Academy of PHYSICAL MEDICINE

SIRPA: Treating Chronic Pain

with Georgie Oldfield

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TRANSCRIPT

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- *Some elements (repetition or time-sensitive material for example) may have been removed*
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Steven:

Georgie, welcome to the APM zoom room.

Georgie:

Thank you very much.

Steven:

Your experience, you've been a physiotherapist since 1983 but you're also the brains behind SIRPA and the founder of SIRPA UK. Can you tell us a bit about it?

Georgie:

Yes. SIRPA I set up in 2010 and that was after a number of years of working, three years of working in the way I work now, but completely isolated. So I went over to America to visit the pioneer Doctor Sarno.

Steven:

Sorry, what was the name of the doctor?

Georgie:

Dr. John Sarno. Prior to SIRPA, basically 2007 was when I came across this and I've been working as a, well, I don't know if I can say conventional physio, but a reasonably conventional physio and prior to that with obviously physical training and I began to get interested in pain and I initially specialized in respiratory care. And then I ended up working in community when my kids were little and I didn't want to do the hours that I was doing in the management role in the NHS. And so I carried on, but in the community. And then I began to feel frustrated in the little that we could do for people in pain, whether they were elderly or musculoskeletal. We were in the community apart from taking an ultrasound machine out.

Georgie:

So I ended up learning acupuncture and then I went on to learn a form of reflex therapy and spinal pain, which happens to be very effective. And then they asked me to do a pilot study on that in the NHS but partway through that I'd already decided I wanted to leave because I was getting some really good results and was not able to actually use it on the musculoskeletal things I would like to. So I started working, set up my own clinic at home. I basically had the clinic in the back of the house after failing to find the kids anywhere else and I was working there with more and more of an interest in pain and started doing some more alternative therapies, actually trained in a form of Bowen therapy and began to realize there was much more to this than just what was going on physically and started questioning some of the things that I was observing with my patients and myself, I have to say in things like why so many people wake up in pain when they'd gone to bed perfectly healthy? Why do they suddenly develop pain while doing something you normally do no problem? Why would they come to me having been told they needed surgery, for example, for a prolapsed disc and yet with my very gentle treatments, pain results, they were able to avoid surgery. And yet on the other side, they were told that there were people coming to me for whom we couldn't find anything physically going on.

Steven:

Georgie, could I just interrupt for a second. Your microphone seems to be fading in and out quite a bit, I don't know which microphone you're using, is there any way to get you closer to it?

Georgie:

I can certainly get closer to the computer. I mean it's on the computer. Yeah, that's good. Okay. And hopefully it will work but let me know, I can get some earphones if necessary. So I was just questioning and then I remember having left the NHS and I don't know how long after it was, a few weeks, and I woke up one morning in agony with sciatica and I had that for a couple of weeks, unable to put my shoes and socks on. And then I went to treatment actually with a craniosacral therapist. And the first thing she said to me was, what's going on in your life? That's not a question that as a physio I have ever asked and I was never aware that anything going on could impact any of the symptoms that I would experience and certainly never asked it to patients.

Georgie:

I was lucky. I had lost my monthly salary. My pension wasn't going to be so good. My husband was self-employed and I was anxious, but obviously pretending I wasn't. So really trying to just keep it down and carry on, so that was part of my journey to beginning to enquire further and recognizing action whenever one of my old recurring health problems was triggered, whether that was, shoulder pain or back pain or neck pain or headache, there was always something going on in my life at that time that was a stressor of some sort. And eventually, after doing a lot of reading around and talking to colleagues, I ended up coming across Dr Sarno and the concept behind this work is that unresolved emotions manifest as physical or even mental health symptoms.

