

Therapy Chat Episode 306



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[00:00:00] **Laura Reagan:** Therapy Chat Podcast Episode 306.

[00:00:04] **Announcer:** This is the Therapy Chat podcast with Laura Reagan LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan LCSW-C.

[00:00:34] **Laura Reagan:** Thank you to Sunset Lake CBD for sponsoring this week's episode. Use promo code, "CHAT," for 20% off your entire order at sunsetlakecbd.com. Sunset Lake CBD is a farmer owned, small business that shifts crafts CBD products directly from their farm outside of Burlington, Vermont to your door. Sunset lake CBD has something for everyone.

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[00:01:13] Remember, use promo code "CHAT," to get 20% off your entire order at sunsetlakecbd.com.

[00:01:23] Hey everyone. It's me, Laura Reagan. Just wanted to make sure that you know about what I've got going on this summer. I don't think I've really talked about it much here, which is silly, but in case you didn't hear, I did start a second podcast called Trauma Chat which is really for anyone who wants to understand what trauma is, and how it shows up in our lives.

[00:01:49] As you've heard me say, if you've listened to this show, I've mentioned a million times that people tend to think that trauma is something that happens [00:02:00] to someone else, something horrific and unthinkable, unspeakable. And that is true, Trauma is that, but it's also experiences that are very commonly shared among many of us, most of us.

[00:02:14] On Trauma Chat I break down what trauma is in hopefully understandable language that's not stigmatizing. I know I couldn't have possibly captured every thought

there is about trauma, and every aspect of trauma, and how it shows up, but I hope that Trauma Chat will be helpful to people who really don't understand what trauma is, and maybe wondering, do I have trauma, or wanting to better understand what someone they care about is going through. And most importantly, how to get help if you have experienced trauma, what to look for, how to describe your experiences or how to find the words that, that name, what you've been through so that you can then connect with [00:03:00] whatever type of resource support, whether it's therapy or a podcast that you'd like to listen to, to learn more about it, or an article, another website.

[00:03:10] This is my hope in creating Trauma Chat. And the second part of that is the new Trauma Therapist Network community that I'm creating. It's unbelievable to say this because I've been laboring behind the scenes to bring this to you for a long time, starting in around 2018 is when I first had the idea.

[00:03:32] And then the process of getting from there to here has been slow and with many twists and turns, but I'm creating a community for people who have experienced trauma to find help. For trauma therapists to find other trauma therapists to network with and refer to, and gather and collaborate and share ideas and hopefully come together in person in [00:04:00] gatherings that I don't know if they'll be able to happen in 2021, but maybe by 2022, we can have in-person gatherings of trauma therapists to provide support to one another and combat the isolation of trauma work. Even if you work in a large agency or group practice, trauma work is so isolating. It's just part of the nature of it and connecting with other people who. It's so valuable. The participants in my trauma therapists, consult groups share how useful they find them to be because we're in our offices doing our work, and then we go home and it can be really hard to receive the same kind of support that you give to your clients.

[00:04:43] So I hope that Trauma Therapists Network will be a useful resource for you, whether you are trying to find more information about trauma, or if you are a Trauma Therapist yourself. To learn more, please go to traumatherapistnetwork.com. The [00:05:00] website is not live yet as of June 28th when I'm recording this, but it will be live by August 1st, if all goes well.

[00:05:09] And hopefully there may be even a soft launch before, a beta version. So please go to traumatherapistsnetwork.com where you can find a free download and sign up to be notified as soon as it officially goes live, whether you are a therapist or just someone who wants to learn more about trauma, there's a download there for you, different ones for each group.

[00:05:33] And I hope that this resource that I've really created from the heart will bring healing to more people. I really want people who have experienced trauma to be able to find the right kind of support. And that's why I created the Trauma Therapist Network. I hope you will join me there. Like I said, you can get more information by going to www.traumatherapistnetwork.com where you [00:06:00] can sign up to be notified as soon as the official website goes live which will be in August of 2021. If you're hearing this after August, 2021, go there and hopefully you will find the site and you'll see everything that it

has to offer. I cannot wait. This is such a labor of love, something that I've really poured my heart into. And I'm just so excited for you to see it.

[00:06:23] Thank you so much for your support.

[00:06:30] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan and today I'm bringing you a conversation with someone who's been a guest on Therapy Chat multiple times before, Kyle Davies. Kyle is a former therapist and the founder of Energy Flow Coaching, and he lives in Wales and his previous interviews on Therapy Chat have been very popular.

