are largely held in the left side of the brain.

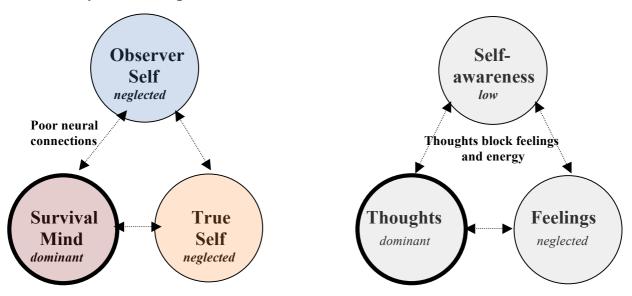
## (b) Our True Self

The True Self is our free spirit. It is where we carry and process our emotions and sensory perceptions, and so reflects more right brain processing. The right brain tends to hold our emotions and awareness of bodily experience, and holds a more holistic, accepting perspective. This is the part of our self that is in touch with how we are feeling, what we really need emotionally, physically, and spiritually, and represents the true essence of who we are. Our True Self is the self we were born with, our true nature, our deep inner self, the self that became buried and lost its voice in order to cope with the demands of early childhood. The socialisation process that we undergo in the later stages of childhood development inevitably adds pressures that shape us, potentially keeping the True Self's voice quiet, often completely inaudible, and long-forgotten. It speaks the truth about who we are. It is open, spontaneous, and intuitive. When we express the feelings of our True Self, we are being "true to ourselves", as authentic and honest beings

Our True Self obviously cannot communicate with us directly through words or verbal messages; instead, it has a pre-verbal and more powerful language of its own, namely, the world of symbols and physical sensations. Whenever the True Self is in need or distress, it triggers the amygdala-based neural networks to send us physical signals – physical sensations, gut feelings, instinctive senses, and of course, symptoms. These **physical symptoms** form the messages from our True Self, designed to alert us to the urgent need for us to stop blocking our feelings any longer.

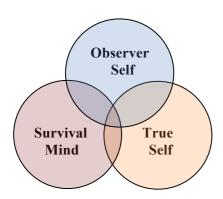
In other words, the True Self communicates to us through our body, or our Bodymind. Our Bodymind represents the intelligence of the body. It does not lie or cheat; it tells the truth about how we feel. It is gives expression to our True Self in order to protect us, to warn us of danger, and to guide us to take the right action on our feelings. It is our Bodymind that sends us symptoms, and it is through our Bodymind that we feel our emotions. These are the emotions of our True Self.

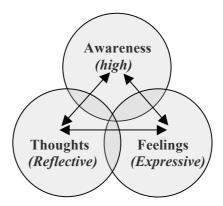
## A. Symbolic Representation of our Three 'Selves' in CFS/ME and FM



## B. Recovery from CFS/ME and FM through Integration of the Three 'Selves'

High level of neural integration; healthy balance between 'selves' and between thoughts, feelings and actions Awareness and corresponding action allow free flow of information and energy between thoughts, feelings and actions





However, in chronic neurosomatic illness access to our True Self is blocked by our Survival Mind. Our Survival Mind has been conditioned from early childhood to block access to the neural pathways which link our cognitive mind to our emotions. See Illustration A above. Since we cannot access our true emotions, our Bodymind has no choice but to send us symptoms instead: they are the bodily representation of our unexpressed emotions – emotions that in chronic neurosomatic illness have been hidden for so long that they largely remain beyond our conscious awareness.

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## (c) Our Observer Self

Our Observer Self is that part of us that steps outside Survival Mind and Bodymind and becomes aware of what we are thinking and feeling. It notices our thoughts and feelings, and reflects on them, evaluates what they mean, and decides what kind of response is required. Like your True Self, your Survival Mind has been conditioned to block neural access to your Observer Self. Your Observer Self is that part of yourself that is self-aware, a facility that is located in the deeper parts of the brain.

## 4. How our Inner Selves affect Illness and Recovery

The key survival mechanism for the Survival Mind is to ensure that you stick to the old 'rules' of behaviour, play safe, keep doing what you have always done, whatever the cost to you and your health. Its does so by sending you a constant stream of 'messages' along old neural pathways, which operate at an unconscious level, reminding you of the rules. Each of us has been conditioned to conform to different sets of rules.