Georgie:

So we repress emotions or we just push on and ignore day-to-day emotions. It ends up building up and manifests in symptoms, like for example, a tension headache or we know already there's a mind-body link because if we're embarrassed, we blush. So it's that sort of understanding that emotions can trigger very real physiological changes in the body. But there was nobody doing it over here, so I read his book and was fascinated, I worked on myself first and resolved all my recurring health problems. I didn't have chronic persistent pain, but I've certainly had recurring musculoskeletal conditions. I believed I had a bad neck and a bad back, so my life was slightly restricted with that. I also believed I had an old knee injury from a skiing accident and every now and again would have problems with that as well. Those I resolved completely. And I started recommending Dr Sarno's books to my patients. And in fact, I would, I remember buying, well about 50 books from America that they shipped over here. And then I would sell them for a fiver, not a great private practitioner. But then again, I'm ex-NHS. And I actually was really seeing some quite astounding results with patients.

Georgie:

Details on Dr Sarno. He was a rehabilitative specialist. So he's, he specialized in back pain. He is now dead. He died about four years' ago. So, when I went to see him, he was 83 and still doing a three day week. And that was back in 2007. He was somebody who was becoming, he worked in New York, and he was becoming more and more frustrated with the lack of success with chronic

pain for patients that were being treated with injections or surgery or physio exercises. Bear in mind, we're talking about chronic pain, people that have long-term medication and it was all about management. And that what was frustrating me because I just thought, why can we only help people manage that kind of pain? And so he began talking to some psychologists that were working in hospitals.

Georgie:

He began to recognize that actually people who come in, the first thing he noticed when he was going through all the records was that everybody he saw with chronic pain had some form of psychological, not psychological, my brain's gone blank psychophysiological conditions. So for example irritable bowel, ulcers, things like that. And when he started to look at that, he recognized that it was over 80% of people that actually had things like that. The web of pain would link to that in some way. He began to realize that it did. He was like me, a clinician basically, and just an educator, not a researcher, so he never actually did any research but there have been some studies done since then. People would go in and just pull up case notes and they would retrospect and see what result they were having. I can't remember offhand now the results he had but he was getting very good results from people who had chronic pain and they were coming to him because nothing else had helped. And we're talking here about recovery, sort of 77, 70% of them actually were regaining their lives. He would end up seeing people, he'd assess them, he would invite them to lectures that he ran. And then he would invite people to lecture a bit, where people would go and talk about their recoveries to other people. It's very much an educational and self-empowering approach. And if people were struggling, he would encourage them to see one of the psychotherapists. So he had a team of psychotherapists that worked with him. He was ostracized. I remember when I went to see him and we went to eat in the canteen and I was shadowing him and nobody would sit with him in the canteen, everybody was avoiding him.

Georgie:

And yet secretly, a few of them had been to him for help. So he very much was fighting a battle. In fact, his story is told in a documentary called 'all the rage'. I went to see him in 2007, came back here and set up my own patient programs. And the reason I went there was that there was nobody that I could find who was doing that over here. So I set up my own program here. I did a retrospective pilot study, just myself, so nothing serious because I'm not a researcher. But all I did was actually look at all the people who had been through the program in the first three months without having any physical treatments. And the basic program that Dr Sarno did was education, understanding, helping them recognize their pain the evidence base around the pain...

Steven:

I think I might have to interrupt you and ask you to put your headset on because some of the key things you're saying are disappearing into the ether somewhere. Georgia. Sorry about that.

Georgie:

Oh no, it's all right. I've not had this before,

Steven:

So we didn't have it while we were preparing for this, you know, sort of 10 minutes beforehand. And so,

Georgie:

Okay.

Steven:

And while Georgie is sorting that out Vera has asked about how we spell the doctor's name. I'll get that from Georgie in a second, but we'll also put up the references on the recordings page once that goes up. That might take up to a week after we've finished this broadcast but we'll get it up as soon as we possibly can.

Georgie:

Okay.

Steven:

And apologies for the hiccup. We did test this before we came on air and went live, but we see, the internet being what it is.

Georgie:

Okay. Can you hear me?

Steven:

I can hear you. Yes. How much difference? Not sure how much difference this is making to the sound.

Georgie:

Okay. Well, it's certainly going through the headphones now, so I hope you can hear now.

Steven:

Okay. So let's get back and you were talking about understanding pain and that, of course, reminds me of something that you and I also discussed before we went live, which is that Lorimer Moseley has a program called understanding pain or book called understanding pain. And is there a crossover between what you do and what you know of his work?

