

# Ep #174: Rethinking Hypermobility and Pain: Jeannie Di Bon



## Full Episode Transcript

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**Susi Hately**

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## Ep #174: Rethinking Hypermobility and Pain: Jeannie Di Bon

**Male Announcer:** You're listening to *From Pain to Possibility* with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Susi: Welcome and welcome back. I'm so excited that you're here because I've got a very special guest on the program today and it's Jeannie Di Bon. She's out of the UK and has a very, very deep, deep, deep, deep understanding, both professionally and personally, around hypermobility and EDS diagnosis.

And so I'm super pumped on this. This is part of my rethinking hypermobility mini-series that I'm in the process of sharing with you all, and it's also a lead-up to Understanding Hypermobility, my program that I'm running beginning June 15th, which Jeannie will be also involved in. And the program and what Jeannie will be sharing today is for both professionals who work with people with hypermobility as well as those who have hypermobility.

And honestly, I mean I've been at this for almost 30 years now, and everybody really needs to know this. And the reason for this, I laugh but I don't laugh. It's almost like an exhale because after seeing so many people with persistency of symptoms, there is more and more evidence that is pointing to a significant is probably the word, number of people or a subcategory of people with persistency of symptoms who have undiagnosed hypermobility.

And while a lot of the work I do within Functional Synergy already inherently supports people with hypermobility just because I focus so much on interoception and proprioception and small component movements and aware of tissue tolerance, I'm already doing that, that's one of the reasons I get great results. But if you know this information, it will go so far in helping you with your clients and your own self.

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So I'm like, people need to know this information, hands down. So, without further ado, because I could go down the rabbit hole of my passion on this, I welcome Jeannie. So, Jeannie, welcome. Let's just start off by sharing your own experience of your own journey to give people some context, and then we're just going to riff.

Jeannie: Okay, fantastic. Well, thank you so much for inviting me today. I'm really excited to be here and that lovely introduction. And you're right, sadly that information isn't out there as much as it should be. And people are going undiagnosed and struggling, unfortunately. So thank you for this platform and for highlighting this, it's really fantastic.

So yes, I am a movement therapist. I'm based in London but I have clients all over the world, obviously with Zoom I can reach people all over the globe now. So I have hypermobile EDS as well as mast cell activation syndrome and as well as POTS, which is postural orthostatic tachycardia syndrome. I only found out officially when I was 48, so I'm now nearly 53. So pretty much my whole life I didn't have a diagnosis, as you were just highlighting that there are many people out there.

It was a huge relief to get my diagnosis because you go through life, well I grew up being told I was a hypochondriac for the first thing, by my own family as well. So you start believing it after a while. So we know that anxiety and mental health issues are also prominent in this community. Yeah, we have to deal with things like that.

So I grew up believing I was a hypochondriac. I had lots of symptoms. It started with gut issues when I was 13, pain, chronic pain. So back pain, shoulder pain. But you just kind of live with it. I mean you start to see all the different doctors. I've seen all sorts of doctors, heart doctors, gut doctors, physical therapists, pretty much any doctor you can think of, but nobody joined the dots.

And so you have all these little things and your x-rays and your MRIs come back and they say, "Oh, you look fine, there's nothing wrong with you." And

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you're like, well I feel terrible and it's not right. But I've had doctors tell me that it's normal for a woman of your age to have these things and don't believe everything you read. Really, really not validating at all. And that's what a lot of people have to go through unfortunately. It's a constant battle to actually be heard and to get answers.

So when I finally found an amazing doctor who actually diagnosed my mast cells first because I was really, really sick by this point. And then he did the clinical diagnosis of hypermobile EDS and it was an absolute relief. And I started getting the right medication and the right treatment to help me calm my mast cells down, calm my nervous system down. Yeah, so that's kind of my history of how I got here.