The most common Survival Mind beliefs and 'rules' for people with CFS/ME and FM are:

- I must keep everyone happy
- I have to be perfect and try to prove that I can do this better than anyone else
- I'd better keep quiet and not rock the boat
- I'd better do what they expect of me
- No one is interested in me
- I'm useless and stupid
- I'm the only one who can really help
- My feelings don't matter. It's what other people feel that counts
- I don't need any help. I'm here to help others
- I mustn't show other people how I'm really feeling or else they'll think I'm weak and unable to control my feelings
- I must try to keep the peace and not upset anyone
- I must never get angry or put my own needs first, as that would show I am weak and selfish
- I mustn't fail

These are **FALSE** statements. **NOT ONE of these Survival Mind messages is TRUE about you (or anyone else!).** Most people with chronic illness have dozens and dozens of these toxic and damaging Survival Mind messages. These are the messages that are helping to keep you in illness.

## 5. How are these Messages linked to your Illness?

Survival Mind keeps you ill, chronically fatigued and in pain by BLOCKING any emotions that might make you challenge the Rules. For example, if someone treats you unfairly and makes you feel angry, your Survival Mind reminds you, "You mustn't show any anger – you might upset them, they may get angry back, you might be condemned, criticised, ridiculed, rejected..." And so, instead of acting on your feelings, you may reply, "Oh, I'm sorry. I was so stupid. I'll try not to do that again."

But what happens to your feelings of anger? They don't disappear. THEY REMAIN IN YOUR BODY - FOR EVER...or at least, until you acknowledge they are there and express your feelings in a safe and constructive way. Blocking these emotions, and other emotions such as fear and sadness, damages the body's metabolism and eventually triggers the chronic stress-response.

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If your emotions remain blocked, the freeze stress-response is not switched off and the body's neuroendocrine system goes into a dysfunctional hyperactive state, affecting the hormone balance, pain levels, the immune system and all the other organic systems. The links between emotional blockage, your body's stress-response, and your illness all follow old neural pathways between the prefrontal cortex and the amygdala (the gland that triggers an alarm reaction), and many other areas of the brain.

## 6. How does this Process work? The Link between Emotions, Energy and Symptoms

**Emotions are a form of energy**, expressed as the movement of neurochemicals, such as hormones, around the brain and the body. The most commonly affected hormones and other neurochemicals are cortisol, adrenaline, noradrenaline, serotonin, dopamine, GABA, glutamate, endorphins, and DHEA.

For example, what happens to your body (or **in** your body) when you laugh? Great streams of endorphins and other hormones sweep through your body, you then laugh and thereby release the energy from that surge of neurochemicals through your body. Similarly, when you get angry, great streams of stress-hormones (especially noradrenaline, and also adrenaline) flood through your body, you shout and rage, and thereby release both the emotion and the energy associated with expressing that emotion. Your body is then returned to equilibrium.

But what happens when you stifle your laughter, or suppress your anger or your grief? Both the emotion and the energy from that emotion remain in your body – sometimes for decades. The neurochemicals generated by those emotions remain trapped in the cell receptors (pockets on the cell walls) while other harmful neurochemicals are released as part of the stress-response. This stress response occurs because your body is geared up to express and act on those feelings, but your old neural pathways have conditioned you (via your fears and old belief system) to stop yourself from expressing and acting on how you feel. This tension sets up an inner emotional conflict that in turn generates the symptoms of a chronically unresolved "frozen" stress response, i.e. those of CFS/ME and FM. These symptoms can be sustained for decades, until you are able finally to resolve this chronic stress response.

When you are in a "frozen" state and block your emotions, your energy levels remain low. All your energy is directed **inwards**, ensuring that your emotions remain held in, so that you remain tired and exhausted. Once you start expressing your emotions, your energy is directed **outwards**, and your energy levels immediately begin to rise. For example, one of the most common effects of the impaired stress-response is the release into the bloodstream of 'vasoactive' hormones (especially vasopressin and nitric oxide) that cause **momentary constriction of blood vessels**. These are the chemicals that trigger **spasms of pain** that vary in severity and can shift around the body from one moment to the next. These symptoms are created because the brain is following old neural pathways. Constriction of blood vessels also means that **insufficient blood, oxygen and nutrients are reaching your brain**, muscles and other organs – leading to 'brain fog', memory and concentration problems, muscle pain, and chronic debility.

The chronic pain of fibromyalgia, in particular, has been shown to be largely related to suppressed anger. All our clients who have suffered from FM have learnt how to dispel their pain and to live a largely pain-free life. Our programme helps clients to recognise the connection between their pain and their unexpressed anger, and together we work towards expressing **enough** of their anger – in a safe, constructive and empathic setting – that the pain begins to lift. For example, one client who had suffered from FM for 50 years found that her pain was immediately relieved in our sessions when she expressed some of her childhood anger.