Georgie:

There is. Certainly. I went to one of his courses last year actually really just to see how aligned he was with our work. I've certainly spoken to him and a couple of the profs in the States have, his evidence base. You know, the research he's done, it's fantastic and it's certainly really supporting our understanding now of how pain is a learned response that's due to neural pathways that become learned - and we know from various studies that various factors affect our pain perception. So yes, he's worked very much his evidence base, his studies very much take part in this and certainly, in this way, our approach is similar. I think the main difference is that we focus on unresolved emotions, he doesn't actually talk about dealing with past trauma, for example. So nothing about past trauma or unresolved emotions and about the fact that emotions can trigger these neural pathways even if there's not been an injury in the first place.

Steven:

While you were getting your headset, I did get a request in to spell the name of the doctor who you studied under in 2007. Could you,

Georgie:

It's S for sugar, A, R N for naughty, O.

Steven:

We'll put that up on the recordings page, it is just for the people who want to Google him while we're talking. Perhaps it might be helpful if you talked us through what happens when someone who has chronic pain and suffering chronic pain approaches you, what do they experience? What do you take them through?

Georgie:

It is quite different, if a patient comes to me as opposed to a patient who goes to somebody who is, or came to me 13 years ago (because generally people come to me who already know about this work now). But what about practitioners? Because SIRPA is a training organization where we train other health professionals in its approach. So if a patient would come to a physical practitioner, because again, we treat psychotherapists, coaches physios, osteopaths and chiropractors. If they came to a physical health professional, then we would examine them as you normally would if we can, obviously in this, at the moment everybody is online anyway but if they were face-to-face, we would examine them as you normally would. And there may well be things like posture or biomechanical changes but again, there's no evidence to show that there's a link between pain and postural biomechanics. So the main thing for me would be actually to get a history and understanding of past medical history and what was going on leading up to the time when their symptoms came on and examine them physically. If I can't examine them physically because I work predominantly online, because I work with people worldwide, then the important thing is to make sure that anything more serious has been ruled out. So this would be making sure that, for example, they've seen a doctor, physio, osteopath and that there is no concern about any red flags. If they've had scans at least we can help them by helping them recognize what has been found and also whether that then fits in with the presentation of their symptoms. So after that, then often I will then consider do the symptoms match with the diagnosis they have been given.

Georgie:

Did they just wake up with the pain? Did they do something that they normally do without any problem and then suddenly their pain came on. Have they had similar pain before? And at that point it's really about helping them see that it doesn't quite make sense. So I think the first thing if they don't know anything about this is, has everything been ruled out - so that there's no chance that there could be any underlying tissue damage and disorder - and then beginning to see where they're at as far as understanding that his doesn't really make sense as far as the physical condition, and really getting to question what was going on. So for example, you said you went to bed the night before, you're absolutely fine and you think it's a pillow that caused your neck pain and yet you've been sleeping with that pillow for months or years and actually that would be very strange for that to cause the problem. Or they played football the week before and had a training and then a week later

they developed pain - and then we'd be questioning that, and then just saying it quite often stress does play a part in our perception of pain and the onset of symptoms. And quite often it can be related to what was going on in our lives at the time. And then we will actually then see/ask that question. That's a very easy question to ask. What was going on at the time before your symptoms? And that is the initial start of how we would progress - and that it depends on what they, if they're sort of going on joking, you know, you can't convince people. So if somebody uses physical approaches, they would carry on with a physical approach, if they were coming to me, I would be saying - and they were open and quick-questioning and then interested in finding out more - then I would explain more and explain more about what the main underlying causes are, past experiences, childhood experiences - there's a lot of research in that - as well as stress in later life. And also our personality, our beliefs, behaviours, how much stress, self-induced stress, we cause by being a perfectionist. So being conscientiously over-analytical, can create an awful lot of stress. How much stress we perceive? There's only probably when they say 10% of what's going on in our lives is 90% how we deal with that. How do you react?

Steven:

Are there particular forms of stress which you see as being a more predominant cause of chronic pain than others?