Susi: So something I'm really curious about is that for every person that I have worked with, and it's been mostly EDS over the course of my career, is each person has had a very, very long journey very similar to yours. People telling them that there's nothing wrong with them and all the things. And then they have found somebody, like the miracle health professional, usually a physician, just kind of comes out of the woodwork, right?

And sometimes I think in a couple of cases there was somebody in their circle who said, "I think you might have..." And then that kind of opened up the gates of enabling them to find this miracle. Really, for everybody it's like, ta-da, finally, right? And so for you, obviously, you just kind of kept at it and kept at it knowing innately, like you just knew something was not right. And you just didn't listen. So how did you find this particular physician? What was that part of your journey?

Jeannie: Well, at that stage I was going into perimenopause. And we do know that hormonal changes have a huge impact on EDS. So people tend to start suffering either in puberty, pregnancy, or menopause. So the menopause really hit me hard and I started having, as I said, my health went downhill and I started having a lot of bladder issues, pelvic issues. And so I saw lots of doctors and I had all sorts of invasive procedures, biopsies and all sorts of things, not very pleasant.

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And again, everyone said there's nothing wrong, there's nothing wrong, there's nothing wrong. And eventually, I saw somebody who said, you're going into the menopause. Do you know that? And I was like, no. And she said, I think you need to go and see this guy. And I was like, okay. So of course I went. And this was the guy.

And I honestly don't know where I'd be today if it wasn't for him. I am hugely grateful to him, because he was the most wonderful, empathetic doctor. I burst into tears in his office because somebody finally understood what I was saying. And it was just wonderful. So again, somebody, like you said, you might have this, I think you need to go and see this man or this woman.

And that's how it happened. It shouldn't be like this, but it was pure chance. It was pure chance somebody said go and see that man, because I'd been going around all the houses looking for the right person. So, sadly, it comes down to luck. And it shouldn't be like that at all.

Susi: That's interesting because I would say that is the same process that I have found with the people and all the folks that I have worked with who knowingly had discovered that they have hypermobility or they receive the diagnosis before I started working with them. They're all in North America and that story permeates through every single story.

So I think the message is that the good news is, like I was doing a presentation last week to a whole bunch of people and someone was on the chat saying I have fibromyalgia. And I made a comment like, "Well, did you know that there's quite a bit of evidence that is starting to point towards hypermobility as being an underlying piece of that?" Not with every person with that diagnosis, but it's curious. And she's like, "You know what? I've always wondered about that."

So I think there's more conversation out there that people are like, ooh, I wonder if. And so I think the message that you're sharing is that you've just got to kind of keep at it. You just have to kind of keep, unfortunately you

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just have to kind of keep at it. And when you hit up a roadblock, just keep looking for the next one.

And if you're listening to this podcast, reach out to Jeannie, reach out to me, because we've got these pockets of people who know a thing or two about hypermobility and can guide you so we can shorten that journey quite a bit. And so we can just keep spreading the word that it may very well be for people listening, or for you as the professionals who are working with people, about where you can go and get really good data and really good information about working with folks.

So then in that regard, you come from a Pilates background is what I understand, yes? What was sort of the journey there? I'm familiar with Pilates and I know there's lots of different systems inside of Pilates, just like with yoga, which is where my primary focus is. And so how we do these movement practices in part is very, very different, right?

And so I don't want to paint any kind of exercise or movement or philosophy with any single brush. But I'm curious for you, what was your transition of how you did your Pilates practice through this learning about your body?

Jeannie: Yeah, yeah, it's really important. And yeah, and as you said, there's lots of different methods and styles out there, absolutely. And I always say to people, don't be afraid to ask questions if you're thinking of starting in yoga, or Pilates, or whatever. Whatever, don't be afraid to ask your teacher, are they aware of EDS or hypermobility? Or are they prepared to learn a little bit about it if they don't? And we know that, sadly, lots of people don't know about it. So that's fine, but are they prepared to learn about it?

