

Re-Balancing the Autonomic Nervous System: A Necessary Pre-requisite To Effective Counselling & Psychotherapy.

COURTENAY YOUNG

Theory

If the client (or patient) can learn to balance, or rebalance, their Autonomic Nervous System (ANS) effectively, this can lead directly to a reduction in the symptoms of stress; a reduction in the incidence of anxiety and depression; less working days lost; less people suffering from anxiety-based disorders (General Anxiety Disorder, Phobias, & Panic Attacks); greater emotional flexibility and resilience; a greater facility for self-help and capacity for self-regulation; less domestic problems; happier families and children; a lower incidence of using easily available ‘drugs’ (alcohol, nicotine, caffeine, sugar, etc.) as ‘comforters’; and hopefully a lower incidence of ‘revolving door’ patients. This approach should therefore be considered seriously and, if proven, instituted as quickly as possible in the counselling or psychotherapy, before a different therapeutic relationship becomes established.

I have found from my own experience that this theory can be shown to be reasonably valid. I do not, obviously, do it with everyone, but tailor this to the perceived needs of the client. Some people have no or little knowledge, and thus need a fuller explanation. Others have heard of the “fight or flight” mechanism, and so one is halfway there.

Client Contact

It is easiest to do this immediately, in the first session or so, before any other type of therapeutic relationship is established. If the client can gain an understanding of the basic principles about the functioning of their Autonomic Nervous System, something they can take away and ‘work at’, it will benefit them ‘60-24-7’ (every minute of each hour of each day) and they are less reliant on frequent therapy sessions. This does not require a degree in physiology: I find that they can quite easily comprehend the physiological relationship between their ANS and stress, depression and anxiety. Having gone through the usual preliminaries of ‘logging in’ and having heard their initial ‘story’, I usually explain what the ‘first step’ might be, if they wish – in their first one or two therapy sessions:

“It sounds as if you are going through a fairly bad patch in your life, and that’s why you have been referred for counselling or psychotherapy (or why you have chosen to get some additional help at this time). What I suggest, for the rest of this session, is that we look at some of the basics and try and get them back into shape as quickly as possible. That should reduce some of your stress and distress, and then, as things become a bit clearer and more stable, we can look at the some of the really difficult bits. How does that sound?”

I realise that this sounds as if I am being quite 'directive' at the start of the 'therapy' and that is probably true. I do a lot of work in National Health Service clinics and for (time-limited) Employee Assistance Programmes, and this 'directive' approach is somewhat more 'appropriate' there, than if the person is coming to me privately. Whoever is paying for it, the problems that they come with are often quite similar. Obviously where the issue is one of (say) bereavement, or drug-addiction, or a similar more specific condition, I modify this. This is especially true for people with ME (myalgic encephalomyalitis) or CFS (chronic fatigue syndrome), for whom a much more 'graded' approach is suitable. However, I have been given feedback that most people quite like this approach, rather than being faced with a relative 'passive' therapist who says little and just 'reflects' back. Some people obviously 'vote with their feet', saying effectively, 'This isn't for me.' But this is a relatively small percentage, and I give figures later. So, I always, always, make a point of getting specific feedback:

"I always like to ask at the start of the second session, 'How was the first session for you?' It is really helpful for me to hear any feedback that you have, so that I can tailor the 'therapy' more specifically to your needs, rather than you having to fit my type of approach. Please be as frank you can be, or wish to be. I am also happy to hear feedback at any time."

It is important for me to try to establish a good 'working alliance' with the client / patient, and one where I am seen as a supportive resource, not as a directive authority. If I am getting some negative feedback, I will drop this tactic and deal with that. If there are urgent or specific issues that they bring (high levels of distress, suicidal ideation, drug abuse, violence, etc.), these will obviously take precedence, until the situation 'plateaus' a little.

The somatic 'education'

When it is appropriate, or if they agree to 'go along with' this strategy or approach, I start to explain it to them something like this:

"You may not realise it, but you have an Autonomic Nervous System (ANS) that essentially runs every organ in your body, below your level of consciousness. This is separate from the nervous system for voluntary movement that works with your muscles, or the nervous system for pain, or the sensory nervous system in the skin. Each and every animal on this planet, including the human animal, has an Autonomic Nervous System (ANS) and it is this system that 'runs' our bodies without us ever really thinking about it: it organises and controls the functioning of the heart, lungs, kidneys, muscle tone, hormones, digestion, etc."