Georgie:

Not really, no. There are some people who have not had any adverse childhood experiences. It's not linked to that. Even though we know that people, for example I can't recall the figures, but there's a significant number of people with fibromyalgia for example, who've had adverse childhood experiences. Similarly with myofascial pain with facial pain, and about nearly 50% of people with other pains, chronic pains that have had adverse childhood experiences. Not that everybody has had adverse childhood experiences, but it means we need to ask, and certainly drama is very much related. So for many people it can be normal, the stress of divorce is quite new and also getting married even because that's quite stressful, having a new baby. And it was quite interesting when I started doing this work, getting young men who were thinking of getting married and that (fact) had been the trigger for their pain.

Steven:

We haven't mentioned the coronavirus yet.

Georgie:

Well, absolutely. But that very much is a real cause of concern. And again, the more anxious somebody is, the more likely that pain will be triggered or something else will be triggered. But yeah, this is why in the last few weeks I set up a free mind-body wellness series of webinars. And this is predominantly for people who understand our work, but it's really taking people through the work that I do one-to-one with individuals because there are so many people worried about finances and all the work. There's so many different worries. At the moment , in fact I have just been writing an article about trauma and about the corona virus and one of the main stresses is isolation, self-isolating because its' connection is so important to us. So trying to give some suggestions for there are a number of factors that actually set us up for psychological trauma and moving forward.

Steven:

We billed you as coming in to talk about chronic pain particularly but of course the coronavirus crisis by NHS definitions, is barely capable of causing chronic pain but do you deal with more recent onsets as part of your program?

Georgie:

Basically it is a mind-body wellness program. So, as I'd say to people who come to us with chronic pain, we're not actually going to talk much about your pain because the pain is a protective response and it's often protecting them from perceiving what's perceived to be a threat. It might be protecting them from, something might have triggered an old response from the past, and therefore it's actually not focusing on the pain but on us. And therefore it's a full mind-body wellness program that's actually helping us look at how can we live life with less resistance, as one of my Spanish patients puts it, and that will either help us deal with what's going on currently, in the current moment but also then by working on ourselves and dealing with some of the past issues, journaling can be one way of doing that.

Georgie:

Addressing, acknowledging, expressing unresolved emotions currently out in the past, that can help them let go of our need to have pain because we're dealing in, for example, fear with pain because actually often the fear can trigger pain, but then pain fuels the fear. So we need to, we do a lot of work on fear and their perception of how they're feeling and letting us be more emotionally aware. Then you have to self -sooth, how to ground. So all of the things that we work with, I work on with people with chronic pain is absolutely suitable for people going through current stresses as well.

Steven:

Thank you. When I introduced you, I sort of lightly said you're the founder of SIRPA UK, but I didn't actually tell anybody what SIRPA stands for. It's a practitioner's association. What do the initials..

Georgie:

Stress, illness recovery practitioners association. So we're the sister organization of the BPDA in America, psychophysiologic disorders association and the Dr Sarno called it, TMS syndrome. It's not good in that there's no specific term and unfortunately when we set up and the SIRPA they hadn't got together in America to decide on what they were going to call their organization. And they just said to me, 'Oh, just get going with it'.

Steven:

It's not just copying the name from the States.

Georgie:

No, no, no, no. Cause we set up before they did, because I was working here, I had a couple of guys that helped in the first year to just get things set up and we just brainstormed. And one of the profs in American calls it stress illness and now I don't call it illness because it's not an illness, sort of a normal reaction to stress really. So yes, stress-induced. Is it psychophysiological or is it neurophysiological? You know, it's not good that there is no specific term, but then again, this is, everybody has stress and symptoms from a bit of IBS. You know, anything can be, any system in the body can be impacted.

Steven:

And what sort of practitioners are your members or your subscribers or how have you described them?

Steven:

Are we talking chiropractors, osteopaths, physios only? Or is it ?