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## 7. The Deeper Psychological Meaning of Illness

One of the results of having 'inherited' impaired neural networks from childhood is that we grow up constantly looking for the love and security that we were denied in childhood. That it why some of us become 'people-pleasers', 'peacekeepers', 'doormats', constantly searching for approval, love and acceptance from others to boost our self-esteem. Some of us, who never felt we could rely on adult care, learnt to be independent and self-sufficient at an early age, but also learnt to shut off our feelings because we had learnt that our emotional needs would never be met.

What do all these ideas about childhood attachment and coping strategies really tell us about illness and recovery?

We believe that the **IMMEDIATE PURPOSE of illness** is to teach us:

• how to repair any impairment to our neural networks resulting from early attachment damage. We need to restore our neural networks just to a sufficient level that allows our brains to resolve the impaired stress-response and to start dispelling the symptoms.

We believe that the **ULTIMATE PURPOSE of illness** is to teach us:

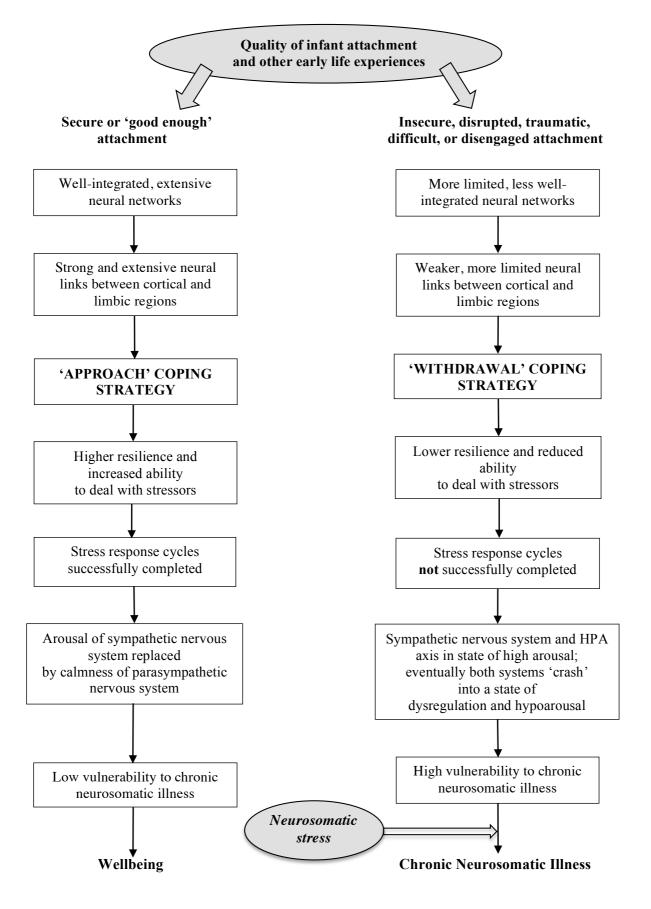
- that by listening to and acting on our own inner emotional needs we are learning to love ourselves and care for our own needs in new ways, that is, in ways that we may not have experienced as young children. Illness can be viewed as a means of drawing our attention to the need for us to believe in and nourish our true selves and to learn to love ourselves unconditionally, as emotional, vulnerable human beings.
- To be healthy means that we have extended and integrated our neural networks (see Illustration B) by raising our self-awareness and self-belief sufficiently so that we act according to our true emotional needs. Simply by doing so for the first time in our life, and then repeatedly doing so from that moment onwards, actually leads our own neural networks to grow automatically.

By becoming aware of your emotions, and then learning to act on them in a safe, authentic and reflective way, causes your neural networks to connect more fully between left and right brain, and between cognitive and limbic areas of the brain (ie the outer cerebral cortex and the deeper limbic regions). The more integrated our neural networks are, the greater our resilience and wellbeing, and the fewer our symptoms of chronic illness. We then find ourselves feeling comfortable alone or socially with others, and become more resilient and able to deal effectively with a wide range of life challenges.

- So, the neuroscience evidence shows us that chronic illness can be regarded as a means of guiding us to become our own loving, inner 'mother' or 'father'. According to this neuroscience model, recovery occurs as we become more true to our inner selves, by
  - becoming aware of what we truly feel and
  - honouring and acting on those feelings.