[00:06:53] So if you missed them, definitely want to go back and check them out. I'll put the links in the show notes. [00:07:00] Kyle and I have both had COVID and, we got together just to talk about some of the after effects. We both had relatively mild cases, but the brain fog and COVID fatigue really are impactful.

[00:07:16] I know that I'm still having some effects of the brain fog. And this is not medical advice of course because neither of us is a doctor, but we're talking about what we've seen and what we've experienced. And I know that all of you listening are intelligent people who know to consult your own medical professionals if you have questions about COVID itself, but for the lived experience that we bring and what we've seen with some of our clients and friends, that's what we are discussing today. So I hope you will find this conversation interesting. It's something that I think is affecting more and more [00:08:00] people the long-term symptoms and the long-term effects of having COVID.

[00:08:06] So hope you'll enjoy this episode and as always, thank you for listening to Therapy Chat.

[00:08:15] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I'm so happy to be speaking again with my friend and previous multiple time guests, Kyle Davies, Kyle, thanks for coming back to the therapy chat today.

[00:08:32] **Kyle Davies:** Thanks for having me back. It's been a crazy time since I saw you last.

[00:08:37] **Laura Reagan:** Yeah. I think the last time we actually recorded, we actually were together in person when you came to DC.

[00:08:44] **Kyle Davies:** Yes I was running workshop, doing some book talks so that was nice.

[00:08:50] **Laura Reagan:** So yeah, but normally, and where you are now is your in Wales.

[00:08:54] **Kyle Davies:** I am in Wales, next door to England.

[00:08:57] **Laura Reagan:** Yeah. So [00:09:00] why don't we start off before we dive into our conversation about COVID and long COVID. Why don't we start off by you just telling our audience for anybody who didn't catch your previous interviews who you are and what you do in Wales.

[00:09:14] **Kyle Davies:** So I was psychologist by regional trade and I've been, been working at therapy for a long time, over 20 years, 1999 I started my first therapy practice, but since probably about 2001, 2002, I've been working or specializing, I suppose, with people with chronic fatigue syndrome, fibromyalgia, adrenal fatigue the sort of fatigue and pain type conditions from a very Mind-Body perspective. Originally worked alongside a medical doctor in the, as we pioneered this, this sort of work, uh, and more latterly with a little team of people who are scattered around the place. So that's me kind of in brief, and I guess that's the the interest in COVID along, COVID having worked [00:10:00] with these fatigue and pain type conditions for such a long time.

[00:10:03] **Laura Reagan:** Yeah. And so now you're not doing therapy, but you're actually doing coaching. You want to tell people a little bit about energy flow coaching, just for perspective of our conversation.

[00:10:13] **Kyle Davies:** Yeah. I'm a bit, I'm a bit loosey goosey in use of terms, to be honest with you. I know there are those that want to be very professional and say that therapy and coaching are very different and should never be mixed. I'm being cavalier and mixing the two together. The idea of energy flow coaching is that it's a mind- body approach, body-centered and somatic psycho-spiritual in orientation and [it] really has a number of underlying principles.

[00:10:46] One is the symptoms are trying to tell us something. One is that we have an innate wellbeing- so our body's working hard to bring us back into a state of wellness. Third is that our [00:11:00] experience is generated from the inside out- it is generated or created inside of us, and then filters out rather than it being outside-in. So the work is about helping people to reattach to their body, their feelings, and in doing so, switching back on those self-correcting, self-healing mechanisms within them. If that makes sense. So it's a series of ideas and principles, and there's a number of kind of exercises and techniques, or practices that fall out of that, but it's quite educational in the way it's delivered and it's the reason it's I call it coaching is one, cause it's educational to a certain extent, but also because it's coaching in as much as it guiding people by guiding people back to their own truth and believing they have the resources within them [00:12:00] and coaching them along the process rather than specifically doing anything to them. None of the, that there are therapies that do the same, but I think because it's a guiding process more than anything else, I've gone with the term coaching.

[00:12:14] **Laura Reagan:** And you work with people all over the world.

[00:12:17] **Kyle Davies:** I do. Yeah. So we have, we've got therapists, we've got a couple of therapists over there in the U.S four I think. And yeah, I personally, where I do a lot of my work via zoom and teams. So we, I I have clients in all English speaking countries and that,

and other countries where they don't speak English, but they're not as lazy as I am, but they learn to speak English.

