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Medically Unexplained Symptoms (1/4): The BodyMind Approach

11/11/2019 Helen Payne

NHS treatments for medically unexplained symptoms tend to focus on either the physical or the psychological aspect. This has led Professor Helen Payne, one of the leaders in embodied psychotherapy, to devise the BodyMind Approach, which uses creative expression to help people listen to their body's signals and self-manage symptoms. In the first of four blogs, she introduces this 'bottom up' method.



Using movement and creative expression to work with bodily sensations, such as symptoms of pain, can provide a platform for reformulation of the symptoms, enhancing feelings of control and offering more resources to thrive despite the symptoms. I discovered this in my professional development workshops with counsellors and psychotherapists between 2002-2004.

Reviewing the literature on 'psychosomatic' symptoms, since this was close to my interest in embodiment, I realised there was very little support in the NHS for the very large number of people with such symptoms in primary care. The term 'psychosomatic' is no longer used since people felt it marginalised their body-felt experience by assuming the symptoms, because they did not fit any diagnosis, were created psychologically by them (or their mind). Therefore, this was a crucial gap in the field of health and wellbeing.

So, I set about developing a research programme in collaboration with the NHS to investigate a methodology for supporting people suffering 'medically unexplained symptoms' (MUS), the newly adopted term, which has since changed again to 'somatic symptom disorder'.

The problem with top down methods

Bodily symptoms that are hard to explain medically have a significant physiological aspect that may not be effectively addressed by talking/cognitive psychological approaches, i.e. top down methods. Most people who try psychological therapy for their bodily symptoms do not find sustained relief, becoming symptomatic again six months or so later. Symptoms can vary. Sometimes they are labelled as irritable bowel syndrome, headache, backache, chronic pain, chronic fatigue, insomnia, non-cardiac pain, breathing problems and so on.

From my experience, people suffering such debilitating symptoms often become low in mood. They can also get anxious when no medical diagnosis/explanation is forthcoming despite lots of tests and scans.

The specific neuropathology of these hard-to-explain symptoms questions the efficacy of the commonly delivered 'talking' therapy (cognitive behaviour therapy) in the NHS as the sole form of treatment, which research shows is marginally effective for only two of the most common conditions in MUS. This assumes MUS is predominantly psychological, ignoring the genuine body-felt experience. Other treatments such as relaxation, physiotherapy, or graded exercise to minimise the emotional aspect entirely, focus solely on the bodily symptom. Since the body and mind are so connected, treatment, in my view, needs to integrate both.

The BodyMind Approach

Body-based approaches which connect with both body and mind are important to consider as an alternative, because they appear to support neuro-plastic changes, which are required to bring about sustained symptom relief. They can provide for the integration of bodily symptoms with the mind, the physical with the emotional, rather than marginalising one or the other.

The BodyMind Approach® (TBMA) is emerging as a significant body-based treatment for chronic unexplainable bodily symptoms. It can have a profound impact on the nervous system, combined with a focus on gentle and graded body awareness practice, which goes beyond mindfulness, through mindful movement.

It is a bottom-up method, working from the sensory experience of the symptom through to the imaginative mind using creative expression, drawing, clay and writing. It promotes improved emotional self-regulation and, consequently, promotes wellbeing for body and mind, accessing feelings and thoughts, imagination and creativity/expression. It aims for empowering people to learn how to self-manage their symptoms, rather than acting as a cure or healing as such.

Recent qualitative research (based on participants' own perceptions/evaluations pre, post intervention and at follow up) in the NHS show wellbeing and activity levels rise and symptom distress, depression and anxiety decrease. Symptoms can even disappear. But at the very least, The BodyMind Approach® can enable people to learn how to listen to their body's signals as a tool to self-manage their symptoms.

Helen Payne

Professor Helen Payne is one of the leaders in embodied psychotherapy, based on her dance movement psychotherapy background. In her private practice she works, or has



worked, with children, adolescents and adults. In her role at the University of Hertfordshire she conducts research, supervises clinical practice and PhDs, teaches and examines at doctorate level nationally/internationally. She is the founding editor-in-chief for the international peer reviewed journal *Body, Movement and Dance in Psychotherapy* (Taylor and Francis), and the author of [Essentials of Dance Movement Psychotherapy](#) (Routledge). She has developed [The BodyMind Approach](#)[®], which supports people in the NHS with persistent bodily symptoms for which tests and scans come back negative, and in which she trains psychotherapists (for details of two-day courses email: s.menezes@herts.ac.uk). She is now researching academic staff's support for students with mental health difficulties.

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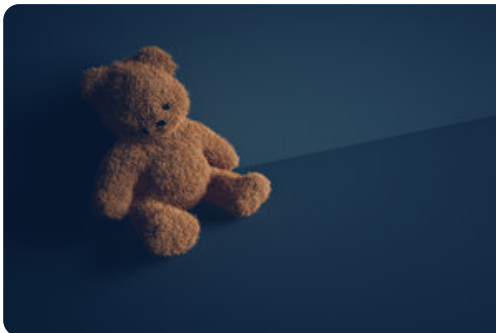
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