

Your Resource For Better Living!

Pastoral Care News

Understanding CFS and M.E. (Part Two)

By Steve Talmage – Counsellor at Burrswood Hospital

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Eye Movement Desensitization and Reprocessing (EMDR)

by Sally Worthing-Davies

As a partner in Swift Counselling and accredited EMDR consultant for EMDR Europe, Sally outlines how this growing specialised client driven therapy helps individuals to overcome significant life issues and trauma.

EMDR is a powerful new therapeutic method that helps many people achieve healing from a wide range of personal and emotional difficulties. **EMDR** has been described as, 'The revolutionary new therapy for freeing the mind, clearing the body and opening the heart.'

'An article in The Times quotes Dr David Servan-Schreiber, a leading US psychiatrist, as saying 'A few sessions of **EMDR** are often enough to clear out the consequences of old sufferings....I do not know of any treatment in psychiatry, including the most powerful drugs, that has reported results of this magnitude over three weeks.'

Professor Gordon Turnball, Consultant Psychiatrist at Ridgeway Hospital, Wroughton writes: 'In my opinion, **EMDR** is an invaluable tool that we could not do without. **EMDR** tends to work quickly once the therapeutic relationship is established and its effects are permanent because once processed (disturbing) memories are within the patient's control.'

In 2006, The National Institute for Health and Clinical Excellence (**NICE**) highlighted **EMDR** as a treatment of choice for Post-Traumatic Stress Disorder (**PTSD**). **PTSD** arises as a result of unresolved experience of trauma, memories of which are re-evoked as flashbacks, nightmares or body memories.

What does EMDR therapy involve?

On commencing therapy, the first thing is to establish whether **EMDR** is suitable for the issues presented by the client, and if so, to establish the specific events from the past and/or the present that need addressing.

During an **EMDR** session, the client is asked to focus on those thoughts and emotions associated with a particular stressful event. Bilateral stimulation with eye movements (or alternating taps, sound beeps or music) then takes place that enables the client to repeatedly view the often unpleasant images associated with the event in a more controlled manner. From time to time, the therapist stops the stimulation to ask about the client's current state and to guide the process.

After repeated viewing of the images associated with the upsetting event, the client experiences an enhanced sense of wellbeing with upsetting memories or emotions often fading into the past. The process can then be brought to an end.

EMDR is a non-drug, non-hypnotic procedure. It is non-directive and does not require the therapist to know details of the events that have led the client to therapy, only those that happen during the process. EMDR is client led and always remains within their control.

Parnell, L., Transforming Trauma: EMDR (London: Norton, 1997)
Times Newspaper, May 22, 2004 Private communication with Swift Counselling partner.



Continued

Why bring up a painful memory?

When painful memories are avoided, they keep their disturbing power. They can unexpectedly and sometimes frighteningly affect our behaviour in the present. **EMDR** enables clients to face unpleasant memories in a safe setting, without feeling overwhelmed. They can then move on, allowing the memories with their associated emotions to fade and lose their power.

How does EMDR work?

We don't really know the actual mechanism by which **EMDR** works, although there are various theories. One theory involves comparing the movement of the eyes during therapy with eye movements that occurs naturally during dreaming. The simulation of these natural eye movements in therapy help speed up the client's ability to move through the healing process.

What issues does EMDR help to address?

EMDR has proved beneficial in dealing with:

- ◆ Trauma (from accidents, disasters, emotional distress)
- ◆ Depression

- ◆ Relational problems
- ◆ Anxiety based disorders including panic attacks, obsessive-compulsive disorders, phobias
- ◆ Abuse (verbal, physical and sexual)
- ◆ Dissociative disorders
- ◆ Self-esteem issues
- ◆ Episodic rage
- ◆ Performance anxiety
- ◆ Addictions and substance abuse.

EMDR is especially effective with children.

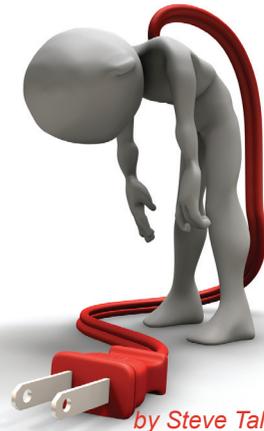
How EMDR is used at SWIFT COUNSELLING

EMDR is used alongside our systemic approach for working with individuals, couples and families where we have been able to:

- ◆ Improve the quality of life for people suffering from nagging self-doubt and depression.
- ◆ Help clients free themselves of the emotional consequences of growing up in alcoholic, abusive or neglectful families.
- ◆ Help people face up to unsettling events, such as upcoming surgery, or a critical exam or competition, with self-assurance.
- ◆ Enable people to free themselves from debilitating phobias, PTSD associated with war, bullying and domestic violence, and alcohol addiction.