So yeah, I started my training back a long time ago, 2007, because a physiotherapist, or a physical therapist as you call them, told me I needed to do Pilates. I didn't know what it was back then. He said you're hanging off your joints, you've got no stability. I mean, I was in a terrible, terrible

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state. And I had two children very close together and my body was just like broken.

And so I said, okay, I'll give this a go. So I did start going to Pilates classes. I enjoyed them. And what I liked about them were the control element and the sort of focus on the body and really paying attention to myself for the first time in a long time because I had two small children and, obviously, when you become a mom, you kind of spend all your time looking after them and not looking after yourself.

So I trained, I knew pretty soon that I really loved it and I wanted to learn more. So I did training in mat Pilates, and then went on to train as a fully comprehensive studio teacher. But as I was going through it, my body wasn't particularly happy. There were lots of things in there that I was doing that I probably shouldn't be doing. My pain was quite bad sometimes. And I was like, "My body is not really happy with this."

So over the years, and it wasn't an instant thing, it's not like I woke up and said, right, this needs to change and this needs to change. But over the years I started modifying it and I started looking at other things, like I love Vanda Scaravelli, Scaravelli yoga, that whole beautiful practice. I read her book and I was like, well, why don't we have this kind of information in Pilates? This is beautiful. But I couldn't find it. So I was like, well, I'm going to take some of this.

And then I took a bit of Alexander Technique and Feldenkrais. And I went and did anatomy, you know, cadavers I wanted to see inside the body and what's really going on. So I did all this research over the years and read all the books. I've got a whole library here at home of so many books, and it just formulated.

So by the time I got to 2016, I had this new sort of method for hypermobility. And it had these six principles of breath and relaxation being the first ones, which you don't really get in a Pilates class. It's straight in,

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let's start moving, let's start doing the hundreds, for those people who are familiar with Pilates. And let's just go for it and strengthen the core.

And that's another bugbear of mine, but I won't go into that now. But lots of things didn't work. And so yeah, I came up with this method and I call it modified Pilates, but it's the integral movement method. And that's what my two books are about, Pilates Without Tears, because it was like, well, we can do Pilates without it being painful and stressful, so without the tears. And then Hypermobility Without Tears is very much about how do we adapt this for our hypermobile population?

So yeah, it evolved. And it came because my body wasn't happy. And then I started seeing so many people and I would try things out. And this whole core stability thing, when I stopped teaching, not that I ever taught it. Sorry, that's the wrong thing to say.

People would come to see me who had been taught to do core stability. And when we stopped doing that and taught them to move in a much more organic, natural way with their breath, letting go of tension before they started moving their pain started to dissipate. And I was like, well, this has got to be the right thing then because here's the proof, people's pain is getting less.

So all those little things went in and the integral movement method was born out of all of that research and personal experience and clinical experience.

Susi: So good. That's so aligned with what I say. I've got eight principles, and the first one is to relax and grow awareness. So interesting. Love it. Love it, love it, love it. And there's no point in building strength on top of tension patterns, because we're just building strength on top of tension patterns.



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Jeannie: Exactly. Absolutely agree. No, I say too, you can't strengthen a muscle that's already tight and fatigued. It's just going to fight you back. You've got to let go of that tension.

Susi: Yeah.

Jeannie: Settle, and then you can come back to that later. But you can't jump in with strength training, stability training, you just can't do it.

Susi: No.

Jeannie: You mentioned tissue tolerance, how are you going to get tissue tolerance? Well it's not by trying to strengthen muscles that are already tight and angry. We've got to reverse the process a little bit.

Susi: So here's a question for you, because one thing that I noticed early on, I didn't know anything, but I followed my eyes. And what I was seeing is what I saw as a lot of people who I saw with hypermobility also had a significant amount of hypomobility as a kind of bracing or a gripping strategy to kind of hold themselves together.

And something I also saw was that hypomobility patterning often landed in their breath. And there was a lot of holding. It's been difficult to teach my trainees this because I also run professional training programs. But it was almost as if there's a held pattern here, and then there was a breathing pattern on top of that.