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## HOW EARLY LIFE STRESSES AFFECT LIFE-LONG VULNERABILITY TO CFS/ME AND FM



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## **NEUROSOMATIC THERAPY & THE RECOVERY PROGRAMME**

The greater the inner emotional conflict between the demands of your Survival Mind and the needs of your True Self the more severe are your symptoms. Neurosomatic therapy therefore teaches people suffering from CFS/ME and FM to become more true to their inner emotional needs, and to love and care for themselves in positive new ways. We guide people to start resolving the inner conflict between what your 'True Self' (acting through your Bodymind) really needs you to do and what your 'conditioned mind' (ie Survival Mind) thinks you 'should' do (namely, to block any feelings and follow the old 'rules'). Recovery therefore involves you beginning to acknowledge, value, and act more authentically according to your true feelings.

The route to recovery therefore guides you to become:

- 1. More aware of your toxic Survival Mind messages (Survival Mind)
- 2. More aware of your true feelings and emotional needs (True Self)
- 3. More aware of how you can act on your own feelings and emotional needs in ways that dispel your symptoms (Bodymind)

These three steps mean that you learn to step out of your Survival Mind into your Observer Self or your Bodymind whenever you choose, and respond to your true feelings in that very moment. When acting on your true feelings you automatically begin to transform your own neural pathways that have kept you in illness. As you challenge your Survival Mind fears and beliefs, and instead start to act on your true feelings, your neural networks begin to expand, become more integrated, and are supported by healthier neurotransmitters and hormones.

To complete this Recovery Programme you need to actively participate in your own recovery by following a series of tasks and exercises. This is why we call this treatment a proactive approach. These exercises are given in Booklet 2: Tasks for Recovery from CFS/ME and FM, which is available to all new registered clients. You will not need to do all the tasks listed in the Booklet; your therapist or counsellor will select the appropriate tasks for you at each stage of your recovery. Your therapist/counsellor will explain each task and guide you through it, and practice it with you during the session. You will be invited to practice the exercise at home on your own, and to discuss how you got on with the exercise in your next session.

Although the procedures involved in the NSRP are straightforward and well-founded in research and in our own experience with clients, when you start discovering feelings that may have been buried for many years, and adopting new ways of thinking and acting, it can often feel challenging and even risky to embark on such a programme, especially if you have been ill for a long time. There may be a hidden reservoir of fears not only about the approach and what it involves, but also fears about becoming well again. We shall therefore support you in acknowledging and overcoming any fears you may face during your recovery. However, there are some clients, especially those who have been severely traumatised and are dissociated, for whom this approach is not appropriate or helpful, at least to start with. In such cases, we work with you according to your own particular needs before embarking on any body work and the programme itself.

**It can be challenging work.** I have been through this whole process myself to achieve my own recovery in 2004 after 25 years of illness, and I have supported many clients who have successfully gone through this process themselves.

Although challenging, the benefits of working through the NSRP can be huge and life-changing – this work can dispel your symptoms and fully restore your energy – and at last you can get your life back. One client wrote that at last she felt "restored to a real person again".

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## NEUROSOMATIC INTELLIGENCE: THE KEY TO RECOVERY

The Neurosomatic Recovery Programme (NSRP) is founded on a new concept that we term neurosomatic intelligence or NSI. **Neurosomatic intelligence** focuses on

- our ability to listen to what our body is trying to tell us through our symptoms, sensory perceptions and unconscious messages, and
- our capacity to use these sensory signals as a way of guiding us to take authentic action towards meeting our own emotional needs.

Applying our neurosomatic intelligence thereby helps us to reach and sustain a state of wellbeing, by providing us with a powerful, simple and effective new framework for changing our neural pathways

- **from** pathways that increase our vulnerability to illness and aggravate the symptoms of our CNI,
- **to** those that make us more resilient and more able to rid our body of the symptoms of our CNI and restore us to full health.

## The Two Core Capacities of Neurosomatic Intelligence: CA and TAA

Our research into the neurosomatic processes involved in the aetiology of chronic illnesses like CFS/ME and fibromyalgia now indicate exactly how it is possible to recover from these illnesses. Above all, we can identify **two core capacities** that are necessary for individuals to develop and practice regularly in order to recover from chronic neurosomatic illness:

- 1. Develop Conscious Awareness (CA) of what you are feeling, what you emotional needs are, and what you need to do in order to meet these needs (Steps 1-5 of the NSRP; see below), and
- **2. Learn to Take Authentic Action (TAA)** to meet your own emotional needs (Steps 7 10 of the NSRP).

