

HELPING THE BODY TO HEAL

Working with the nervous system can bridge the mind-body divide and support recovery, writes **Nadyne McKie**

When I first began working with people living with long COVID, I expected fatigue and fear of relapse to dominate our sessions. Of course, profound energy loss and heightened threat responses were present, but so too were grief and loss – not only the loss of health but also the loss of trust in the body. Clients would describe feeling betrayed by the very system that was once their ally. ‘I used to run marathons; now a shower wipes me out,’ said one client.

In those moments, it became clear that recovery isn’t only about symptom management or restoration of energy; it’s about rebuilding a relationship between body and mind, between therapist and client, between safety and the self.

The experience of chronic illness challenges the illusion that our minds and bodies operate as separate entities. It exposes the deep truth that we are one system: psychological, physiological and relational. As therapists, this means our work extends beyond cognitive insight or emotional processing. We are helping clients to rediscover safety within their own physiology.

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Over the past few years, my work with The Long COVID Clinic and in private practice has shown me that recovery is neither linear nor purely biomedical. It’s a dance between body and mind, which requires sensitivity, pacing and a willingness to listen to the body’s subtle language.

Many people with chronic illness describe feeling ‘wired but tired’, living in a state of constant alert in a body that never fully switches off. In physiological terms, the sympathetic nervous system remains dominant, primed for survival rather than recovery. Over time, this state of vigilance can erode the body’s capacity to heal and restore.

When the nervous system detects threat, whether physical, emotional or social, it automatically prioritises survival over digestion, rest or immunity. In evolutionary terms, this makes perfect sense. But in modern life, chronic activation of the threat system can leave clients stuck in cycles of fatigue, inflammation and anxiety.

Polyvagal Theory, developed by Stephen Porges,^{1,2} offers a helpful framework for understanding by describing a hierarchy of states:

- safe and social (ventral vagal): allows for connection, rest and healing
- fight or flight (sympathetic activation): mobilises energy to escape danger
- freeze or collapse (dorsal vagal shutdown): a conservation state, when danger feels overwhelming or inescapable.

In chronic illness, the body often oscillates between fight or flight and freeze or collapse. Some clients appear calm but are internally frozen; others push relentlessly to prove they’re ‘OK’, driven by an overactive sympathetic system. In both states, the body is doing its best to reduce threat, conserve energy and maintain a sense of control, functioning or belonging in the face of ongoing uncertainty.

Freeze can reduce overwhelm and limit further depletion; over-mobilisation can create a temporary sense of agency, endurance and competence. It’s important to stress that these states are not failures but essential adaptations, an intelligent response shaped by the person’s past experiences and survival strategies. Our task is to honour the protective intention before supporting the system to find its capacity for safety and choice.

Clients can be surprised, but also relieved, by this approach, as it shifts the narrative from ‘my body is broken’ to ‘my body is trying to protect me’. It’s a simple reframe that can reduce shame and re-establish a sense of partnership with the body.

Historically, the healthcare system has divided illness into ‘physical’ and ‘psychological’. But clients with conditions such as myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), fibromyalgia or long COVID often fall between the two. Many have been told that their symptoms are ‘all in the mind’, which compounds trauma and mistrust. Medical gaslighting is all too common among medical professionals who want to find a solution, but we must encourage trauma-informed care for all.^{3,4}

Therapists can help bridge the divide between physical and psychological by validating the lived experience of the body, while also exploring the emotional and relational layers that influence that experience. Recovery isn’t about declaring an illness either biological or psychological; it’s about recognising that both are true, all the time.

When working within a multidisciplinary long COVID team, I've sat alongside physiotherapists, doctors, nurses and cardiologists. When we view fatigue not as laziness but as a nervous system overwhelmed by demand, the tone of care changes. We move from 'pushing through' to 'listening in'.

I remember one client, a doctor in her 40s, who described her body as a 'faulty battery.' She slept but would wake up exhausted. In therapy, we began to explore how rest felt emotionally unsafe. Stopping 'doing' evoked memories of being told as a child to 'get on with it' and 'stop being so lazy'. Her body's constant activation made sense when we saw it as an old survival strategy. Slowly, through awareness, breathing, pacing and co-regulation, her system began to find moments of genuine rest.