For more information look on our website: www.familytherapy.uk.com or www.emdrassociation.org.uk .

Understanding Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME) Part Two



by Steve Talmage

In this, the second in a short series of articles for Pastoral Care News, Burrswood counsellor Steve Talmage outlines the Christian inter-disciplinary approach in helping people who suffer from CFS / ME including the views of both a chaplain and doctor

Sarah (not her real name) had been bedridden with severe CFS / ME. She travelled the long and difficult journey to Burrswood. When she arrived, she couldn't sit up and had to be confined to a darkened room or wear sun glasses. Due to severe neurological problems, she could bear only a whispered conversation of no more than a minute or two. As a result of a pacing regime and periods of bed-rest, Sarah began to sit for short periods soaking up the light from a chair placed by a large window with beautiful garden views. After two months Sarah was able to open her bedroom door to visitors and welcome them with outstretched arms. She could get dressed and stand without aids. She was able to tolerate sunlight without sunglasses and her voice had normalised. Previously, Sarah had felt completely broken but experienced a huge transformation whilst at Burrswood. As Burrswood's Head of Counselling I am part of a volunteer and fellowship staffing body that values and emphasises whole-person care for the mind, the body and the spirit. Our team comprises

professionals and paraprofessionals from medicine, nursing, physiotherapy and psychotherapy. Although never imposed, ecumenical Christian input is also provided by a team of ordained Anglican clergy supported by Catholic and Free Church chaplains as well as lay pastoral workers. Coordinated care plans are created for all those admitted for hospital care, involving a medical team of physicians, registered nurses and health care assistants. Depending on the patient's needs and preferences, physiotherapists, a dedicated counsellor and chaplain are also available.

Burrswood's Resident Chaplain, Jonathan Hall explains. "Chaplains visit all patients within 24 hours of them coming into the hospital. For those who would like this form of support, we journey with our patients during their stay providing regular times for discussion, prayer and reflection."

“Patients with CFS / ME frequently have very low self-esteem, often compounded by feelings of guilt and fear. This can make it difficult for them to believe that they are loved by God. Helping them to rediscover God’s love and a sense of self-worth can be a key element in their journey to recovery.”

Dr Paul Worthley, Senior Physician at Burrswood outlines his experience and approach to helping those with CFS / ME. “An essential part of my team’s role is to affirm the patient’s worth and the validity of their story. We actively listen to the patient’s account of their illness and this may take a number of sittings depending on the patient’s level of fatigue and their ability to talk.

However, our role is not simply one of assessing medical facts. We also ask about all those people who have been involved in the patient’s journey, both medically and therapeutically. We enquire about the patient’s social, family and spiritual history. All of this information helps place the patient within a contextual framework and enables the care team to understand the impact of the patient’s illness.

We sometimes need to confirm a diagnosis. This is usually available via the patient’s history but occasionally further tests are needed to eliminate other diagnoses. More importantly, we want to hear what the patient believes to be the cause of their

illness in order that both patient and doctor can establish an agreed understanding of the illness together with any resultant physiological abnormality(s). The use of metaphors is essential in establishing this understanding. We also discuss factors that may be involved in preventing the patient’s body getting well again and what is likely to help in terms of managing their illness to achieve improved health and scope for further recovery. A review of the patient’s medication may be necessary as part of this process.

Finally, we often explore some of the many myths and ‘wonder cures’ the patient may have researched or heard about. This will help both doctor and patient to consider the balance between the need for sleep, activity, rest and the potential for pacing and exercise.”

The final article in this series will further illustrate Burrswood’s ‘Whole Person’ approach and some of the challenges faced by counsellors seeking to help those affected by CFS / ME.

Steve Talmage has been Head of Counselling for Burrswood, Kent since 2008 and is an accredited member of the British Association for Counselling and Psychotherapy. He can be contacted on stephen.talmage@burrswood.org.uk



What is Spiritual Direction?