**Step 6** forms the key 'bridge' between CA and TAA, and between your old Survival Mind and your new authentic self, as we invite you to hear the voice of your True Self for the first time and act authentically in that moment. This exercise helps trigger the recovery process.

Together, CA and TAA form the two key capacities of neurosomatic intelligence and are integral to the Neurosomatic Recovery Programme (NSRP). If you are ill with CFS/ME and/or FM, when you develop your own conscious awareness (CA) and learn to take authentic action (TAA) for yourself on a regular day-to-day basis, you will be restoring your impaired neurobiological systems in ways that dispel the symptoms of your chronic neurosomatic illness. Putting your neurosomatic intelligence (NSI) into practice on a regular basis helps you to resolve your inner emotional conflict.

As a result, you are able to create new, larger and more integrated neural networks that support outward-directed, energy-enhancing coping styles. These actions help to restore a healthy neurochemical balance and return dysregulated stress response systems to normal functioning. Enhancing your own CA and TAA therefore involves honouring your own inner feelings and needs by switching to a more authentic, expressive socially-engaging coping style, and allowing yourself to live as a more creative, spontaneous and authentic individual. Developing your NSI allows you to increase your emotional resilience and wellbeing, and to make a full recovery from chronic neurosomatic illness.

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## **NEUROSOMATIC STRESS**

Illness onset is normally preceded by a period of acute neurosomatic stress. Neurosomatic stress means that your True Self reaches the limit of your emotional endurance, leaving you feeling trapped and overwhelmed by unbearable circumstances. Because you only have access to using your old "frozen", passive-withdrawal survival strategy of emotional blocking, your Survival Mind is unable to see a way of resolving your situation. 'Escape' is instead effected by your Bodymind triggering the neurosomatic process by 'sending' you your symptoms. The onset of fatigue, pain and other symptoms is the only way in which your True Self can protect you from 'having' to bear any further emotional suffering, a state demanded by your Survival Mind.

## NEUROSOMATIC THERAPY AND THE 10-STEP RECOVERY PROGRAMME (NSRP)

Since you are now an adult, you no longer need to remain trapped in your "frozen" childhood survival mode, as it is not supporting your wellbeing. Recovery from CFS/ME or fibromyalgia therefore involves learning how to break free of your own "frozen" stress-response state. The neurosomatic approach is to teach you to make conscious efforts to start releasing your emotional block and moving your body in ways that help you to enact a defensive, fight or flight response that was not available to you during your adverse childhood experiences. We support you to take the spontaneous, positive action that was not possible for you to take as a child, helping you to bring to life new, authentic ways of being in the world that will restore your health.

We have listed the ten steps of the NSRP in the flow chart below. While this describes the various stages we work through on your overall route to recovery, the details of each step, and the order in which they are approached in the Programme, are in practice tailored to you personally, depending on your illness history, symptom pattern, and personal circumstances. We work at a safe, gentle and flexible pace that suits you. So, we may repeat or modify the steps, and add imaginative and inventive tasks to help you, whilst always reflecting on your progress and addressing any emotional or practical obstacles that may be impeding your recovery. Although we may reflect on your childhood experiences, these are not the focus of our work; instead **we focus on what authentic actions you can take now, in this very moment**, which will help you to:

- resolve the inner emotional conflict between the emotional needs of your True Self and the cognitive beliefs of your Survival Mind;
- resolve the chronic unresolved "frozen" stress response that has generated your symptoms; and
- resolve your symptoms and your illness.