[00:12:42] **Laura Reagan:** Well, thank you for going over all that. And I'm really interested in this conversation because, you know, when it was, I don't know, ironic or synchronous or something, but you contacted me to say, Hey, I've been working with some people who [00:13:00] have long haul COVID symptoms and you want to talk about it?

[00:13:04] And at the time when you contacted me, I had COVID and, and I've mentioned on here, before that I had a breakthrough case recently. And then you mentioned that you had recently also had it. So think it's kind of interesting that we've both had it now and are talking about people who've been dealing with it and, I don't know. We everyone wants to avoid getting COVID. I certainly did want to, and still want to make sure I don't get it again, but you know, you don't get to hear that many experiences from people who've had it. So I think it's kind of a unique opportunity for us to be talking about this today.

[00:13:40] Cause I know a lot of therapists who have had COVID and who had it before vaccinations were available. And still are having complications, heart problems and lung problems and neurological symptoms even more than a year later. So, of course that's [00:14:00] terrifying and we all worry about dying, but then these long longterm lingering symptoms that just seem to be treated in terms of if it causes you to have a heart problem, then you're going to have a heart procedure or you might need medication or something, but there's not a lot to be done it seems. So, I'm really curious to hear about what you have to say about it and what you're seeing, and I'll give you a chance to talk.

[00:14:26] **Kyle Davies:** That's good. I mean, it's yeah, I've been, so I had COVID back at the end of July and since then, it's certainly here in South Wales where I am it's just going through everybody. And I think I'm looking at a map of Britain. The it's here in various parts of England. It seems to be a very popular to, to catch some COVID.

[00:14:50] I think that there are clearly a lot of complexities involved here. It's interesting to me that COVID [00:15:00] manifests itself in a, in a variety of ways, which you don't generally see with colds and flus so people are experiencing all sorts of different symptoms. I didn't, I lost sense my senses of taste and smell the smell is not fully back, which is interesting.

[00:15:19] **Laura Reagan:** So that's like three months.

[00:15:21] **Kyle Davies:** Yeah. So it's slightly muted, but it's not fully there, but I didn't have a cough. It probably took me, I don't know, three weeks of, of after having it to feel, I was kind of back to normal. I would be honest and say, look I did not actually stop working through out having it, but again, sorry, but when it presents, obviously in very different ways. I think that looking at it from a more of the work perspective and me having done a little bit of work with a few people who are presenting with long COVID. I think [00:16:00] my sense is that it's important that we remain open to what the possibilities and opportunities are. Because obviously there doesn't appear to be a great deal on offer for those with long

COVID. And of course we don't know what the long term effects are, but I suppose one of the things that I, one of the things that's probably my reasons for agreeing- well, actually my reason for my reasoning, my reason for agreeing to take on a very first client was that her sister had come to see me 15 years prior with ME chronic fatigue syndrome and said, well, I seem to have the same symptoms as my sister did back when she had, 15 years ago, and because you helped her get her health back, I thought I'd give you a ring. And I said, okay, well come along and then we'll just see what happens. And she did get her health back within a couple of months, six weeks, six weeks, two months. She'd gone from not [00:17:00] working to sleeping for three hours every afternoon to back working.

[00:17:04] So that was, I thought, well, this is interesting. Maybe, maybe there's something in here. Now one of the things that I've always been conscious of is that when I work with people with ME chronic fatigue syndrome, or even a gene or fatigue, it's not uncommon for people to say, oh, right, well it was a virus that caused my condition be that [inaudible], glandular fever, or bad case of flu.

[00:17:29] And it's in terms of, I think, we kind of need to open up our understanding of a little bit, not that I know anything about viruses as such, but open our understanding of symptoms and what causes symptoms. I mean, people generally think that it's the presence of a virus that directly causes the symptoms of a virus.

[00:17:49] But, we know from, I can't remember the dates of research, but we, there's been research done where scientists have put a bunch of people into a hotel room, [00:18:00] introduced a cold virus at their nose, and then you get 20 to 40% of people that will actually manifest symptoms of the virus, so catch the cold, so obviously a viruses, the presence of a virus is necessary in order for an individual to present that symptoms of that virus. But the fact that in tests only 20 to 40% of people will present symptoms would suggest, well, it's actually not simply having a virus.