Georgie:

No, no, I started training in 2010 and they were physical courses initially and I'd go around the country training people and now it's been moved online. And that was really because it was a lot of effort moving around. And also I have three elderly parents that were, I knew, I needed to be around. Actually, I was, last year able to spend time with my dad before he died because everything had been moved online. And I have a wonderful PA who supports us with all this. So we have right from the beginning, we've trained doctors, physios, osteopaths, chiropractors, psychotherapists, councillors and if there are coaches, if there's almost somebody who's trained as a coach for example, or hypnotherapist initially we just stuck to the doctors, busiest osteopaths chiropractors and psychotherapists. But gradually I began to realize that people who are even more aware and more easily ready to grasp this concept were often the alternative therapists and the coaches, and I set up SIRPA, well, in one way to help spread the word, to reach out to more people, I felt it was worth actually training them. And some ex-patients of mine have gone on to do a coaching qualification and because that's their way in to be able to do our training because it's a CPD course. And actually, they are excellent practitioners and are often going through our own experiences, which many of our practitioners have, makes them really good empathic practitioners as we understand it.

Steven:

I've got a whole lot of questions to ask coming in from our audience. If I may. Dawn has asked whether you get blood tests for inflammatory markers like C reactive protein with a view to lowering inflammation in the body as part of your program?

Georgie:

No we don't. As I said, this is primarily an educational self-empowering approach. Some people have already had that done. Generally we are working, working on self-soothing, on actually the relaxation response. Encouraging people to begin to notice when they're in fight-or-flight or they're in the freeze response and help them recognize how they can get back in the relaxation response. And so by the work we're doing, we are also having an impact on inflammatory markers. And I know people who have followed this approach have been able to settle down symptoms of, in fact resolve symptoms, or for new conditions as well. But I don't do that. If they are following and working with their own doctors or specialists, then that's something that some of them have done or have done in the past.

Steven:

Thank you. Darren's asked how you explain all this to patients? He said, how do you explain this physiologically to patients by the central sensitization process? But as you said earlier on, some patients will come to you possibly and they're not going to accept that there's anything other than a physical cause for their pain.

Georgie:

Yes. And this, I think is one of the most challenging things that we have is actually explaining it. Because very much, people are often rooted in the physical action of it. And in a way we might explain it in a different way depending on the individual - and how far I go on that first visit will depend on the individual - if they come to me completely new to this. And I think it can be, I know it's one of the biggest challenges in the practice. Family members not being open to this concept as well as patients. And so it's really about meeting them where they're at. So seeing whether that be their understanding and we have a patient leaflet that we will hand out to people. I often, now these days, given my Ted talk from last year, because again, it gives them a bit of an understanding as to really about the evidence base that makes us realize that there isn't enough evidence now to show that pain is, chronic pain is due to physical force.

Georgie:

And so when we start using some of the evidence base, then it can help people's understanding - on a whole, when I'm working with somebody initially I will just mention about stress and the mind-body relationship - and you know, the fact that when people accept that we have tension headaches when we're stressed and how do they feel when they're stressed? How does that generally impact their body? And then just helping them really start to recognize that the more we bottle up the harder this becomes, this is like an emotional pressure cooker. So as we go through life and we're taught, you know, that big boys don't cry and little girls must be sweet and kind and etcetera. And the more we are bottling everything up and we learn that so we go through a lot about how our personalities, beliefs, behaviours, how they evolve, and then how that helps us cope as a child but then can cause us a lot of pressure. And therefore, when we begin to recognize that, as this builds up like an emotional pressure cooker and it can manifest just like blushing or, and I often do say to people that, for example, sexual arousal if you think of guys, you know, you can't have an erection without feeling emotionally aroused. It's the emotions that causes the physical, physiological changes in the body and that we know that, for example, impotence very much, is predominantly due to an emotional condition. So I think when people start to realize that, see that connection, then you can see whether they're interested or not. And there's absolutely no point in going any further at that point if not, but sometimes it might be you're saying, well just have a look, we'll just see when your pain is worse, you know what's actually going on. Sometimes it's only a thought and they might not recognize that thought because it's shoved down unconsciously, automatically and immediately because the brain perceives that to be a potential threat. So it can be subtle but it can be very simple in that people recognize when they have a row with their partner, for example, that their pain increases.