You're nodding your head, even though we're doing this as an audio recording, Jeannie is nodding her head like, yeah, yeah, yeah. So can you explain your experience with that and what you know about this held sort of breath and then we breathe on top of that? How would you describe that?

Jeannie: Yeah, you're absolutely spot on. I mean, that's a very accurate observation of what I see pretty much every day in my clinic with my patients and what I used to do as well. So when you've got hypermobility,

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and you're quite right, we have some bits that don't move and are very sticky and stuck, and there are bits that move too much.

And the area where we tend to hold and brace and guard and fix, whatever you want to call it is the thorax. So the diaphragm, the breathing, the rib cage, everything becomes very fixed. And that's because we're bracing or holding ourselves there with shallow breathing as a form of stability. It's our way of creating force to find some kind of stability because everything else feels very unstable.

And so that's where working on breathing, some of my first lessons with clients is just let's look at your breathing. And can we start to soften the thorax so that you can actually experience the breath, the expansion and the softening of the breath? Because yes, what you end up with is a ribcage that doesn't move, a diaphragm that's a little bit sticky, and then this very shallow breathing where they're overusing a lot of their neck muscles and really tight pecs. Everything's very, very constricted.

So a lot of what we do is soften the thorax, re-educate the breathing patterns, and then move on from there. And, of course, when you start to work on the breath, the relaxation comes as well. And because people have had that, I mean, I was like that for most of my life until I started looking into this, but it's an emotional release as well.

So when people start to let this go, people will start crying or just – Because they've had it for so long, they're not even aware of it anymore. It's just how they are. It's just how they hold themselves. So we let that go and there's this huge, not just a physical release, but there's a huge emotional release, which is wonderful because then they can move on from there.

I had one lady, she's in her 60s, come to see me. Very similar presentation, lots of pain, ribcage rock solid. She came back the next week, all we did was look at her breath et cetera. She came back the next week and she said to me, "I've been given permission to relax for the first time in my life."

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And this was a lady in her 60s who's never felt that she can relax because we're constantly on guard.

And so being able to give somebody that, if there was nothing else but we've given somebody that ability to just let go and relax is a gift, I think. It changes their whole perspective on their body, on how they move, on life.

Susi: And it's so interesting based on what you said earlier, and what we even spoke about prior to the recording is that all your life you have been told that you're a hypochondriac. You were not validated, which is such a common story. And then we've mentioned about PTSD from the medical model and engaging with that where, again, there isn't that validation. And then now there is the validation and there's an enabling of coming home.

Jeannie: Yeah.

Susi: And any of those moments when we come home, like coming home to yourself like, yes, there's so many layers to that. So many layers to that. And the other piece that is also so important is this idea of interoception and proprioception. We know that in folks with hypermobility those are abilities that tend to be, and I don't like the word lack, but there is a lacking of them. However, it's also something that can be trained.

I see this over and over again, we just need to help people connect in and tune in, be aware and grow that awareness and actually integrate that awareness. So how do you support your people? I mean, I'm not sure how you would describe this through audio, but kind of walk me through how you support your folks through this interoception and proprioceptive piece.

Jeannie: Yeah, what's really interesting about interoception, and obviously we're talking about those physiological changes inside the body like the heartbeat et cetera. So I was doing a little bit of research into this and there was a study back in 2014 where they actually did some brain imaging of people with hypermobility. And what they found was that the people with hypermobility had enhanced interoceptive sensitivity.

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And this leads into the anxiety thing because they also found that these people had higher levels of anxiety. Now we do know, and there's all this research coming out now with Dr. Eccles here in the UK, that people with hypermobility have higher levels of anxiety, that's also been proven now.

But what they say is that these autonomic symptoms like the POTS, which I have, one of the symptoms is elevated heart rate. You don't know why, your heart rate just starts racing all of a sudden. That can cause or could be a contributor to this interoceptive sensitivity through learned behavior.