[00:18:32] Now, this is where as I've always looked at it, the chronic fatigue, the fibromyalgia as I've always looked at it from a sort of a complex systems or relational model where it's multiple primary causes, effectively. The buildup, the allostatic load you could say the load over time. And I think with a medicalized mindset, we are [00:19:00] used to looking at things as it, for the, from the perspective of, well, what's the cause the single cause of something is causing me to have this.

[00:19:08] And if I deal with that one cause then, we'll be okay,

[00:19:13] **Laura Reagan:** Like get rid of the virus.

[00:19:18] **Kyle Davies:** Or, you know, I suppose I've always looked at it and to a certain extent I'm, I'm adopting the same approach with the COVID long COVID the virus is the sort of the proverbial last straw.

[00:19:31] So it could well be that, uh, a person's body and brain is under or has been under stress or they've experienced trauma, which is facilitated, maybe ongoing stress, which of course can be invisible stress. They may not be aware of the fact that the body brain are under stress, but then the virus then could be come in as the proverbial last straw.

[00:19:59] Cause [00:20:00] that's sort of the argument really for the looking at those experiments where they've said, oh, well, yeah, it's the 20 to 40% will get the cold. Those individuals will, they're systems will be stressed at some level. And that's why the immune system is maybe suppressed to a certain extent.

[00:20:20] So that's, you know, I think it's important that we, we understand that. I think that what, this there's two things I tend to do when I have been doing with, and it's only a few people that I've been working with with long COVID, but I tend to look at it in. You want to jump in

[00:20:37] **Laura Reagan:** Before you explain, I have a question that if you don't mind, cause it's hard for me to take in the new information if I have a question. I'm like, but wait, what's something. So if you don't mind, \ would you tell, I know this is going back a little bit, but would you just tell a little bit about what ME is, I know what chronic fatigue syndrome is, but what's ME?

[00:20:59] **Kyle Davies:** [00:21:00] Myalgic Encephalomyelitis is it that again, this it's sort of controversial it's essentially, from my perspective, it's essentially the same as chronic fatigue syndrome. It's a term that was used in the UK and Australia, not really used in the US. The reason it wasn't really used in the US because it literally translated as an inflamed brain, I think, early studies suggested that there was no brain inflammation. I don't know whether that's changed so that the US never took on the name ME. But yeah, but I do know that there is, there are people I think, in the US that do use the term. Cause they, they believe that there is a, there is a brain issue. There's a brain inflammation issue that's going on there. There are lots of perspectives and many of these conflict with each other. [00:22:00] I tend to look at, or approach things from a particular perspective, but I'm very open to the fact that, well, I am just offering a perspective.

[00:22:08] **Laura Reagan:** Thank you and also just before you go into how you're working with people who have long COVID, I would be really curious to hear what are the symptoms that people are... like you mentioned the one person who had the same symptoms as her sister who had CFS? What sort of symptom presentations are you, I mean, I'm assuming it's not, if someone needs has heart issues, but it could be, I don't know, but what are the like constellation of symptoms that you typically work with?

[00:22:40] **Kyle Davies:** A few people that I've been working with, the primary symptoms they've presented with are fatigue, muscle aches and pains, brain fog, headaches as well with that.

[00:22:52] **Laura Reagan:** Great. Because I think that when I had it, I didn't, I had muscle aches, they were very minor and I'll just say what I had real [00:23:00] quick. I didn't have a

fever. I had a very minor cough. I had some nasal congestion. I didn't have any lung type congestion. But I had one really weird symptom. The first symptom I had was I was like shivering and sweating all night long and no other symptoms at all.

[00:23:19] And then I ended up getting a test a couple of days later when other symptoms came out. But the doctor said, actually, that that was your first symptom was the shivering and sweat. I mean, it was like out of the blue and I've heard a couple of their people say that they have that too. So I just, I thought that was really, really weird. Cause I assumed it was like, I wasn't sleeping well, I was having anxiety or something, but I couldn't pinpoint anything. So I was like, I don't know. But, anyway, the brain fog and the fatigue were the only symptoms that didn't go away quickly. The other stuff was gone within five days, but the, the brain fog and fatigue for me, it was more than five weeks before I mean, the fatigue lasted [00:24:00] less and the brain fog lasted the longest, which is funny because that's probably like one symptom that I can't push through where I will push through a lot of other things. But if I can't think, I can't think, and that's it. I can't work.