Steven:

I have a problem with that Ted talk that you mentioned earlier on because I'm left with this image of your naked husband running down the road after a burglar stealing your car, which is not the point of the Ted talk at all. But it was a good part of the introduction. I do recommend it. I mean, it's a really interesting talk. You mentioned fibromyalgia earlier on and I was curious to know what sort of success rate you have with those because my experience is that most practitioners dread the fibromyalgia patients.

Georgie:

Do you know, it's so interesting, Steven, because I remember when I started, when I was working as a more conventional physio and I would get chronic pain patients, well patients with chronic pain, or especially fibromyalgia or chronic fatigue syndrome. And I remember shoulder patients just thinking, oh gosh, they're so complex, there's so many different things to have to consider. And now I love my shoulder pain patients. In fact, I began to enjoy that when I started doing bone therapy because that was helpful. But as a fibromyalgia, you treat them as exactly the same way as you would anybody with chronic pain, whether it's RSI, whether it's migraines, headaches, because we're looking at - helping them look at that, their timeline, what's happened in their life. And what was going on in the time leading up to when they were triggered. And especially looking at, you know, we're born with a personality, but it, we evolve. It's moulded as we grow up. Generally fibromyalgia patients have a tendency to be people pleasers, and warriors, and overly-conscientious perfectionists, caretakers, which puts a lot of pressure on them, but they learn that when they're a child. So we either learn it because that's what our parents did or we learn it as a protective response to what was going on in our lives. But generally, if you speak to fibromyalgia patients, that's the sort of personality they have. And some interesting studies have been done about patients with fibromyalgia as well - recognizing that they are more likely to catastrophize and worry about things. So no, I enjoy fibromyalgia patients now because I know we can make a difference.

Steven:

Lovely. We've had a lot of people struggling to understand how the process works and asking for examples. Do you have perhaps a real or a hypothetical case history you could just walk us through as to how you resolve that person's particular condition ?

Georgie:

Yes. I'm trying to think. Okay. So initially we would do quite an in-depth assessment. I mean, my assessments these days take two hours - they can be face to face or online. So I would when they were coming to my clinic, I would do a physical examination - if not I'd make sure they'd seen a physio, an Osteopath and have anything more serious ruled out. So usually when they come to me they have everything, they've really done everything. Let me tell you about a lady who came to me. And actually she was a lady who had her recovery story recorded. She came to speak at our first conference at the Royal society of medicine in 2015. So she's a recovery story recorded on our website and she was a lady who had had chronic back pain for 10 years.

Georgie:

She was in the sort of pain that had come and gone, it wasn't persistent. Until the previous six months. And in those six months, she'd been in absolute agony. She couldn't sleep for longer than about 20 to 40 minutes. She had severe sciatica. She had lost one of her ankle reflexes. She had pins and needles down the whole of her leg and into her foot as well as severe back pain, sciatica, and she could only walk with a Zimmer frame. At the time, she was in her forties, about 45, and she went to the doctors - and one of the doctors said, well, this is because you're overweight, that you've just had a baby, so that doesn't help. She went into the hospital at one point and was given morphine and finally was able to sleep, but then she was told, 'Oh, this is just tension. Go home and relax'. Anyway, when she came to me she had just had an MRI scan but as she actually couldn't drive or anything, she actually had to get her husband who didn't have a driver's license (he only had a provisional one), and she laid on the back seat while he drove along the side roads down from near Newcastle. And she just cried away through the assessment. But what we do is we will ask about their childhood and what was the relationship with their mom, their dad, what's their personality like

or their behaviours? When did the pain come on? What was going on in their life at that time when the pain came on? And often, what we're doing while we're talking to them is observing them because often when they're talking about something that was stressful, then their pain will increase.