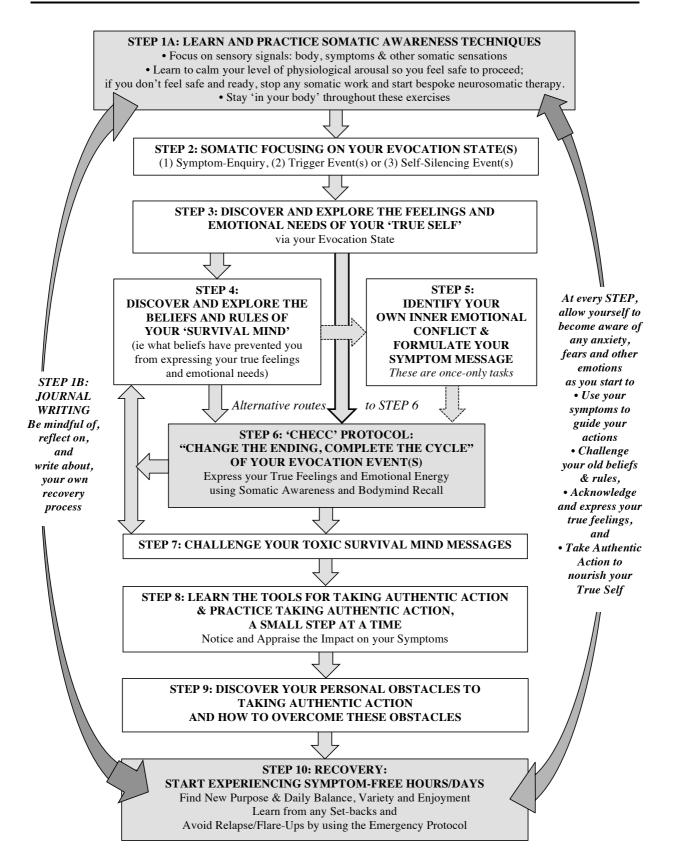
Taking safe, effective and authentic action in this way, in the moment, and with practice and support from your therapist/counsellor, automatically resolves these three problems because acting authentically automatically

- creates new neural pathways,
- restores a healthy body-wide neurochemical and hormonal balance,
- restores your autonomic nervous system, HPA axis, and immune system to normal, healthy functioning, and
  - restores your energy flow to normal healthy levels.

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## THE 10-STEP NEUROSOMATIC RECOVERY PROGRAMME

Steps 1-5 = Developing your Conscious Awareness (CA) Steps 7-10 = Taking Authentic Action (TAA) Step 6 = The key 'bridge' between CA and TAA



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## **NEXT STEPS**

Many clients who have suffered many years of chronic neurosomatic illness struggling to cope with CFS/ME and/or FM have discovered that by repeatedly taking safe, effective and authentic action in this way, in the moment, has allowed them to bring their well, energetic self back to life, and have started living full and fulfilling lives once more.

If you feel you would like to explore this NSRP more fully for yourself, and try it for yourself, do contact Judith Maizels direct at: judith@wellwise4me.com. We are always happy to answer any questions or concerns you may have about our approach, initially via email and subsequently via a free introductory phone session.

## PREPARING FOR YOUR FIRST SESSION

As the Recovery Programme does involve some initial detective work in finding the message of your symptoms, and then the course of action you need to take, we will need to discover the circumstances that may well have triggered the development of your illness.

In your first two sessions, your neurosomatic therapist/counsellor will

- explain the role of childhood experiences in brain development and vulnerability to illness in adulthood;
- explain the role of the sympathetic nervous system and the hypothalamuspituitary-adrenal axis in reacting to life's pressures and switching on the stressresponse;
- explore with you your own symptom history;
- teach you a new Bodymind skill called 'somatic focusing' to help us discover the hidden message of your symptoms;
- spend time with you focusing on an 'emotion evocation state' of your choosing (see below)
- give you your own Symptom Message;
- work with you to identify safe and focused types of action (as listed in the Exercises) for you to take in response to your Symptom Message before the next session, to help you to begin dispelling your symptoms.

Emotion Evocation States are bodily states that we can explore safely together to help you discover your true feelings and some of the anxieties that may be blocking your recovery. The three emotion evocation states we can focus on are:

- Specific Symptoms and Somatic Feelings
- Symptom Trigger Events
- Self-Silencing, Disempowering Events

To help us with your recovery work, please read and think about the questions shown below, as your answers will provide the basis for the beginning stage of our work together.

(NB There is no such thing as a 'right' or 'wrong' answer, just an honest answer!)

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## **SOME QUESTIONS WE WILL EXPLORE**

## 1. YOUR SYMPTOMS & DIAGNOSIS:

- Tell me about your symptoms, and how long you have been ill.

  Have you had a formal diagnosis from a medical practitioner?

  Please tell me how severe each of your main symptoms is on a scale of 0 to 10 (0= no symptoms, 10=terrible symptoms) on your worst day and on your best day.
- What other treatments have you tried, and how helpful were they? Are you, or have you ever been, on any medications? If so, what medications have you been prescribed, and for what reason? How far did these medications help you?
- Tell me about any other illnesses you have suffered in your life, including those you experienced as a child, as well as more recent conditions. How were you treated in these earlier cases of illness? Were you ever hospitalised or have you ever had any operations?