I usually check to see if they are still 'with me' from time to time, and that I haven't lost them, or blinded them with science. People are usually quite interested in finding out how their body works.

"The ANS is divided into two separate halves: the Sympathetic, the activity adrenaline-based half, and the Parasympathetic relaxed digestive-half. The Sympathetic is the emergency

response system: sometimes called the 'fight-or-flight' mechanism. The sympathetic nerves do one thing to each organ, and the parasympathetic nerves do something completely different. Essentially, they work in opposition to each other, so that when you move towards a more sympathetic state, you are less parasympathetic, and visa versa."

I usually try to relate this new information to their everyday experience:

"Imagine you are watching a wildlife programme on the TV. You see a deer or antelope grazing gently on the plains of the Serengeti: this is an example of pure parasympathetic activity. It moves gently; it grazes; then it lies down and chews the cud. Then suddenly it smells a predator – a lion or something: its ears go up, eyes wide, head turns from side to side, it becomes very alert, its muscles are tense ready for either 'fight' or 'flight'. This is pure sympathetic activity. All these changes are brought about instantly by the affects of adrenaline (and other stress hormones) that flood through the animal, preparing each part of its body, each organ, for this emergency or 'survival' situation. The digestive system closes down completely, as you do not want to be digesting your lunch when you are trying to prevent yourself from becoming someone else's lunch. The blood retreats from the skin, to be available for the muscles. The muscles prime themselves into readiness for instant action: 'Fight or Flight'.

If the antelope runs away, or has to fight; that is fine! Most of the stress hormones (corticosteroids) are then burnt off in the resulting intense, physical activity. A short while after it is safely back in the herd, it will go back to grazing again and you cannot tell which animal was chased, even if it has a distinctively shaped horn, or special markings. But if it doesn't have fight or run, if the smell of the predator goes away, then it takes longer, eventually the animal will relax and goes back to digesting its food, and manage to digest some of those stress hormones as well: also fine. Either way, it has a method of rebalancing its ANS and getting back towards its 'normal' parasympathetic state."

It is good to check in occasionally with the client / patient, though at this point they are usually still with me. If they are, I continue:

"But ... And ... Here we have a problem. The human animal is NOT in the plains of the Serengeti, near where it originated. We got 'smart' and discovered that we could 'use' the sympathetic system whenever we wanted to: all that energy; that drive; that determination. We now call it 'work'. So we have buses and bosses; trains and time schedules; school runs or spring-cleaning. We are continually (putting ourselves) under stress. On the Serengeti, we might only be chased once every two or three weeks, if we're unlucky. Now we get stressed three or four times in an hour – if we are lucky! It is often more than that. Our 'normal' state

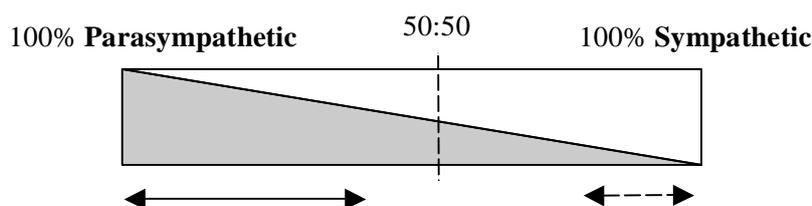
is therefore much more sympathetic, than parasympathetic. We can even forget how to relax properly: we can become addicted to adrenaline.

What happens then is that the stress hormones, and the by-products of adrenaline are not broken down, burnt off, or digested, stay around, and then the next stressful situation will add in some more. These layers of stress eventually build up into a mass or a 'block,' which cannot be burnt off, or easily digested. This physiological condition is called the 'metabolic syndrome': a cluster of symptoms including high blood pressure, insulin resistance, high cortisol levels, and high cholesterol, which can double the risk of heart disease and diabetes, and has other effects as well.

This build-up of stress also has the tendency to escalate the level of the next stress situation, so we are more wound up, and then we also experience a build-up of emotional stress. This quickly spirals and creates more stress.

So, the balance of these two systems, which tend to work in opposition to each other, is essential for good physical and emotional health. That is why I am going into this explanation with you. In a simplistic diagram, it can look like this. (I often quickly draw the diagram below for them.)

