

Blog 3

Medically unexplained symptoms

Medically unexplained symptoms (MUS) are the presenting features in 25% (as a conservative estimate) of patients in primary care and about 50% of those in secondary care. Common throughout the world in all ages they can cause disability as severe as those originating from organic causes. The symptoms are difficult to manage due the diversity and the associated diagnosis being so uncertain. These patients may feel that they are not being taken seriously.

The sensory experience of the symptom

Awareness of body sensation activates brain mechanisms. Therefore through using this knowledge to help people with unexplained bodily symptoms which usually have an inbuilt sensory message there is the potential to modify the sensory-motor functions with the aim of 'psycho-physical integration and functioning of the individual' (Rouhianien, 2010, p. 58).

Kinesthetic-sensory awareness can be developed further through the exploration of movement. Todd (1937) from the world of somatic practices in the field of dance wrote, 'it is possible to bring the organic impressions [of the unconscious] and resulting movements into consciousness and thus to control the adjustments' (p. 31). Sweigard, Dalcroze, Laban, Bartenieff, Whitehouse and Bainbridge Cohen (Eddy, 2009) were amongst the innovators of somatic practices in dance which promoted co-ordination, efficiency of movement, recovery from injury, physical expression, spatial awareness, and refining sensory (proprioceptive) experience (Batson, 2009). Sensory-motor learning can also be employed to 'move' our emotional and spiritual energies. The psychotherapeutic use of dance movement is founded upon physical expression and sensory-motor learning to promote deep embodied emotional change.

The body has neuromuscular protective responses which act on it in a reflexive,

unconscious way at times of emotional or physical trauma. Alexander (1995) created the somatic method of Eutony (Greek for 'living in harmony') which employs the reflexive muscular habits which were the result of 'tonus adaptation' related to certain emotional states. Low muscular tonus is found in depressive states whereas high tonus is present in anxious ones. Inefficient functioning and muscular imbalances can derive from unconscious physical habits and reflexes. Consequently incapacitating physical pain may be the result of being inattentive to bodily signals.

The term sensory motor amnesia was first used by Hanna (1988) to describe involuntary and unconscious physical habits which become physiologically ingrained in the sensory-motor system over time, leading to such things as stiff and limited movements, fatigue, and chronic pain. Overuse, disuse, injury to the body or illness and trauma (such as surgery) can result in repeatedly triggered muscular reflexes and reactions to stresses which in turn create habitual muscular contractions, chronic tension and bodily pains.

Stress or emotional strain can cause the trauma reflex, a reaction of the sensory-motor system, in which muscles flinch or cringe into stuck positions leading to postural disorders. All movement habits are largely in the unconscious, but by awakening awareness dysfunctional habits can be changed by introducing new ideas that disrupt the patterns so engrained to release space for the experience of new movement pathways to arise.

Learning new movement patterns does not mean thinking through sequences of actions or directing actions in an analytical manner but by sensory exploration and physical practice the body 'gets a feel for it' (Juhan, 1987, p. 290). Gentle movement practices can assist in making new body-mind connections moving us from inefficiency and pain to re-establishing homeostasis and harmonious functioning. Somatic practices in the form of sensory-motor learning can enable previous experience to be changed as a result of the felt experience of increased awareness.

Somatic movement explorations can also connect sensation to its related intelligence in the

mind for any system within the body to stimulate learning and healing processes (Cohen, Nelson & Stark-Smith, 1993). Levine (2010) tells us that our brain is fed sensorial information from the vestibular senses, visceral receptors and sensory neurons within our organs and blood vessels. Therefore, in addition to muscular senses within the kinaesthetic and proprioceptive systems, all bodily systems are accessible through movement explorations i.e. the skeletal, endocrine, nervous, respiratory, circulatory, lymphatic, muscular and fascial tissue, fat and skin, cerebrospinal fluid, and even cellular motion has its own expressive behavior (Cohen, Nelson & Stark-Smith, 1993). Consequentially movement practices can affect the body in a universal recurring iteration.

Somatic work aims to bring an individual into embodied experience through experiential practices. When we are disembodied we lack a sense of wellbeing. There are many reasons why we become separated from our body including 'abuse, dissociation, seeing the body as shameful, powerlessness, physical and emotional reactions to stress, trauma from accidents, war, death and loss' (Knaster, 1996, p. 28). Somatic perception is therefore vital in order to become centered within our bodily experience. We invite the possibility for personal change by sensing what the body needs. This work is transformative in so far as it can produce deep change in our habitual style of being embodied.

Body-oriented approaches to change of the experience of pain share the potential to create positive emotional and bodily changes as they move the individual from feelings of discomfort and irritation to that of pleasure and relief. A sense of wellbeing ensues and social relationships improve as a result.

References

Alexander, G. (1995). Interview for *Somatics*. In: D.H. Johnson (Ed.), *Bone, breath, and gesture: Practices of embodiment* (pp. 253-293). Berkeley, CA: North Atlantic Books.

- Batson, G. (2009). Somatics studies and dance. *International Association for Dance Medicine and Science*, 1-6. Available from <http://www.iadms.org>
- Cohen, B.B, Nelson, L., & Stark-Smith, N. S. (1993). *Sensing, feeling, and action: the experiential anatomy of body-mind centering*. Northampton, MA: Contact Editions.
- Eddy, M. (2009). A brief history of somatic practices and dance: Historical development of the field of somatic education and its relationship to dance. *Journal of Dance and Somatic Practices*, 1, 1, 5-27.
- Hanna, T. (1988). *Somatics: Reawakening the mind's control of movement, flexibility, and health*. Reading, MA: Addison-Wesley.
- Juhan, D. (1987). *Job's body: A handbook for bodywork*. Barrytown, NY: Station Hill.
- Knaster, M. (1996). *Discovering the body's wisdom*. New York: Bantam Books.
- Levine, P. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Books.
- Rouhianien, L. (2010). The evolvement of the Pilates method and its relation to the somatic field. *Nordic Journal of Dance* 2, 57-68.
- Todd, M. (1937). *The thinking body*. New York: Paul B. Hoeber, Inc.