[00:24:14] Absolutely.

[00:24:15] When I say push through, it means push through to work. Just to be clear, like you said, you didn't take time off too, but anyway.

[00:24:21] Yeah. And

[00:24:22] **Kyle Davies:** it's interesting well, in terms of, well, when are we defining something as long COVID it seems to me that lots of people are experiencing sort of six weeks of fatigue and brain fog. And I therefore don't think that necessarily needs to be classed as long COVID, I think if you're getting into, I personally think it should be, we're looking at three to six months or, something like that.

[00:24:53] But I think it, because if they're talking about beyond four weeks, but I think there are far [00:25:00] too many people experiencing exhibiting symptoms, at the four week stage. In fact that seems recently common,

[00:25:06] Very. I've definitely

[00:25:07] **Laura Reagan:** heard four to six weeks from a lot of people and that the brain fog and fatigue were the last symptoms to go away for them.

[00:25:15] But I wouldn't say that I had long COVID, but if that brain fog didn't get better, if the fatigue had persisted. I would have been very, very worried. I was really worried that it would, so I was like, is there anything that could be done for the, for those symptoms? And people were telling me, address the neuroinflammation there's things you can do.

[00:25:33] And I'm like, what are they?

[00:25:35] **Kyle Davies:** Yeah what are they?

[00:25:36] **Laura Reagan:** But I don't know. A couple of people mentioned different supplements and some, a couple people told me that brainspotting can help, which that makes sense to me cause it does, when you receive brainspotting, you feel that it's working with your brain, but I didn't try it.

[00:25:55] So I can't say, and I didn't try any of the supplements either, cause it just started getting better. [00:26:00] And I just like stopped worrying about it and went on back to trying to get back to my normal life as we do.

[00:26:06] **Kyle Davies:** The supplement one is very interesting because I would say somewhere between 98 and 99% of people who come to see me with a fatigue or pain condition would have done quite a lot of work on diet, nutrition, supplements... Now of course those people who do that work and get well, don't come to see me, but everybody that, I see pretty much ever I see would have done a lot of work. And I think those things are very useful because again, going into this kind of complex systems idea. The, yeah, it is really important that we recognize there are pillars of wellbeing and we need to be consuming ingesting foods and supplements that serve our wellbeing.

[00:26:54] And that may vary from person to person. We need to be moving our [00:27:00] bodies, drinking good water, moving our bodies, getting exercise that we need to be doing, what we can to ensure that we are recovering, we're sleeping and appropriate our minds. And we're also implementing recovery strategies during our working day

[00:27:19] Cause just from the perspective that we live in cultures whereby it's all about it's performance driven. And so there's just a, there's a pressure on life to perform. Maybe it just on a side note. One of the things that was really interesting to me was I do, I do two things with, in my working life.

[00:27:37] I work with individuals in the private practice, but I go into organizations and run workshops and coaching on stress, resilience, wellbeing, these sorts of things. And one of the things that was coming up in doing webinars through COVID was that people were feeling. People that were on, maybe on furlough or working from home, we're feeling this incredible pressure to get, to be seen, to be [00:28:00] productive.

[00:28:00] I need to be landscaping my gas money to be learning French. I need to be decorating my house and the pressure was just transferred. So it's kind of interesting. I think that, that that's, uh, that's sort of that pressure's there. I'm not quite sure how to get off on that tangent.

[00:28:15] **Laura Reagan:** Well I agree with you actually, yeah the productivity culture and that's part of sort of what I was saying, like what I wasn't saying about what I was saying, that I was like pushing myself to get back to being able to do everything like normal and, we don't follow or I don't and we don't, I think culturally follow our body's rhythms. We follow

external pressure to produce and perform serves the, money-making machine behind the capitalism and everything. So, but, you know, it's like when we were like living in tribes, we weren't like, whatever we were doing was for the good of all and to get food and to survive, but not just to be busy just for the sake of being [00:29:00] busy.

[00:29:01] **Kyle Davies:** Yeah. I mean this is the sort of thing I tend to talk about in certainly within organizations a lot is that, you know, for hundreds of thousands, probably millions of years, we existed in little tribes. We went to bed when it was dark, we got up when it was light. Maybe we got up a bit in the night as well and slept and slept of it in the day.