Regulating together

Our nervous systems are social organs; they co-regulate through tone of voice, facial expression, rhythm and breath. So, therapeutic safety isn't only conceptual but also physiological.

When a client's system has been on high alert for months or years, the therapist's regulated presence is healing. It's not about technique but attunement. By pacing sessions, using pauses and tolerating silence, we invite the client's system to test whether connection can exist without danger.

Co-regulation precedes self-regulation. A client who has spent years in medical trauma or physical shutdown might need to borrow the therapist's calm as their body relearns safety. I often begin by orienting to the environment, inviting clients to notice what feels easeful or neutral. We might track sensations associated with 'OK-ness', or what I call 'a 1% improvement', rather than focusing on eradicating all symptoms: the coolness of air on the inhale, a sense of being held by the chair, the sensation of holding a warm cup of tea.

The aim is to help rebuild interoceptive awareness – the capacity to feel and interpret signals from inside the body.^{5,6} In practice, this might look like:

- titration: gently touching into bodily sensations or emotions in small, manageable doses, allowing integration rather than overwhelm^{7,8}
- pendulation or gently moving between states of activation and calm, strengthening flexibility and resilience
- grounding and orientation: noticing safety in the present moment before exploring distress.

I'm not suggesting these somatic techniques should be applied mechanically. They are ways of working that reflect how the nervous system heals through gentle repetition, curiosity and compassion.

Many clients describe an internal tug-of-war: part of them is driven to recover quickly; another part is holding them back. They often interpret this battle as self-sabotage. Through a nervous system lens, we can reframe it as the body's protection strategy – not resistance but wisdom.

In one session, a client, who was a young teacher, said: 'Every time I start to feel better, I crash again.' She had equated recovery with returning to her old pace. Her body, still operating under threat, perceived the slower pace as danger.

Our work involved unlearning the cultural conditioning that values productivity over presence. We explored the 'seeking system' – the brain's natural drive for exploration and reward – and how to engage it safely, through curiosity rather than fear and adrenaline.

Understanding the body's signals is an important step in recovery

We used breath as the bridge: slow, gentle breathing to regulate autonomic balance, shifting from sympathetic to parasympathetic tone. Over time, she began to notice early cues of overstimulation and could rest before a crash, rather than after.

The approach aligns with emerging research linking breath regulation and vagal tone to improvements in heart rate variability (HRV) and emotional regulation.⁹⁻¹¹ However, the evidence that matters most to clients is experiential: the felt sense that their body is no longer the enemy.

Integrating mind–body practices

Incorporating breath or somatic awareness into sessions can challenge many traditional training models. But the boundary between talking therapy and body-based work needn't be rigid.

Simple interventions can support regulation, without crossing into clinical physiotherapy or yoga therapy territory, including:

- inviting clients to pause and breathe when emotion rises, noticing what changes in their body

- beginning sessions with orientation, eyes open or closed, feet on the floor, sensing support
- using language that includes the body: we might ask where they notice a feeling, rather than what they think about it
- encouraging micro-rest practices: moments of stillness or slow breathing during sessions.

Even these small shifts can profoundly affect nervous system safety. In particular, breathwork can be reframed as a conversation with the body rather than a performance. Clients recovering from chronic illness often have ambivalent relationships with the breath, either overcontrolling it or avoiding awareness of it altogether. Gentle re-education helps them rediscover breath as an ally. But the goal is not 'perfect breathing'. It's about experiencing the safety of ease and holding ourselves with tenderness when we recognise our attempts to 'get things right'.

Mapping the nervous system

Understanding the body's signals is an important step in recovery. Nervous system mapping offers a compassionate and non-pathologising way of making sense of bodily states, allowing for development of a shared language for internal experience.

In therapy, this might involve gently noticing how activation feels in the body, how shutdown shows up and how moments of relative safety are recognised. Clients often begin to see that their symptoms are not random or irrational, but patterned and meaningful responses to demand, threat or depletion.

A collaborative exploration helps move the focus from battling symptoms to listening to signals, fostering a sense of agency and partnership with the body rather than fear or mistrust. Attending to how everyday experiences influence nervous system states – and what supports a return to balance – normalises symptom fluctuation and replaces judgment with curiosity.

