



It's becoming increasingly accepted that wellbeing of mind and body are inextricably linked. In the latest of our aetiology series, Christine Mallalieu describes how the Bowen Technique can help addiction clients regain physical and emotional control

I have been involved in complementary healthcare for a number of years and have been a body worker – a term used to describe therapeutic work that involves touching and somatic understanding of the body – for the last seven. My experiences in the early days were of physical trauma, injury and illness, but in 2003 I was introduced to a charitable organisation specialising in the care and recovery of people with drug and alcohol issues.

This was a new area for me as I had little experience with this client group, but I began to explore how working with clients on a physical level had an impact on their emotional wellbeing. As a body worker, I come from a therapeutic tradition whose basic premise is that bodily processes are intrinsically involved in psychological processes and vice versa. In this field the autonomic nervous system (ANS) has long been recognised as a barometer of emotional intensity and internal conflict, and I believe that the mind and the body cannot be understood as separate phenomena – they need to be addressed together.

It is suggested that the autonomic nervous system controls more than 80 per cent of bodily functions – cardiac, respiratory, reproductive, endocrine, gastrointestinal – and is very susceptible to stress and emotional tensions. I would like to illustrate the variations in autonomic function, its role as a regulator of emotional intensity, and that the autonomic nervous system's function of maintaining parameters is essential to life – breakdown can lead to dysfunction and eventual death.

Now for the technical bit. There are multiple motor sensory loops in the body, sending and receiving information. They influence all body functions – for example,

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the immune system responds to changes in the body, with the appropriate immune reaction producing antibodies, and this loop stimulates signals that influence the individual's behaviour, such as sending stimuli to drink or rest. Consistent overriding of messages from the body to stop and rest could contribute to chronic illness. In other words, there is a split between spontaneous (instinctual) survival impulses on the level of sleeping and drinking, and other influences – for example, the pressures of modern life – which reinforce a dissociation from body signals. This process is known as self-regulation, the balance of the autonomic nervous system. To understand why this happens we need to recognise that self-regulation in the widest sense (including its autonomic/emotional aspects) is intrinsically bound up with complex neural and chemical motor-sensory loops. When we use our muscles, for example, there's not just an instruction from the brain, but feedback from proprioceptors in the muscles and joints which monitor changes in tension, pressure in the tissue, the position of joints and so on.

The word 'proprioception' means 'to be in touch with oneself' – the sense of the position of your body – and it is the basis of physical and emotional health. There are interoceptors in the organs, complex chemical connections between all parts of the body that relay a constantly updated picture of what's happening in the body. The body is also a relational organism, which makes it an open system, subject to modification by the impact of events and processes and the external environment.

The autonomic nervous system and the somatic nervous system (SNS) – the muscular system – are regulated by sensory-motor loops. The sensory input to the ANS concerns the exact nature of visceral (organs of the body) activity and blood composition, while the motor output actively modifies the organs, muscles and blood vessels. It has been suggested that the brain is dependent on the body for self-knowledge and rather than language being the necessary feature of self-knowledge, it is the critical multiple feedback loops which inform the brain about activity in the body which constitute the basis of all self-knowledge. Feelings allow us to make sense of our environment and act appropriately (note: self-knowledge is distinct from self-consciousness – the capacity to reflect on oneself. Self-knowledge supports appropriate actions in a survival context, and provides the basis for more sophisticated reflective activity).

Where this relationship fails there can be a breakdown of the sensory-motor loop. The sensory component (including sensation and feeling) is split from the motor function which is necessary for acting. Both feeling and doing are life-saving functions – together they constitute experience. Sympathetic physiology increases energy and readies the body for action – so it is also about the need to do, express, act.

The parasympathetic action, meanwhile, is a concomitant of coming down – disappointment, shame, guilt, despair, as well as contentment, peacefulness, satisfaction – feelings which involve a decrease in tension, withdrawal of energy inward and tend more towards introspection. Laughter and tears are both usually a sign of parasympathetic activity.

Sympathetic activity is catabolic – it breaks down substances in the body to produce energy for activity. Parasympathetic activity is anabolic – it builds up and restores. The parasympathetic phase is vital to the maintenance of long-term health. In optimal psychological and environmental conditions the body swings into parasympathetic mode to repair and maintain health.

Although sympathetic activity increases muscular tension, individuals with sustained high tension tend to have lower autonomic arousal than those with less muscle tension. Muscle tension creates a buffer, which reduces anxiety but may create loss of contact with oneself and others. It can be a negative loop that leads to loss of self-regulation.

Excess muscular tension can impair health because it constricts and inhibits spontaneous processes in general – including feelings and thoughts – such as

breathing, and the venous (blood) and lymphatic circulation, which are responsible for clearing the body of toxins. On the other hand, chronic parasympathetic activation, which correlates more with psychological collapse and depression, may not be healthy either. Its characteristics are low blood pressure, sluggishness, organs and muscles lacking in tone and insufficient tension. In standard physiology the autonomic nervous system is a closed system, where homeostatic balance is maintained by innate self-regulation.

The psychologically and physically robust person has options for tolerating, adjusting to or acting upon the environment. The more limited a person's options are, the more likelihood of chronic psycho-physiological compromise in the direction of illness and behaviour, including self-management strategies like addiction. We can start to use drugs of all kinds – including caffeine, nicotine, alcohol and tranquillisers – to get ourselves into the preferred autonomic state, a sort of self-medication.

So while treating a client with physical therapy, we can invite them to explore and experience themselves as a body, a living, breathing organism. We invite them to integrate their physical sensation with their emotional experience, where previously there had been a disassociation or 'split'. An individual's body will be characterised by its own particular variations in muscle tone, body awareness, differentiation of muscle groups and tissue textures.

I specialise in the Bowen Technique, a soft tissue remedial therapy, which is gentle and non-invasive, and has proved invaluable in this area of work. It has the potential to make positive shifts within the body and can help in regulation of the ANS. It is a system of moves or rolls over muscles, ligaments, tendons, nerves, and all connective tissue of the body. The practitioner will stretch the skin a little to 'challenge' the muscle, and hydrate it, then a move across muscle fibres will encourage the appropriate response mechanism of the body to assess what has happened and what it wants to do about it. We are working within the fascia – the soft tissue – of the body, which can address structure, posture and support for the body, and acts as a communication system throughout it.

The therapy can be done with the client fully clothed, and a defining feature is the breaks the therapist takes between set sequences of moves. During these breaks the client is left alone for up to five minutes, allowing them time to digest the work being done. While using the therapy on clients with substance problems, I have experienced remarkable reactions. All of the clients I have worked with have enjoyed the experience and many have made huge leaps in their recovery as a result of being able to experience themselves on a physical level – some of their experiences have been of simply being able to breathe better and allowing themselves to take enjoyment in breathing.

They have also integrated their basic needs into their bodies – the need to eat, exercise, stand up for themselves, cry, accept praise, reward themselves and many more. To see the joy in a client who has been stuck emotionally, see them feel physical sensation and then the urgency to work with the issue is reward enough to the therapist. I have worked with clients who describe the feeling created from the treatment as being 'class A' feeling, but created naturally.

All this said, it is important that the therapist be properly equipped to deal with these vulnerable clients, as they can have a powerful reaction to treatment. Clients need a safe and stable environment where they can let go, and it is vital that the therapist feels confident to work at this level and that there are regular supervision sessions.

Could it be that in not addressing the body in addiction, we miss a crucial element in recovery for the whole person? Only by knowing ourselves better, on all levels, can we facilitate that in another – my grateful thanks to all the clients who have taught me valuable lessons.

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