By Richard Hovey

In the second of his articles for Pastoral Care News, Richard talks about his role as a Spiritual Director and how this has brought both himself, as well as other Christians nearer to God

In the mid 1980's I had an experience that brought me back into the church with fresh enthusiasm and a desire to connect with whatever God had planned for me. Encouraged by my local vicar, I started a journey towards Christian ministry and in due course became an ordained priest in the Church of England. During my training for ordination I was encouraged to experience traditions of the church other than my own and to do this spent time shadowing a neighbouring vicar who gave spiritual direction. Wanting to find out more, I decided to experience spiritual direction myself. Since that time I have had continuous spiritual direction although not always with the same person. Taking time to reflect confidentially with another person is a great opportunity for both learning and blessing. I now give spiritual direction to a small number of people; likewise a great privilege.

Spiritual direction is a personal conversation between two people one of whom I call the guide (rather than director) and the other the pilgrim. It is a long-term supportive relationship where both meet for about an hour every month where the guide listens, reflects and occasionally offers a fresh perspective, a good question, or a dash of wisdom. The purpose of spiritual direction is to help the pilgrim develop a relationship with God

where a personal prayer life is at the centre of that relationship. Training to become a spiritual director was a significant revelation for me as I realised that when I meet pilgrims in God's presence it is the Holy Spirit who is our guide, not me being an expert.

The pilgrim and I share a journey, we are companions, we "walk together", the human guide listening deeply to God as well as to the pilgrim's words and body language.

As a guide I am also blessed in this encounter. For example, when I somehow know what to say during a conversation that I do not fully understand, where does that helpful question come from?

The origins of spiritual direction in the Christian church lie in the past, perhaps in the early practice of Christians taking heart from the Biblical encouragement to "confess your sins to each other and pray for each other so that you may be healed." (James 5:16). In some areas the practice grew to that of formally seeing a priest to make one's confession (also called the Sacrament of Reconciliation). The priest would often give advice, and over time this practice grew to be independent of confession. Thus emerged a group of people known as soul friends or spiritual directors but who were not necessarily ordained priests.

Many people are plagued by concerns about their inadequacy and behaviour. Christians can also be worried about the inadequacy of their faith. This may extend to a sense of having let God down. They may view this as sin. From one perspective, people trapped by such concerns need someone to talk to. Just bringing these issues “into the light” offers clarity and reassurance, robbing these ruminations of their power. However, spiritual direction is not just about avoiding confusion and unpleasant thoughts: it is also about nurturing a growth in faith.

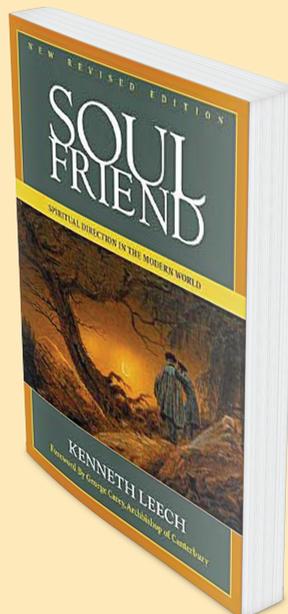
Spiritual direction is not about encouraging Christians to adopt a particular way of Christianity or set of rules. It is not about making people into good Catholics or Baptists. It is about helping people travel their own journey of knowing God. Although the practice of spiritual direction is in many ways traditional, it can also help those who have been unorthodox or mystical in their faith.

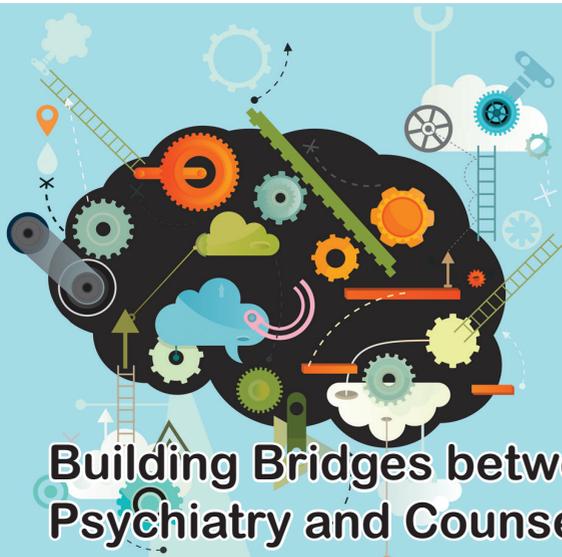
Spiritual direction is not compulsory, but might be considered in the same way as in the Church of England: “all may, some should, none must”.