The end result is that, instead of spending most of our time down the parasympathetic end of the spectrum (solid double-headed line) with only a few excursions into stressful (sympathetic) situations, like every other sensible animal on the planet, we spend most of our time at the higher stress end of the spectrum (dashed double-headed line), well above the half-way mark (50:50 line), with only the occasional excursion into healthy parasympathetic relaxation. No wonder we are in such a state!



Diag 1.

The result of this unnatural imbalance in our essential physiology is that, collectively and individually, we suffer from a large number of stress symptoms: not because there is anything particularly wrong with us individually, but because there is something seriously wrong with the way that most of us mostly live our lives nowadays. Our 'normal' lives are not 'natural' any longer. And this is where you can make the most difference; you may need to get things back into amore natural balance."

This is a good point to stop and check out to see if there any questions, or to give them an opportunity to say something: often it is just a question of clarification. I have also hinted at a solution, so they have become interested.

“Our DNA only differs from chimpanzees by about 4%: so put a chimpanzee down in the middle of Oxford Street, London, or Princes Street, Edinburgh, and it would not survive more than a few minutes before it was a gibbering wreck. Ever been shopping there on a Saturday in August or just before Christmas? Know the feeling? This is our physiology talking to us. What we have to do is that we have to find ways to burn off the excessive stress hormones, and ways to spend more time just relaxing, so as to get ourselves, our Autonomic Nervous Systems, back into balance again. We have to find many more ways of doing the things we ‘have’ to do in a much more relaxed way. We have to pay much more attention to the physiological “cost” of living modern lives in modern cities. We also now tend to live in more isolated units (nuclear families) rather than in extended families (tribes) and small social groups (extended families). So it is all a lot harder, as we are having to do everything just by ourselves: all this is very unnatural to our physiology. You need to help it out a bit.”

That is the basic explanation: it wasn't too hard. It takes about four to five minutes (no more) to get the essential understanding across. You can see the comprehension beginning to dawn on their faces. *“Oh, so that's what is going wrong!”* I usually add in something light like, *“They ought to teach this stuff in every Primary School.”* After a little exchange, a moment for feed-back, or for them to ask any questions or intervene with something, I then usually continue like this:

“Let's come back to you. You have been referred to me by your doctor for counselling or psychotherapy because of ... (often involving stress, anxiety, or depression). There is often a direct connection between your levels of physiological (bodily) stress, as I have been indicating, and some of these emotional problems. What happens is that continued stress, over a long period of time, has a debilitating effect on your body. At some point it can't take much more and so it gives out signals. It is like someone, who is struggling in the water, waving his arms. Anxiety, as an emotional problem, is often caused by a direct build-up of stress, and the stress hormones: depression (certain types of depression: like exogenous or reactive depression) is where the body, and thus the emotions, gets overloaded and switches off, like the thermostat in the boiler; it says, ‘Enough Already! Show me the underside of the duvet.’ Looking at what your doctor said and what you have told me of your circumstances, it sounds as if you have been having quite a rough time of it.”

This is a cue for the client then to ‘sound off’ a little about what actually has been happening, and one often then hears a lot more than they told the doctor. This then also provides a perfect cue for pulling out the Holmes and Rahe, ‘Life Event Stress Inventory’ (see Appendix 1) and talking them through this. I

frequently get people putting in their scores that total 200 – 350 on this scale. I usually suggest to them that this sort of level of stress could really be significant being behind their presenting problems. This is the equivalent of two or three members of their close family being killed suddenly in a car crash. Higher scores make it even more certain that stress has played an active part in their presenting problems. Very few people deny this. A few people appear to be much more parasympathetic, than stressed out: this could be an ANS collapse where they are so stressed that they can now longer contain the stress. They need to be re-invigorated first before they can relax properly, so this system works for all. So, now we get to the punch line, I remind them:

*“Since your body is being continually primed for **intense physical activity** (fight or flight), the most efficacious way of getting rid of these hormones is by doing some sort of intense physical activity: like – wait for it - aerobic exercise.” (They often groan.)*

“It’s OK. You don’t have to go to the gym, wear lycra, or watch MTV. Any intense physical activity will do, but it does need to be ‘aerobic’ – i.e. when you get out of breath and hot and sweaty – otherwise your metabolism doesn’t get up to the level at which it burns off all these nasty stress hormones. You don’t have to go jogging either: power walking is actually much better for you; but, hill climbing, running on a beach, digging the garden, chopping wood, cycling or swimming, anything like that, is good. Try to vary the activity from time to time to use different muscle groups. As you burn off these stress hormones, you also start to release the nice hormones, like endorphin, and that is why you feel good afterwards.”