Clients frequently express relief when they discover that what they thought was 'regression' is actually the body's way of recalibrating. And this understanding can reduce symptom anxiety and shame, creating space for genuine relief and much-needed rest.¹²

For many clients, this shared understanding also restores a sense of dignity. When symptoms are framed as nervous system responses rather than personal shortcomings, clients often report feeling less self-critical and more able to advocate for their needs within relationships, workplaces and healthcare settings.

Language becomes a regulating tool in itself. Words such as capacity, pacing and protection replace talk of weakness or failure. Over time, this shift can support more realistic

expectations of recovery, allowing clients to engage with their lives in ways that respect their current limits, without collapsing into hopelessness. In this sense, psychoeducation is not simply informative, but relational: it communicates safety, validation and permission to listen differently to the body.

Beyond symptom management

Recovery is rarely about returning to who we were before illness – and this can initially be felt as a failure by clients. Encouraging the concept that recovery can be a time of opportunity and curiosity can be helpful in supporting the idea of reclaiming agency in their lives. Clients can begin to sift through the patterns, roles and coping strategies that no longer serve them, and re-establish boundaries that help to promote wellbeing and healing for the longer term.

In therapy, we help clients grieve lost capacities and identities while nurturing new ones. It's a compassionate process that honours the body's resilience. I often find myself telling clients that perhaps it's time to reduce the size of their 'window for endurance'. It's almost the opposite of working with the window of tolerance.¹³

Clients frequently discover that chronic illness exposes the deeper relational patterns that have shaped their nervous systems: unhealthy relationship dynamics, perfectionism, self-criticism and over-giving. When these soften, recovery becomes less about fixing and more about understanding, acceptance and self-compassion.



As one client said: 'Maybe my body's not broken; maybe it's just tired of being in survival mode.' The statement marked a turning point from inner battle to curiosity, and understanding the body as a tool for communication. For therapists, this means holding hope without urgency and modelling patience in a culture that equates worth with speed and achievement.

Trauma, health and the body politic

The rise of post-viral and stress-related illnesses invites us to question societal patterns as much as personal ones. Chronic activation is not only an individual nervous system response; it reflects a collective system under strain. Many clients describe workplaces that reward over-functioning, healthcare systems that struggle to hold complexity and cultural narratives that equate rest with weakness. And these contexts shape the nervous system, long before symptoms emerge.

Therapists are not outside these dynamics but embedded within them. In the therapy room, we can model an alternative: a micro-culture of attunement, pacing and permission – a small but meaningful rebellion that values presence over productivity and listening over urgency.

In this way, therapy becomes not only a space for individual healing but also a quiet counterpoint to the conditions that contribute to chronic stress and illness.

The mind-body divide is therefore not only a clinical challenge but also a cultural inheritance. It requires courage to bridge the divide, to work across disciplines and languages, and to remain attentive to the social and cultural contexts in which bodies live, work and recover.

Reflections from practice

Working with chronic illness can challenge a therapist's own nervous system. Sessions are often slower, quieter and far less goal driven. The approach can sometimes evoke discomfort, especially if we are accustomed to measuring progress through visible change or narrative insight.

I have learned to track my own body during sessions, noticing when I lean forward, when my breath quickens or when I feel the urge to rescue or reassure. I recognise these sensations as cues to pause and return to regulation, offering steadiness rather than solutions. At times, the most therapeutic intervention is the capacity to tolerate not knowing and resist the pull to offer more.

Supervision is vital, as it provides a space to explore countertransference, not as resistance but as resonance with the work. Clients living with long-term illness

often mirror the therapist's own relationship with rest, productivity and control. So, reflecting on this relationship with honesty and compassion in supervision can deepen empathy, support ethical pacing and protect against burnout.

Recovery from chronic illness is not linear but it is always moving towards deeper integration. The therapist's role is not to promise cure but to accompany, to hold a compassionate mirror to the body's wisdom that healing often involves doing less not more. We can also remind our clients that healing often begins with listening, allowing and trusting.

When clients rediscover moments of safety, perhaps a breath that arrives with ease or a day that doesn't demand apology, they are already recovering. The nervous system learns that life is not only to be survived but also to be inhabited. Ultimately, working with chronic illness is an invitation for all of us – therapists and clients alike – to reimagine health recovery as a return to belonging within our own skin. ■

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