## 2. BEFORE YOU BECAME ILL

- Tell me about any life challenges you may have been facing in the two or so years before you became ill, such as family relationships, bereavement, difficulties at work, challenges or loss of a job, etc.
- Tell me a little about your family background.

## 3. ILLNESS ONSET

- Recall the day/moment when your symptoms first appeared, or recall how you slowly realised that you were ill.
- Describe the events that led up to the day(s) your symptoms appeared (and/or you realised how ill you were) and what was happening in your life at the time. Describe any stresses you were facing and how you dealt with them.

## 4. WHEN YOUR SYMPTOMS BECOME MOST SEVERE

- Have you noticed times when your symptoms become more severe or you have suffered a relapse or flare-up? If so, please think about what was happening in your life at these times. Tell me about these times.
- And tell me what you do, how you cope, when your symptoms are at their worst.

## **5.WHEN YOUR SYMPTOMS BECOME LESS SEVERE**

- Have you noticed times when your symptoms become less severe and you have had periods of remission? If so, please think about what was happening in your life at these times. Tell me about these times.
- And tell me what you do and how you live your life when your symptoms are at their least severe or you are in remission.

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## **6. SINCE YOU BECAME ILL**

- Tell me how your life has changed since you became ill. What activities are you no longer able to do? What activities are you still able to do, if any?
- •Are you able to do anything that you enjoy doing?

## 7. YOUR SUPPORT NETWORK

• Do you have anyone to support you through these above challenges? If yes, who supports you and in what ways?

## 8. WHO DO YOU SUPPORT?

• Do you have any responsibility for anyone besides yourself? If yes, please tell me who and describe the ways you care or support other people and/or carry out your work.

## 9. WHEN YOU HAVE RECOVERED

- How will your life change when you become well?
- Have you any hopes, dreams or ambitions for the future? Are there any activities or interests that you would love to engage in if only you were well enough to do so?

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## **SOME RECENT TESTIMONIALS**

I have been completely overjoyed at the effectiveness of the Recovery Programme. After having M.E. for 10 years and trying different treatments and diets I had almost given up hope of ever fully recovering. I noticed an improvement in my symptoms after just one session and have been improving ever since.

It was such a relief to finally understand the reasons behind my illness and then feel empowered to be participating in my own recovery by following the Programme instead of spending years hoping someone else would fix me! The support and encouragement I received during my healing journey was fantastic, it was wonderful to feel understood at last. I am now almost fully recovered and am enjoying life again!

Just a big thank you for all the support I have received, and I am grateful everyday that I came across your website knowing that the Recovery Programme has given me the opportunity to change my life. The most important factor in my recovery has been the understanding of what caused me to become ill in the first place, and then taking the required steps to reverse the symptoms.

The advice I would have for other clients is to fully embrace the steps required in the Recovery Programme, and believe that recovery is possible by putting faith in yourself and the Programme.

M.C., recovered from ME after 10 years of illness

After nearly 30 years of suffering with ME, with your help, teaching and guidance about the meaning of my illness and how to be more true to myself I am now symptom-free. I feel I'm coping well with the setbacks and drama in my life, for which I shall be eternally grateful. You have such insight. I would like to express my eternal gratitude for all your WONDERFUL teaching, guidance, support, kindness, and generosity. I am now far more perceptive about my urge to rescue people, and now listen to what I really want and how I can nurture myself first. Life now feels manageable as I no longer feel utterly overwhelmed by the demands of my family. I have learnt how to protect myself without having to become ill instead. I no longer feel obliged to anyone else or to do anything I really don't want to do, and am happy to help out when I choose to. The old rules are being kicked out! I feel so happy and contented, and I am so excited about my busy new life. I'm feeling fine and positive. I'm still doing well and all is fine! I feel so lucky to have had this chance. It feels heaven-sent!

I'm stunned and amazed at my recovery! You've given me a life! Many thanks, Judith, for all your wisdom, help, and support. You are one in a million!

C.C., recovered from ME after 27 years of illness

Having suffered with the effects of chronic tiredness/fatigue for the past ten years, coupled with anxiety, low self esteem and just being continually on-edge, I always felt there must be a connection, but my research always led to a separation of these afflictions, each having their own symptoms and treatments. Then I stumbled upon Judith's work, which provided a true light-bulb moment. Suddenly everything made sense, so much so that I felt very emotional having at last a full understanding of my illness and its root cause, which led to the beginning of my recovery. Her compassion and understanding I will never forget.