“Ideally, you will do this sort of activity 3-4 times per week for about 30-45 minutes minimum each time: that way your system goes on working for a couple of hours afterwards. (Less than that and it drops off quite quickly.) You may have to work up to this level, but it is reasonably easy to do this. The important thing is to get your trainers and sweats on, and just do it. You can take a little MP3 player with you and enjoy some nice music or an audio-book whilst you do it, but just get out and do it. It is absolutely the best possible thing that you can do for yourself – and it is very effective for stress, anxiety and depression. Much better than any pill.”

If they are already on anti-depressants, as the doctors often ‘dish’ the pill out a little too quickly, then I explain that the anti-depressants just help lift them up a little so that they feel more capable of doing this sort of activity. *“It’s like a buoyancy aid, when you are learning to swim.”* And I sometimes explain briefly how the SSRI-type of medication works on preventing (inhibiting) the re-absorption (re-uptake) of the (selective) Serotonin by acting as a one-way filter at the synaptic root, showing then a simple diagram. They quite like that sort of explanation, as often they are quite scared of anti-depressant (or any) medication. I continue:

“It is almost guaranteed that, if you do this sort of activity regularly, you will burn off any residual stress hormones, and that will make you more able to relax or become less

distressed. Much of your current situation is probably due to an excess of stress hormones, and this is the best and simplest way of dealing with them. It is that simple, but – obviously – not that easy.”

We can then have a little discussion about what sort of activity might be best suited for them, and any timetabling difficulties, or any physical problems, etc. I have even worked on this with elderly paraplegics: they can get ‘hot and sweaty’ lifting small weights, even in a wheelchair!

“Having now sorted out some of the adrenaline-based sympathetic side, you should find it much easier to relax. The antelope is able to calm down by digesting its stress hormones. We should be able to do this, but because there is too much build up of adrenaline, relaxation won't do the trick on its own any more, and we need the strenuous exercise first to burn off all those built-up stress hormones. Additionally, because of our awareness, we can't switch off so easily like the antelope when the danger has passed, because unlike the antelope we go on stressing ourselves by worrying. Sometimes a relaxation technique, meditation or mindfulness therapy or the Autogenic Therapy technique could be enough, like the antelope chewing the cud, but we often need to get to a physical state where this is possible. Under the action of adrenaline, all our muscles are primed and the stomach closes down.”

This is then the cue to investigate their ‘parasympathetic side’. I usually ask them: *“How do you relax?”* In the little booklet that we use in the practice for anxiety and/or depression, we have listed a number of suggestions about different types and ways to relax. These are all simple and accessible, and fairly varied, ranging from a nice long hot fragrant bath, candles, and music in the background; to lying on the sofa, listening to Mozart, and having a nice glass of wine (or something); to doing something like Yoga, Pilates, Tai Chi, or Progressive Relaxation. I have a tape and a CD that I will lend out, if needed, but I prefer to help people develop a new life skill, along the lines of the old maxim: *“Do you give someone a fish, or teach them how to fish.”*

To help them to focus on the parasympathetic side, I will often teach people the principles of the Autogenic Therapy technique. This (for those who don't know of it) is a well-tried and tested method of somatic (bodily) relaxation that has been ‘proved’ over many years, and in many different trials in many different countries, to be effective for people with hypertension (high blood pressure). *“So, if it works for them, at that level, it should work for you.”* I am very careful to explain that I am not a qualified Autogenic Therapy practitioner or teacher; that I will only go through the basic principles with them; that I have adapted it so as to have a ‘script’ and an ‘image’ for helping each part of the body relax; and that, if they want to work on this technique more, they can contact someone. So I also give them the URL of the Autogenic Therapy website: www.autogenic-therapy.org.uk

Quite often I will leave this component for the next session, as I don't want to do too much 'teaching' all in one session, and it also gives them some time to focus on the issue of bringing more exercise into their lives. But I will mention that I can help them with the relaxation if they want that, so as to create an 'entrée' into the topic later.

When I do talk to them in more detail about their relaxation, I usually recommend that they practice some form of relaxation about 6-7 times per week for a minimum of 20 minutes each time.