Although I write here of Christian spiritual direction, similar practices have also grown up in other faiths, including Judaism and Islam. I like a comment from a recent edition of Third Way magazine by The Sufi Turkish novelist Dr Elif Shafak. She said, “I believe that in this life, if we are ever going to learn anything, we are going to learn it from people who are different from us.”

I would be happy to give spiritual direction to someone who was not a Christian if he or she felt that I had sufficient wisdom, skill, and shared values. I would advise anyone seeking a spiritual director not to ask someone they know, but to contact one of the “matchmakers” who will listen to their particular needs and put them in touch with one or more local people who are most appropriate. In the first instance, your church leader should be able to provide contact details. If this fails.

Please feel free to email me at soulfriend@findingtruenorth.co.uk
I would also recommend the book Soul Friend – Spiritual Direction in the Modern World, by Kenneth Leech.





Building Bridges between Psychiatry and Counselling

by Dr Rachel Freeth

As a result of her training as both a psychiatrist and counsellor, Rachel offers her thoughts on how the significant gap between the two could, and should be bridged.

I first encountered psychiatry in my third year at medical school. As far as I recall it was the only time during my medical training that I achieved a top grade. I believe that this proved to be significant. Twenty-plus years later, it is interesting to look back on this experience and to reflect on other personal and professional influences that have guided my vocational path and shaped the helper I have become.

My career as a psychiatrist has not been conventional or straightforward. In my early years as a medical student, I was equally at home reading books on pastoral care, counselling and healing as I was at reading psychiatric textbooks. Frank Lake's 'Clinical Theology' was particularly influential, as were other deeply spiritual thinkers and writers such as Martin Israel and Leslie Weatherhead. They opened up other forms of knowledge, understanding and meaning, particularly from spiritual and Christian perspectives. I found these forms of knowledge both comforting and reassuring and in sharp contrast to the clinical language of psychiatry.

Over the years I have observed much psychiatric practice as detached, impersonal and even cold. This has disturbed me, as has working within a system that forces clinicians into standardised, mechanistic procedures that focus on pathology first and the person second. Furthermore, I have never been comfortable working in environments that seem preoccupied with searching for causal explanations (neuroscience within psychiatry, for example) at the expense of attending to how the individual experiences illness and distress. This latter kind of understanding is always open-ended, provisional and changeable. It is also at home with the possibility of mystery.

In my view, psychiatric and mental health services still have a tendency to hold a pathologising and generally narrow, pessimistic view of human beings. A system that is preoccupied with looking at what is diseased, broken or malfunctioning is not one that can embrace a genuinely holistic approach. I have been disturbed by this too, as well as by the lack of attention given to the nature and quality of therapeutic relationships.

Early in my psychiatric training, I perceived a serious lack of empathy within mental health care. By empathy I don't mean the kind often taught to mental health professionals where it is seen as a clinical instrument and interviewing technique deployed to gather information about the patient. My understanding of empathy is informed by the philosophy and work of the American psychologist Carl Rogers, who viewed it as a 'healing agent', through which understanding and acceptance is communicated and which 'brings even the most frightened client into the human race'.

It was Rogers' description of the attitudes and values required for therapeutic relating and relationship that led me to undertake counselling training. Furthermore, I deliberately chose a training course primarily informed by the person-centred approach that Rogers developed. Since then I have been trying to bring the attitudes and values of the person-centred approach into my work as a psychiatrist. I won't pretend that this has been easy. Experiencing and holding numerous tensions and conflicts (philosophical, theoretical and practical) has been hugely challenging. Sadly, it remains the case that the person-centred approach to helping, as Carl Rogers describes it, is still marginalised within mental healthcare. It is frequently misunderstood or understood only very superficially.

The person-centred approach is a way of working and being that does not sit comfortably within organisations such as the NHS where treatments are dominated by the so-called medical model. Whilst my dual allegiance to the psychiatric and counselling profession, and particularly the person-centred approach, has at times been highly uncomfortable, it has also become an unexpected source of creativity and development. Writing has been one such area of development.

More recently I have been developing and delivering workshops to counsellors and psychotherapists on subjects related to psychiatry. Whilst initially I saw these workshops as a purely educational activity, offering insights into psychiatric perspectives, I have since come to realise that I have an additional agenda. One of my aims is to build bridges of understanding between the worlds of psychiatry and counselling and thereby help to facilitate an interdisciplinary dialogue. I believe that such a dialogue is necessary, since I am very aware of the lack of understanding, and sometimes hostility, between the two professions.