[00:29:17] But amazingly the food was organic, we had light and heat that was natural that was natural. But we were just us, and of course, as we know, our stress response was designed to thrive under short term stress or pressure. And what we have now is entirely different than, you know, in the last hundred years.

[00:29:38] And even in the last 20, probably particularly in the last 20 years, the change in our environment, in our culture and society has been so dramatic that it's, I think it's a shock to the system really. And of course this it's been an exponential rate of change, I think. And yeah exactly, as you say, we need to be looking inward more. [00:30:00]

[00:30:00] We're so externally focused and driven. We need to be inwardly looking and attuning aligning with our body's natural rhythms. And of course the more we attuned to them, the more equipped we are at paying attention to the body, getting in touch with what our feeling states are, where do they come from? What do they mean? How are they guiding us? The generally the better I have this.

[00:30:31] **Laura Reagan:** Hey everybody. I wanted to take a quick minute to tell you about my experience with Sunset Lake CBD. I first tried CBD when my integrative doctor recommended it for chronic neck pain and tension that tends to wake me up at night. I really like Sunset Lake CBD's product. The full spectrum, CBD tincture is mild tasting compared to others I've tried and I find it works quickly. It doesn't feel sedating, but it does have a pleasant calming effect. And I also liked the CBD gummies. They taste good and they work well. So if you're [00:31:00] looking for a craft CBD product that comes directly from a farm outside of Burlington, Vermont, that's a producer for Ben and Jerry's ice cream, you're going to want to check out Sunset Lake CBD. And remember Therapy Chat listeners get 20% off using the promo code: "CHAT." So go to [sunsetlakecbd.com](https://www.sunsetlakecbd.com) and use the promo code: "CHAT."

[00:31:23] Yeah, thank you. So, I mean, I don't feel like that was a tangent to me. It's totally aligned with what we're talking about, but thank you for letting me interrupt you before. And if you will, now, it would be wonderful to hear how do, what have you been doing with the people who've come to you with these symptoms? How are you approaching it?

[00:31:42] **Kyle Davies:** So this, this sort of, there's two, there's two lines of attack, or that's completely the wrong word, but there's two sort of aspects, I suspect that comprise this approach. The first is that when we [00:32:00] have a health challenge, we very often go

into playing defense and thinking okay I've got this health challenge and I need to alter or modify my life as a result of the health challenge. And the, irony could be that, that in and of itself can somewhat perpetuate that health challenge. As we know with, things like when we eat, when we go to bed, to a certain extent, we can train our bodies to be, to get used to something.

[00:32:35] So, but the, there can be a fear of, well, certainly when fatigue is involved that well I've got a certain amount of energy. I've got to manage that energy very, very carefully and I need X amount of sleep at night and probably a few hours of the day as well, but that illness lifestyle. And this is where a little bit of coaching comes in is that illness lifestyle, can [00:33:00] become so restrictive that we, uh, as I say, it can serve to perpetuate symptoms, because I think that any sense, and this is a part of, I suppose, of how did you find coaching as a base is.

[00:33:15] My view is, well, we were designed to flow. We're designed to thrive, and if we're constricted or restricted in any way, then that's, that's a stress and that leads to frustration and boredom and annoyance and, guilt and shame and a plethora of feelings, which therefore, which exacerbates what the problem is. Whether they played a role as the underlying primary cause or not, the fact that, if we are shut down, if we're shutting down, then that will be a stress. So that's the first thing that I do is really what can we begin to challenge as people have modified their lives [00:34:00] as a result of, um, having long COVID, how can we begin to if you will coach them back in a safe way to back to normal life and that can be things like the example of being with that very first patient that I had to, she was sleeping three hours every afternoon from a sleep perspective, that's sort of two sleep cycles. So I said, well, can you sleep for 90 minutes?

[00:34:27] So can we have the first one. Could you cut it back to one sleep cycle, but she did. And then we kind of gradually cut back from that. So that was one, just one aspect, but it was the idea of what will just challenging something that you now think you need may be useful. So that's the first thing.

[00:34:46] The second thing I do is because I'm sort of assuming to a certain extent that it may well be the case. And particularly again, if I talk about the medical history to, to, to a patient, I'll get a bit of an insight into [00:35:00] previous traumas, previous stresses. So from there, it's often the case that, that an individual may well have had quite a lot of, you know, stress load on them prior to the onset of COVID.