"As you begin to get your ANS back into balance, with this sort of combination of regular exercise and relaxation, you will start to feel the benefits. It will take 2-3 weeks to really feel these, but you will soon be experiencing a new balance in your life. So take this time of relative crisis to create an opportunity to get things sorted out a little bit better. This work on the ANS can be fundamental to a healthy lifestyle, so that is why I have been stressing it a little at the start of the therapy. It is like the foundations of a house: get them right at the beginning and then you don't get so many problems later."

"I know this sounds simple, even simplistic - it is - but I also know that it is not at all easy: you are changing the habits of years. However, it is no good for me to be working with you on more complex issues if you can hardly sit still, and are 'climbing walls', or you are 'flat' and have no energy; or if you are at the bottom of a large 'black hole'."

"This sort of re-balancing work can really help you get yourself back into a basic, stable, solid balance again. There is nothing I, or any other therapy, or another professional, or any little pill, can do, at this point in time, that is actually more effective and long lasting. It is you who have to do this work now."

"It is a little more difficult at first to get started or re-started on this: just like it takes more effort to overcome inertia, but things get easier once they are moving. Once you have started to do this combination of exercise and relaxation and rebalance your ANS, you will discover that it is actually quite easy to maintain this healthy balance.."

I usually get an acknowledgement that they understand the basic rationale and I often get some form of agreement that they will try. Sometimes, I will print out a simple calendar for the next month, with blank squares where they can put a coloured sticker for each exercise session and a different coloured dot for each relaxation session, etc. This helps them keep motivated, and I suggest that they stick it on their fridge. We can then discuss more specific ways and means. As I have mentioned, for the General Practitioner (Medical) health practices that I work in, I have produced a leaflet for people with Anxiety and Depression. These contain (similar) sets of suggestions about "Fitting More Exercise into Your Life" and "Types of Relaxation" as well as other basic information, local resources, etc. Examples of these booklets are available to be viewed, in PDF file format, on my web site: www.courtenay-young.com

Whilst I am convinced that working in this way with the patient with a declared focus on re-balancing their ANS is the most effective way of working with them, as a precursor to subsequent

counselling and psychotherapy, I am – of course – open to their needs. Sometimes they just need to talk, and so we talk, for a while, or they need to disclose something, so I listen to that. However, at some point in the first few sessions, I try and work my way around to this topic.

Any disadvantages experienced by being ‘too’ proactive, directive, or assertive as a therapist are usually outweighed by the advantages of getting the client back to healthy functioning and into homeostasis with respect to their ANS. The focus on the ‘curative’ aspects of the therapeutic relationship can switch and become more significant once this phase is over. I may have also engendered a bit of positive transference if this strategy has been felt to be reasonably productive and effective. I try to explain:

“It is the gentle repetition of exercise (30-45 minutes, 3-4 times per week) and relaxation (20 minutes, 5-6 times per week) over time that re-balances your ANS. It is like a tightrope walker getting their pole back, or when you learn to ride a bicycle and suddenly discover that you can make micro-adjustments to keep your balance, practice and repetition not only helps you learn, but this actually does the trick. This combination actually works. Most people can do this reasonably within about 3-4 weeks. They start to get a sense of themselves again.

Practice

I work in the UK National Health Service as a counsellor and psychotherapist. In one clinic, where I work for only 11 hours per week, I have been referred over 200 clients in the last 2.5 years: in another clinic, for 3 hours per week, I have been referred over 50 clients in the same period. That makes an average of 240 new referrals per annum for a full-time post. I don’t know how that compares with other counsellors and psychotherapists, but it feels quite a lot.

For the clients that I have seen and who have been discharged, there is an average of about 6.8 sessions (though I have seen several people for between 12-24 sessions). For the clients I am still seeing, there is an average of 8.6 sessions, as the longer-term clients skew the figures upwards. I currently have about 40 ‘active’ clients and see them, on average, about once every 2-3 weeks. Of all the people I have seen, about 75% have been referred specifically for anxiety and/or depression, most caused by stress or distress (bereavement or separation).

In these clinics, we now use the Hospital Depression & Anxiety Scale (HADS) as an assessment tool. The HADS has 2 sub-scales (1 for Anxiety, the other for Depression) each with 7 statements, each statement scored from 0-3. It was designed as a screening test for use in non-psychiatric sessions. The scoring for each scale is: less than 8 = ‘normal’; from 8 – 10 = ‘borderline’; above 10 = ‘morbid’ indicating a presence of anxiety or depression. The doctors can easily do this with the patient (it only takes about 2 minutes) and it is recorded automatically into their medical record.