Georgie:

And that's when you begin to recognize, okay, that's probably linked in a way or it's just something that is a trigger for her. And so, and the way I work now is very different anyway from the way I worked when I saw her many years ago, but it's observing what's happening, listening to the story, and then encouraging them to do a timeline, looking at what are the stresses that they've had in their lives - as well as then looking at how they're breathing. The first thing I would do these days actually when I'm working with them, if their pain increases, is to actually just take the tensions of the heart to do some heart breath mat breathing. So if the pain is coming up when they're in fight or going into fight-or-flight and you want to just calm things down, I will go into emotional awareness exercise, getting them somatic tracking, observing what's actually happening in the body and taking their attention away from the head and the fears because that can then fuel the pain. So with her it was about encouraging her to journal about some of the stress that she was experiencing. Then and once she's learned to self -sooth and ground herself, then to start seeing if she's able to journal about some of the things that might've happened in the past. For her, although she doesn't say this in the video, she's happy for me to say this in situations like this and training situations. She has an autistic son, a severely autistic son, and he was getting older and there were more challenges with him. Her Dad had been diagnosed with dementia and he got worse and worse. And she was the main breadwinner as well.

Georgie:

So it was significant, for her, it was mainly the current life stresses and by beginning to journal and acknowledge how she felt about these things. So maybe writing a non-sent letter to her son about her frustrations, but then at the end, looking at how much she loves him and taking responsibility for that. So rather than being, feeling helpless and hopeless, is acknowledging the emotions and then actually looking at ok, what can I learn from this? How can I move forward? I love you dearly and this is what we can do to help move you forward. So this is more about them, not that she's not changing what's happening, she's changing her response to what happened. And she did that plus positive affirmations. She was using various CPT technology techniques, my mindfulness and meditation, and she completely turned their life around. And on the video, it shows she has is on a massive amount of medication that came right down and her pain levels came right down within a couple of months and the MRI scan showed that (when it did come) massive prolapse of the S1 nerve, both sides and yet she only had symptoms on one side and she'd already started improving, so she carried on working with us rather than going for surgery, -urgent surgery, which had been advised.

Steven:

Interesting. In her case, you said that process took a couple of months. I imagine that the timeline could be totally different for different patients?

Georgie:

Absolutely. In fact, some people can literally read one of our docs and recover. I believe this happens because they'll read my book for example, and they're learning, but actually that prolapsed

disc that they were told that they've got, which is causing compression of the nerve and all these symptoms. And often, even if they don't match their symptoms, but they are so fearful of being told that they have got a crumbling spine or various different things that create a huge amount of fear. And when they realize that, 'Oh, so that was going on when my dad died or something. I can see that I was under a lot of stress then', or when I just sold my business and then having to start something up, everything was better but it was after that period of stress. There's often a trigger and if they can see that and they can begin to say, 'Oh, so I am normal, this is normal. Lots of people with backs like mine are fine'. It removes the fear, it breaks that link between the pain and the fear. And so they literally can have what we call book recoveries. In fact, I was one of those, I resolved my symptoms literally by not just reading one book, loads of books, but really being able to, it was like for me an epiphany, complete epiphany. Made sense.

Steven:

Could you after the broadcast, share some of those references and books with us that I can post them as things for our practitioners to seek out?

Georgie:

Yes. Of course. Initially when I came across it, published in 2007, there was only Dr Sarno's books, books he's written for and a couple of others that I read and now there's a lot more. And in fact the reason I wrote mine was that I wanted people to realize, this is not just being treated in the States, that over this side of the Atlantic, there are many of us working here as well.

Steven:

Somebody has asked about how you operate because Peter said that he's aware that Dr Sarno used to treat people in groups. Is that how you work as well?

Georgie:

I don't I, well no, I do, I suppose, because I'm running a group at the moment, this mind-body wellness. I did when I was treating Marie, the lady I was talking about before, we, I, used to run a group locally and I would treat people individually, but once a month we would have a group as well. And then recovered people would come and speak to them. So I did that because that's what Dr Sarno did. Gradually, as my work evolved, and I was getting no more further afield, then actually I started doing those initially online - and then they have stopped. But we do have forums, we have TMS groups and have groups on Facebook for example, private groups, people can discuss things, and I other practitioners go in and ask questions there. And then, as I said, at the moment I'm doing these mind-body wellness webinars.