So because my heart's racing, I'm going to sleep but my heart's pounding, I'm going to get more anxious, right? Why is that happening? What's this? What's wrong with me? Am I having a heart attack? And so we start to learn and we actually turn up those sensitivity dials of those symptoms.

So when we come back to the breath and the relaxation which we were talking about, that can actually really help them connect, and like you say, coming home. The one thing I want to do for people is help them feel safe in their body, and that's like coming home. You said it beautifully.

So if we can help them calm the nervous system down, that's a lot of what I do, recognize that nothing bad is going to happen, just be calm, let everything settle. So that's one thing I think is really important, is that, I think, comes into the breath and the relaxation.

And then the proprioception is actually the third part of my movement method because I realized that that was a huge element that people didn't have, and I didn't have either. And we do know through research, they've done lots of research that people with hypermobility lack proprioceptive awareness. Nobody knows why.

I've looked at all the papers and nobody actually says because. So yes, we lack knee proprioception, hand proprioception, or arm proprioception, but nobody can tell us why. I don't know if he's got something to do with fascia and the sensory signals we get. I don't know, I just have a feeling. But yes,

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so proprioception, we do a lot of work feeling the weightiness of our own body in different positions.

I normally start people off lying down so they've got lots of support. Gradually take away the base of support, so it's not frightening to people. And then using toys like bands and balls and a little bit of feedback. But yeah, controlling the movement, reducing the range of motion so they actually feel their joints and their bones moving. Because, obviously, when you've got hypermobility, you lack awareness, you lack sense of – Not everyone, but I'm talking generally, of course.

We lack awareness, we lack sensory awareness, so we can throw our limbs around and not really be aware or conscious of what we're doing. Now, if we can make them aware and more controlled, people hate it because I rein in their range of movement a lot. And they go, "Oh, this is going to be hard." And I'm like, "Yes, it is hard because we're actually making your muscles work instead of you falling into your end of range."

And I'm not saying that's it, you've got to stay at 50% range. Of course not, we don't want that. But once you understand this is how I control my arm, or this is how I control my hip, then we start to make your range bigger and bigger and bigger. But how can you teach someone proprioceptive awareness and control if they've already fallen into that end of range?

So it didn't make sense to me that you've got to go to the end of range and then teach people proprioception. Well, I don't understand how you can do that, because they can't feel anything. So let's get them in a place where they can feel stuff, and work from there. And I know that's very different to a lot of views out there. But it works for me.

Susi: It's beautiful listening to you because that's exactly what I do, and I receive the same sort of feedback. And the way that I would describe it is, well, that might be your end range. But remember that you're also bracing through, in the way that you've described it, through your thorax in order to do that end range. That's actually not what I call a pure movement, right?

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You're not actually moving well, and your neuromuscular patterns, your brain is now saying in order to do that movement, we must brace in the thorax. And you're actually not feeling anything anyway out there. So that's a habitual pattern you're creating.

So let's find your range in this circumstance where your thorax doesn't have to grip, where you can breathe easily. Now, what do you feel there? And a lot of people will say, well, nothing. It's like, well, great. That's not pain, right? Oh.

And then I walk them through this notion of, okay, now name what's here. If there's no pain here, what is here? If you're not gripping in your thorax, then what are you actually feeling now? And then as they hone that, then it's like, now continue the movement. Because we know you've got the range, it's clearly there, but it's just done, again not the greatest word, but it's done poorly. So let's move from poorly to purely.

And so then as they maintain that connectivity and they're more integrated, now they can make the range bigger and stop before that thorax gets braced. Stop before all those other signals that they now know about, before those start to kind of kick in. And I call those whispers or yellow lights. So they can tune into those.

So it's really fun, it's fun to listen to you and how you're working with it because there's a nice alignment between what you're doing with your folks, which it's lovely to hear, because more than anything – It's so funny I get excited about this stuff. Because more than anything, I want folks to know that exactly as you said, you're not going to have to be in the 50% range, or 20% range or 5% range for the rest of your life. It's just a matter of building up that neuromuscular patterning.