[00:35:15] So what I'm then doing is then we're going back and we're looking at all right so what were all of those things in that persons, as I would say, their stress bucket. So it's looking at all aspects really of their life that may have contributed to the body being in the position that it's in. And then it is just like, we were just saying a few minutes ago, looking at those pillars of health.

[00:35:37] Again, a lot of people that come to see me are [inaudible]. So they recognize the importance of good nutrition exercise sleep so that, but for those that don't teach or write well, um, because of the complexity of COVID, we need to know that what we'll be able to

do is create a foundation or a platform that allows for [00:36:00] enables the body to heal itself, put the body in the best environment that it can heal itself.

[00:36:05] So those are kind of I suppose those are the, kind of the key, the key areas, but it's just, as we were chatting before I recognized that there are clearly complexities with COVID and if somebody has a heart issue, or if there are lung problems, maybe there is, a structural, a measurable objective structural issue or problem, then probably some other treatment is going to be, is going to be needed. But I still think there's value in, in this approach. And I think, because it gets people moving. And I think that is particularly important. We know that when you're in a space where you have an external locus of control, when you think I'm a victim of circumstance, this is happening to me. There's [00:37:00] nothing I can do, yes, medicine is offering me nothing, that's a huge stressor.

[00:37:06] The irony, unfortunately, that is likely to perpetuate the condition. So simply having that hope, having that empowerment, beginning to do something, beginning to take some steps and move forward, I think can help enormously, because as I said, right at the start, one of the core principles of energy for coaching is that we have innate wellbeing.

[00:37:26] The body, both from a physical perspective of a physical immune system, we have an emotional reset immune system, as well as trying to bring us back into balance where everything is working, to bring us back into balance, or into harmony. And what we want to be doing is just believing that and doing what we can to help that along.

[00:37:50] **Laura Reagan:** Yeah I know there's some, there's so much about that. When people have cancer that hopeful, perspective is [00:38:00] more healing than if they're very fearful and they're very hopeless. Of course, it's understandable, these are scary things and like Cancer, COVID is something that if you get it's for most people, you don't want to get it.

[00:38:16] You're afraid of getting it. And if you get it, your pretty worried. And it's a weird thing, like you said, it's, it affects the body in so many ways and so little known about it, but I feel hopeful about this, what you're sharing.

[00:38:30] **Kyle Davies:** I mean, it is, I'm not sure that I've ever experienced anything like this before in my life or even just a virus that seems to manifest in so many different ways. It's interesting that cancer thing I remember reading about 20 years ago and not have been able to find it since about a research study, where those with cancer, what kind of questions about their perspective, and you had those and said, well, this is it I'm done for, it's hopeless. It's all over. Those that were [00:39:00] somewhere, you know, okay, well, I'm going to learn from this and this is an opportunity to change life and the survival rates between the first group of I'm hopeless. And the last group of I'm going to change my life. It was absolutely enormous. I can't remember the stats on it, but this is the thing, I suppose, when we shift our understanding of what something is, we externalize so much, something is happening to me and we're going to fight it.

[00:39:26] I don't think, I don't think those perspectives are useful if my body has an adaptation in a particular way, then you know, it surely it must be possible that my body can shift what it's doing, because it's always in a process.

[00:39:42] I think whatever health challenge we experienced it's a process that the body is going through and it's an adaptive process. And there must be, I think it's always useful to just be in a space of believing or there must be some, some, there must be some way of self-correcting, but [00:40:00] sometimes, just like if you fall over and you catch your leg at some point, the cut so bad, you need to have stitches.

[00:40:07] So, That's always going to be the case that, well I might need stitches, but it's, it's knowing, well, you know, how many stitches and it's going to do, and that's the difficult part, isn't it? But that, I think that that point with cancer is, is pertinent really now you know, particularly that the whole idea of particularly with COVID we've had, there's been so much fear.

[00:40:28] We're living in a time where the fear is palpable and so contagious, you just got to walk out of your front door and you can feel it and it's just exacerbating the problems that we're in. And I think those of us in this field probably knew that this is where we were kind of headed when the whole lockdown started.

[00:40:54] I know my sense of it was right well the, the [00:41:00] impact on people's overall mental wellbeing and how it's going to be, it's going to be worse than that, the numbers of people affected through mental health issues are going to be worse than the people that there's the people affected with the virus itself.