Georgie:

So yes, we're running, and we've got 300 people who booked for that. Some that watch it live, some of them watch the recording. But generally, yes, I've always said, 'Oh yes, I love to run a group' and we've had some people who've been running groups and some of the other practitioners, but I have, in fact they set up a pilot, an NHS group in Yorkshire a while ago, running a group with three people who have been to my training. But I don't, and that's predominantly because now I am mostly online and I've got too much to do with SIRPA.

Steven:

You must be in your element at the moment because everybody is online trying to do telehealth, but most of the others are doing it for the first time whereas you had a bit more practice.

Georgie:

I was really lucky that I'd had more practice and been doing it for a number of years. And also that my PA is very good on the technology side as well. So we've been able to help our members with understanding about how to get online as well. So that's been good.

Steven:

We've only got a couple of minutes left, I'm afraid because the time flashes by during these things. But there's a few questions I'd like to ask. Somebody he asked, what is self-soothing? What's that?

Georgie:

Self-Soothing is about calming yourself down. I don't know if anybody knows about the polyvagal theory, but this is about getting people back into the relaxation response if they're in fight-or-flight or freeze, to actually self-soothe to bring them back down into the relaxation. So that could be, for example, slow belly breathing to getting out of the head and focusing on the body, observing the body. So tracking the sensations in the body. It could be stroking the arms, the elbows because that's has been shown to suit the emotional part of the brain as well. And that's part of a technique called Havening, a therapy called Havening. And so there's various different ways, but self-soothing could even include going and lying in a hot bath. Generally the techniques include slow breathing, they really calm your breathing, heart math breathing as well as emotional awareness or something.

Steven:

Fiona has asked how you differentiate what you do from counselling?

Georgie:

I don't counsel. I would say I'm a mentor. Okay. So we don't go into detail about past traumas. So, for example, this is, the more I did this work, the more I realized this is more about emotions and the newer pathways related to emotions, than the story. Hence being able to use somatic tracking and actually do the emotional work, can help with allowing emotions to surface and be processed without having to go into your story. If people want to journal, again, they don't have to go through every single thing. And often many people who lead to me have had years of counselling and psychotherapy and it hasn't helped. But if somebody has more mental health issues going on, then I would refer to one of our practitioners or somebody in this field who is has a psychotherapeutic background. But I definitely, I act more as a coach, a mentor rather than a counsellor.

Steven:

Okay. And this will have to be the last question, but John's asked, could you give us the name of that course that you attended in the States when you first started this exploration?

Georgie:

It wasn't a course. I contacted Dr Sarno personally and he said I could go. I was the first non-doctor he allowed to go and sit and chatter with him. And then after that I went back to the States, the first

conferences there, and that's when I got to know the other professors there, and that's why I set up SIRPA because there was no training and I'd have to keep going back to the States to actually learn what I was doing and a lot of my own reading and learning as well. So it wasn't a particular course.

Steven:

Okay. Thanks Georgie. Amongst things I haven't been able to ask, there's a question about current evidence for what you do and perhaps after this weekend,

Georgie:

Oh, sorry.

Steven:

Perhaps after this you can share some references that we can put up on the recording site so people can see that there is current evidence to back it up. Some latecomers asked about the connection between what you do in Lorimer Moseley and of course we talked about that earlier. So we won't cover that one again. I think my final thing is not a question about the pain science, but how do practitioners get involved with SIRPA?

Georgie:

Well, we are actually running a group intake at the moment because it helps, people can sign up for our training through the website if they want, but at the moment we are actually every now and again, doing a group intake, which means that people can have webinars together as we support them as they're going through their training. So it's on the SIRPA website.

Steven:

Okay, great. And we'll share that with them. And I guess I really ought to thank Carolyn and Silver and Pippa for having introduced this and for having praised you so highly in the work that you're doing. It sounds great. Georgie. Thank you for joining us. And I know you said that you're beginning to plan your exit strategy, but I think you've got a few years left with SIRPA.

Georgie:

A good few years yet. Yeah.

Steven:

I hope it continues from strength to strength. Thank you for your time today.

Georgie:

Thank you for inviting, Steven.

Steven:

You're welcome.