P.G., recovering from 13 years of GAD and hypercortisolism

I came to Fiona eight years after being diagnosed with fibromyalgia, and during a period when I was also suffering from chronic fatigue. Fiona helped me pinpoint the key triggers for my symptoms; the fatigue has now lifted, and my muscle and nerve pain is also subsiding. I am convinced that Fiona's analysis of the root causes of these conditions is correct - but over and above this, she is a gifted healer who not only set me on the road to recovery, but also made me feel welcome and nurtured.

E.C., recovered from chronic fatigue and fibromyalgia after 8 years of illness

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We started our sessions after I'd mentioned my fibromyalgia pain to Judith, who then asked me if I was angry about anything. I was so surprised at such an unexpected question, especially as my response was a strong "Yes!", but this was anger that I had kept inside. While sceptical at first, after just a few sessions I could feel a great improvement, and within 3 months I had no more pain. Judith taught me what to do to get my anger out (safely) and to talk to my partner about my feelings whenever I felt the pain coming back. When my pain occasionally comes back I know exactly what to do to get rid of it. I would recommend this treatment to anybody with fibromyalgia pain as the recovery programme has helped me tremendously.

M-L., recovered from fibromyalgia after 3 years of illness

A miracle happened! After 10 years of fatigue, muscle pain, taking a cocktail of drugs, planning so as not to over exert myself. Feeling each day was a drudge to get through. Being disconnected emotionally and physically, from family, friends. I have come alive! After three months treatment I can swim, walk, do Pilates and participate in life in a way I never thought possible. I am proactive in my relationships, making plans and enjoying the day. Sleeping through the night. Also, have stopped my 10-year cocktail of drugs and their side effects! The future has opened up for me. I have new hopes and dreams. This summer I will be travelling, visiting friends and family. Setting up a new business, reading and learning. I do not 'completely' understand how the treatment works, I just know it has. I will be eternally grateful for the work you (Judith) have done in establishing this treatment. And for you as a person, you are a wise, inspirational, discerning, gifted therapist, who has given me my 'self' back. Many many thanks! Advice if you're thinking about trying this recovery programme: Go for it! Don't think about it, just do it. Trust Judith.

C.G., fully recovered from fibromyalgia after 10 years 'officially', but probably more like 26 years of pain and debility

As a person who is very self-aware and who had managed the fatigue for years I suddenly hit a brick wall. I was not getting better. I panicked knowing several people with ME/Chronic fatigue who had not got better. I found an article written by Judith Maizels and rang her for some sessions. I am sure I could not have got better without her programme and her lovely, supportive presence. Working with someone who has had the condition and recovered is to my mind essential. There was no judgement, no pressure, just support on this brilliant effective programme. I can't thank you enough.

Everyone wants to truly be themselves and live life to the full and no-one wants to live with chronic fatigue. It IS curable, with help. It's all about the messages that we received (usually as children/young adults) and how we act on these life rules and survival messages now. The latter are not always known to us nor are they constructive to our mental health and wellbeing. The neurosomatic programme focuses on helping you bit by bit understand yourself, and how your body reacts physically to messages received from your mind. It takes time to challenge long held beliefs and to challenge old values and coping strategies, replacing these with positive behaviours and actions, but in the end it is so worthwhile.

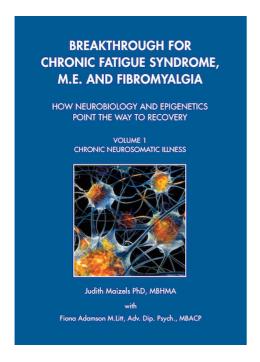
The main factors that helped me recover were

- Understanding the illness and the concept of survival and bodymind roles
- Understanding the message behind my symptoms and knowing to act on them.
- ullet Knowing how to balance my life so I do more of what I want to do rather than what I feel I should be doing
- Getting in touch with how people really affect my choices and behaviour
- Finding my voice and making sure I am heard
- Knowing my needs have to come first at times

F.D., fully recovered from CFS/ME after 18 years of illness

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To read more about the neurosomatic approach to CFS/ME and Fibromyalgia and the development of Neurosomatic Therapy, read:



BREAKTHROUGH FOR CHRONIC FATIGUE SYNDROME, M.E. AND FIBROMYALGIA How Neurobiology and Epigenetics Point the Way to Recovery Volume 1: Chronic Neurosomatic Illness

By Judith Maizels PhD MBHMA with Fiona Adamson M.Litt., Adv. Dip. Psych., MBACP Foreword by Dr Ruth Sewell

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