[00:41:15] Controversial issue possibly, but I know for me, it's been interesting in a way I've had a lot more clients that have presented with what would be seen to be mental health challenges. So, you know, your anxiety, depression, overwhelmed, can't cope, I don't know who I am anymore, that kind of stuff since COVID which there's a bit of an irony.

[00:41:42] Yeah. I lost a lot of my corporate workers, obviously your organization stopped doing in-person workshop, but then that was replaced with all these people with, I can't deal with things. I do wonder whether what happened with COVID was there, there were lots of things that maybe people have bubbling under the surface.

[00:41:59] and [00:42:00] then I don't know whether this was the final straw that just gave people an opportunity for the, whatever the problem was just to come to the surface.

[00:42:08] **Laura Reagan:** Yeah. I mean, I don't think it's either, or, you know, if the physical health and death impact is more severe than the mental health impact, but I think that, and there's so much interplay between both because if you lost someone, then you know, you're, you might be home, can't interact with other people and you're grieving and you don't get the community support and you can't have a funeral. All the things that were

happening in the early part of the pandemic that were so really destructive to, I think our social fabric in so many ways.

[00:42:42] And but I noticed at the time I know we're near actually at the end of our time. I noticed at the time that, you know, with, with so many distractions, there was a really unique period where there were so few distractions, at least, I don't know how it was in the UK, but here, I mean [00:43:00] TV, like life revolves around TV a lot here.

[00:43:03] It's really weird sports, or reality shows, or whatever. And you know, a lot of shows weren't being produced. The national sports teams weren't playing and not just national, but like the NFL and the NBA football and American football and basketball. Without those distractions, suddenly people were forced to, I think, pay more attention to what they were feeling even involuntarily.

[00:43:33] You know,

[00:43:33] **Kyle Davies:** that busy-ness people were maybe working at home, so they didn't have that commute as a distraction and all of the other stuff. So yeah, it's given people an opportunity to pause and reflect and look at themselves and look at what's important to them when their life is turned upside down because people don't work well, particularly when their patterns are shifted, especially when they don't have that much of a choice [00:44:00] in their patterns being shifted. That's a bit of a stress, isn't it? So, but yes, very certainly interesting. Definitely very interesting times.

[00:44:08] **Laura Reagan:** Well Kyle, thank you so much for coming back to Therapy Chat to talk about this, I've enjoyed our conversation and where can people who would like to learn more about you and your work find it?

[00:44:20] **Kyle Davies:** You can find me at energyflowcoaching.com. If there are any therapists out there that are thinking, oh, I'd like to have some ideas on helping people with long COVID or fatigue, pain type conditions. We are doing an energy flow coaching practitioner online training, which will be starting in March, which will be running January to March next year, dates will be going up onto the website within the next week. But yes, if anyone's interested in that to come to the website and have a little look.

[00:44:50] **Laura Reagan:** Wonderful. So that's a training for therapists who would like to become energy flow coaching practitioners, or just to learn more about it. It's actually a little bit of [00:45:00] both.

[00:45:00] **Kyle Davies:** So the training is fitting into two stages. Stage one is where you kind of learn the basics so that you can implement some of that stuff into your life. And it's your work. And then there's a stage two, which is the supervised practice, which is if you want to be a kind of certified energy flow coach and have your name upon our website and whatnot, you go through the stage two, stage two is about a year.

[00:45:24] So the stage one is just, as I say, that's a 3 month which will be a series of zoom lectures, essentially, an online portal and that kind of stuff.

[00:45:36] **Laura Reagan:** Wonderful. Thank you for telling us about that. That's I think I'm sure some listeners are going to be wanting to check that out. We'll Kyle

[00:45:44] **Kyle Davies:** Come and have a chat with me.

[00:45:47] **Laura Reagan:** You can see he's very approachable! Thank you again so much for coming back to Therapy Chat, I always love talking with you.

[00:45:54] **Kyle Davies:** Thank you very much for having me on this to talk about this interesting topic.[00:46:00]

[00:46:01] **Laura Reagan:** Thank you to Sunset Lake CBD for sponsoring this week's episode, use promo code, "CHAT," for 20% off your entire order at sunsetlakecbd.com. Sunset Lake CBD is a farmer owned, small business that shifts crafts CBD products directly from their farm outside of Burlington, Vermont to your door. Sunset Lake CBD has something for everyone.

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[00:47:15] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com.