We have now developed a protocol (Appendix 2) for patients presenting with anxiety or depression: a score on either of the HADS scales of less than 8 means: no further action (NFA), reassurance and a period of ‘watchful waiting’; if ‘borderline’ or some low ‘morbidity’ (HADS score: 8-

12), we give the patient a copy of the appropriate Self-Help booklet for Anxiety or Depression, which is recorded, and another appointment is made with the doctor in 3-4 weeks; If 'morbid' (HADS score > 12), we give the appropriate Anxiety &/or Depression booklet, record this, **and** they are offered a counselling referral immediately, **or**, in extreme cases (say >15), consider a counselling referral **and** some appropriate medication. Another GP appointment is then made for 2-3 weeks.

I have written these two booklets: one; "*Anxiety – And How To Work With It*" and the other; "*Depression – And How To Work With It.*" They both contain about 8 pages of information on, and suggestions for, Exercise, Self-Care, and Relaxation, with a list for further reading and useful websites. The Anxiety booklet additionally contains another 4 pages of information about Panic Attacks, Phobias and General Anxiety Disorder. Both booklets conform to the 'stepped care' system of treatment advocated by the UK National Institute for Health & Clinical Excellence (NICE) Guidelines for Anxiety (No. 22) and Depression (No. 23).¹ NICE also recommend 'social prescribing' and so I also have available in the consulting room a folder of brochures from all the local agencies that might be suitable as an additional resource or for someone to be referred on to.

The advantage of them getting the booklets from the GP is that, with the main emphasis on exercise and relaxation, they start rebalancing their ANS even before I see them, and thus I can concentrate much more on the psychotherapeutic relationship. We will see if the results bear this out.

¹ <http://www.csp.org.uk/director/effectivepractice/clinicalguidelines/niceguidelines.cfm>

LIFE EVENT STRESS INVENTORY

It is quite often the case that an accumulation of very stressful life events in a relatively short period (eg: 12-18 months) increases one's vulnerability to anxiety states, depression, or can even bring these on due to 'emotional overload'. Several life events are suggested below and some sample scores (rated up to 100) are given.

Please use this page and write in your 'stress' scores for those events that you have experienced over the last 18 months. Example: for some people, their 'Marriage' day was the happiest time of their life and everything went swimmingly; for others it might have been a very, very stressful period. So you decide upon your score.

A couple of lines have also been left for you to add in any life events not mentioned in the list.

List of "Life Events"	Sample Scores	Your Scores	Comments
Death of a spouse, partner or child	100		
Divorce	73		
Marital separation	65		
Imprisonment	63		
Death of a close family member	60		
Personal injury or illness	55		
Marriage	50		
Dismissal from work	47		
Retirement	45		
Change in health of family member	44		
Pregnancy	40		
Sexual difficulties	39		
New family member	39		
Business/work changes	39		
Change in financial situation	38		
Death of a close friend	37		
Change in amount of arguments with spouse	36		
Taking out a major mortgage	32		
Foreclosure of mortgage or loan	30		
Change in responsibilities at work	29		
Child leaving home	29		
Trouble with in-laws (or neighbours)	29		
Spouse begins or stops work	27		
End / change school, or begin college	26		
Change in living conditions	26		
Change in social activities	26		
Trouble with the boss	23		
Changes in work hours / shifts / conditions	20		
Holidays	15		
Christmas	15		
Changes in sleep / diet	15		
Minor violations of the law	11		
>....	•		
>....	•		
YOUR TOTAL SCORE	=		

If you scored between 200-350 points, your symptoms (often depression or anxiety-based, sometimes a serious illness, or an increased incidence of minor illnesses) are *probably* as a result of an accumulation of these stressful life events. Make sure you take appropriate measures to reduce the current stress in your life.

If you scored more than 350, you should be awarded a gold medal for remaining upright and still functioning. In order to return to more normal levels of functioning, you may need some help in 'working through' these issues, for a little while, as your symptoms are almost certainly related to these stressful life events.

One person scored 960, and couldn't understand why I was amazed: she had 'habituated' her levels of stress.

Adapted from Holmes & Rahe, 1967

C*** MEDICAL PRACTICE
 PROTOCOL FOR PATIENTS WITH ANXIETY AND/OR DEPRESSION**