And when you have that, then you've got a good base, it's not a house of cards. You've got a good basis that then as you grow it, you're now building on top of solid, responsive patterning. Not brace patterning, which is going to bite you in the butt down the road anyway, right? So you're building up

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really, really tuned in patterning, which is going to make your process and progress way faster, too.

Jeannie: Yeah, absolutely. I totally agree. And you used a nice word, integrated. And I think that's where my integral movement method came from. Because it was, like you said, how can I move without reverting back to that bracing and guarding? That's not serving me well.

So the breath and the relaxation needs to be integrated into any kind of movement that I'm doing. I don't want to revert back to, I was saying no pain, no strain. It's not about pushing through pain. And like you said, I can do this but it hurts. Well, that's not right.

What can you do where we don't go into the pain, feel comfortable, that your nervous system is like, wow, this is actually quite nice, I like it here. Because then I'll want to do it again. If something feels good, I'll do it again. Because what we want is for people to enjoy movement and have a positive experience so they want to do more of it. Because movement is really, really important for people with hypermobility, but the approach has to be right.

And I get questions, can I do yoga? And I'm like, It's not yoga that's the problem at all. It's not anything that's the problem, it's the approach to it. How are you doing it? Because yes, we could all injure ourselves if we just throw ourselves around without awareness, without control. And I would say let's change the approach, like you're describing really beautifully. And then yeah, let's enjoy it.

I think things get blamed and I really think just tweak it, just adjust it. Just get that awareness going and you can enjoy all kinds of things.

Susi: So good. So good. A question I have for you around people, I find there's groups of people with hypermobility, and in certain groups there tends to be like, this is a life sentence and it's horrible. And I'm not discounting any of that. And when you're meeting people where there's that

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kind of belief kind of heavy inside of their space, how do you work with them?

So where I'm going with this question is, for the professionals who are working with people, or even someone who might be – Well, if someone's listening to this, they've got a hint of possibility, that's why they're here, because they know about this podcast, From Pain to Possibility.

But I'm thinking for more of the professionals, or if somebody has a friend, and that friend or that client is just like, “My life is over. This is a life sentence and this is horrible.” How do you work with those folks? How do you nurture them along?

Jeannie: Yeah. And sadly, that's not always their fault that they feel like that, because that's the messages that they're getting. Just the other day I had someone who was told, “Well, you've got EDS, that's just how it is. You've got to live with it. Good luck.” And it's like, well, no, actually.

And I always say to people, it doesn't matter where you are today, because I've got clients who have been bed bound, or they've been wheelchair users. It doesn't matter what your starting point is today, or how much pain you're in or how bad you feel, there is always something we can do. And we start low and we start slow. But it's not a life sentence. Yes, there's no cure. We do have to manage it, but there is lots we can do to manage it.

So my message is, please don't give up hope. There are people, find someone. A lot of people come to me and say you're the first person who has ever actually listened to me and actually understands me. And these are people who've seen multiple people. And it's like, well, that's not right either, that I'm the first person that's ever listened to them.

So we want more people who are aware of this condition. And a lot of the time people just want someone to listen. They want, like we talked about being validated. Someone who understands, doesn't judge them. And yeah, however, anyone who walks into my clinic, I always have hope.

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Even if, as we said earlier, teaching someone to breathe and to relax and to feel their body in a different way, rather than something that just gives them pain and anxiety. They actually go, wow, yeah, I can feel that. I can feel my body, whatever it is. That's the first step, it's changing the perspective. It's not over, we've just got to change things a little bit. Absolutely, I don't buy into that message at all.

Susi: Yes, and it's lovely for your perspective because you actually have experienced change. And while the tissue is the tissue, the genetic code is the genetic code in this circumstance. And it doesn't mean that nothing can change. There's still a lot of plasticity, there's still a lot of opportunity when we start to shift up the neuromuscular patterning and the way that we tune in.