During these workshops I also find myself wanting to affirm the value of a safe therapeutic space that counselling can provide, particularly given the current lack of such spaces within NHS mental healthcare organisations. I continue to believe that counselling can offer an opportunity for people to be deeply heard, understood and valued and that the healing potential of this should not be underestimated.

Rogers C (1986) Rogers, Kohut and Erickson: A personal perspective on some similarities and differences. Person-Centred Review 1(2):

p125-140 Rachel Freeth is a part-time psychiatrist and counselling practitioner working in a community mental health team in Herefordshire. She currently writes a monthly column in the BACP journal 'Therapy Today' and has written about psychiatry and the person-centred approach in her book 'Humanising Psychiatry and Mental Health Care. The challenge of the Person-Centred Approach' (Radcliffe Publishing; 2007). Rachel is running a training day at the Harnhill Centre, Cirencester, on Saturday 8th June 2013 on 'Recognising and Assessing Forms of Mental Disturbance'. This day aims to give counsellors and related professionals more insight into forms of mental disturbance from a psychiatric viewpoint. Further details are available from Willows.



Sorting out your 'Stuff'. Unresolved issues in life.

by Geoff Wheeler

In this short article, Willows counsellor Geoff describes how personal counselling helped him to identify and integrate a significant area of hidden and unresolved grief.

I retired from paid work in 2003 and decided that counselling would be my future vocation. I duly enrolled on a counselling certificate course that included a mandatory requirement of twelve hours personal counselling.

In common with many of us, I was vaguely aware of some 'stuff' in my life (otherwise known as 'issues') that included a sense of unidentifiable emotion whenever I thought about the death of my mother and two of my close aunts. However, as I talked about this in counselling, I was not prepared for the overwhelming reactions that I began to experience. Why did I cry uncontrollably and feel intense guilt as I recalled the deaths of my mother and my two aunts yet could talk of my three grandparents and my father without such emotion? I had loved all seven of these

people, all had made significant contributions to my life and all had been dead for over twenty-five years. Pursuing this issue with my counsellor, I was asked to describe the way in which all seven of my relatives had died and I was able to do this without crying.

My counsellor then asked if I had been with any of them when they died. It was at this point that I began to recognise why I cried and why my tears were 'selective'.

In the case of my grandparents and my father, I was present as they died and was able to say goodbye and tell them how much they meant to me. In contrast, I was not present when my mother and two aunts died. I had not experienced what I believed to be 'proper' closure. Did they know how much I loved them?

Did they realise their significance on my life? My counsellor was able to help me draw on my Christian belief in eternal life and where, in paradise, all of my close relatives will know how much I still love them and how they still influence the way I live. It was therefore not necessary to be with them when they died.

In counselling I had discovered and addressed an issue that I had hitherto been unaware yet had the capacity to evoke unexplained intense feelings.

My experience in personal counselling illustrates how feelings associated with some life events can remain 'buried' within our subconscious without our realising their

significance. However, given a combination of social situations, certain thought processes and/or 'triggers', those hidden feelings can surface without warning and with no conscious explanation.

In personal counselling I accessed a 'blind spot', the origins of which I had no knowledge. My self-awareness had increased, my life was enriched. I knew a little more about myself.

So if you find yourself becoming emotional or acting in ways that you do not understand, it is possible that like me, you have some unresolved and hidden issues ('stuff') that need to be uncovered, brought into the conscious and integrated into normal life. Personal counselling can help in this journey of discovery.

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News Training

The following courses will be held during 2013.

At The Willows Centre

Autumn -Level 2 Introduction to Pastoral Counselling

18th May - Myers Briggs Type Indicator Topic Workshop

Commencing September - Level 3 Course in Integrative Counselling.

For more information on any of the above courses, please contact Avril Fray,
Training Manager at Willows.

Telephone number: 01793 426650 **Email:** training@willowscounselling.org.uk

Saturday Training Days at The Harnhill Centre, Cirencester

4th May – “Stepping out of Shame into the Future” – Rebecca Mitchell

8th June – “Recognising and Assessing Forms of Mental Disturbance” Dr Rachel Freeth

13th July – “Exploring Ethical Dilemmas” Philippa Dryland

9th November – “Understanding Character Strategies” Mike Fisher

To book courses at The Harnhill Centre, call them on
01285 850283 or contact www.harnhillcentre.org.uk

How To Contact Us

You can telephone us on
01793 426650,
Monday to Friday,
9.30am to 4.30pm.
At other times you
can leave a message
on our answerphone.

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