I think the message that I want to piggyback on here is that in many ways our westernized system is like we need to have objective quantitative data to get our hands around. And the reality is, as you've mentioned, a lot of the scans that you went through didn't show anything because those scans weren't measuring what was actually needing to be measured, right?

So we have, really, the opportunity to go inward to our own sense of self and tune into our own sense of self. And then start to kind of rebuild and relearn some of these movement patterns and neuromuscular connections so that we can move from being disintegrated to integrated, from being disconnected to connected.

Jeannie: That's hugely powerful, for somebody to start to feel connected to their body when they have spent most of their life feeling disconnected. That in itself is a massive step forward. So I would say progress, not perfection. It doesn't matter what an exercise looks like, it doesn't matter how you have to modify it. Really, none of that matters. But does it feel good to you? Did you enjoy it? And that's a massive step forward.

A lot of what I do is simply – I say simply, it's a really big thing, just teaching people how to use their arms properly, which is very functional. But

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because of hypermobility, we get into all sorts of weird muscular patterns and we use all the wrong muscles to just do daily things that then cause us pain. So we say, well, how are you actually using this? Where is that movement coming from?

I ask people a lot of questions. And people are like, oh, no one's ever asked me that before. And the reason I ask, when they come to see me I ask them questions all the time. What does that feel like? Where's that come from? And the reason I do that is because I need them to become aware. I need to stop those old patterns, where they just do it without awareness. And they need to go, "Oh, actually, yeah, I do it like this." And I'm like, "Well, what if we did it like this?"

So like you said, changing those neuromuscular patterns, I always say we're basically rewiring your hard drive. How you move now, can we rewire you to be a little bit more efficient, have less pain, enjoy it more? Yeah. Which is fantastic. I love what I do and I love just giving people those possibilities. Or actually helping people find their own possibilities is another way of saying it.

Susi: Love it.

Jeannie: Opening the doors and saying this is what you can do is lovely.

Susi: Love it. And that's such a great note to bring this to completion. And for those of you who are listening who are as excited as I am, then do check out the Understanding Hypermobility program. You can go visit the Information page at [learn.functionalsynergy.com/hypermobility](http://learn.functionalsynergy.com/hypermobility). Jeannie will be talking about tissue tolerance and also giving you some really usable immediately in the moment things that you can do for yourself.

And also as a professional working with clients, people need to know this. I work in this way with everybody with persistent pain. It's how I've set up from what I've seen for my own reasons. And it's been so fun talking with

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you, Jeannie, to see this is so hand in glove and how you're working specifically with hypermobility. It's so awesome.

So if people want to reach out to you directly, because I know you've got Zebra Club and you've got the other books that are coming out and there's a lot that you provide support for. So what's the best place for people to reach you?

Jeannie: Yeah, so feel free to email me. So it's Jeannie, which is my first name, J-E-A-N-N-I-E, @jeannedibon.com. So I always get back to people, so please reach out by email. But yeah, as you say, lots of content. If you're looking for movement and guidance on movement, my YouTube channel has lots and lots of information on there as well.

And like you said, the Zebra Club, which is our membership, has got this wonderful community part of it. So if you're looking to meet other people and make friends and have support, we've got all the exercises, but we've got this amazing supportive community of people all over the world who are helping each other and looking out for each other. It's a really cool place to hang out. So yeah, lots of places to get movement advice, basically.

Susi: Love it. Love it. Thank you so much, Jeannie, and I'm looking forward to our course.

Jeannie: Thank you so much.

If this episode has resonated and you're looking to deepen this idea of getting your body back on board, of listening deeply to your symptoms, of listening to the whispers so you don't have to hear the screams, and you're looking for one to one support or professional training, then reach out to us at [health@functionalsynergy.com](mailto:health@functionalsynergy.com) where we can customize your learning path. That's [health@functionalsynergy.com](mailto:health@functionalsynergy.com). Looking forward to hearing from you.