

#### An Introduction to Mind and Emotions

This handout explains Mind & Emotions and describes ways you can use these elements to promote your health.

- On page 1, learn how you can use your mind to improve your health.
- On page 2, read about some mind-body approaches that you can do on your own.
- On page 3, learn about approaches that a mental health provider can use to help you cope if you have had experiences that continue to cause great distress.

#### What is Mind and Emotions?

Your mind and body are not separate from each other. Your mind affects your body, and your body affects your mind, perhaps more than you realize. This dance between your mind and body can improve your health or make it worse. Your mood and the way you think can impact a health condition you may have. In this way, your mind has power. Your mind can cause you to feel worse. Also, if you feel worse, you may not do all you can to be as healthy as possible. Alternately, you can take charge and use your mind to help your body. Whole Health includes all of you—your mind and your body.

#### How can my mind make my health worse?

Think about something that causes you stress. (If you have a mental health condition such as anxiety or PTSD, think about something that aggravates you, but that does not increase uncomfortable symptoms for you.) When you do this, your pulse may increase and your blood pressure may rise. Perhaps your muscles tighten. Now think what might happen to your body if this stress would go on for a long time or repeatedly. You might develop high blood pressure or long-lasting pain, such as back pain. This is just one example of how your mind can make your health worse.

#### How might I use my mind to improve my health?

Research has found that mind-body approaches can be used to help treat many physical health conditions. Conditions researched the most include coronary artery disease, headaches, insomnia, incontinence, high blood pressure, chronic low back pain, general pain syndromes, fibromyalgia, symptoms from cancer and its treatment, outcomes from surgery, and self-care of arthritis.<sup>1,2</sup> Mind-body approaches may also help improve mental health conditions, such as anxiety, depression, and PTSD.<sup>3</sup>

Highly trained athletes or warriors use the power of the mind to imagine success. Like them, you can learn to harness your brain's power. You can do this by using one or more mind-body approaches that help your body relax. This can help control the effects of stress on your body. These approaches are easy to learn, but they require practice to be helpful. Using several of these approaches may be more helpful than if you use one alone.<sup>3</sup>

Department of Family Medicine and Community Health



### What are some examples of mind-body approaches that I can do on my own to help myself relax?

There are many mind-body approaches. Those that are used often are listed below. All or most VA Centers will have a mental health provider who can teach you these approaches. Once you learn them, you can do any of these on your own, or you can do them while guided by a mental health provider. There are <a href="Integrative Health handouts">Integrative Health handouts</a> on each of these approaches, so that you can learn more about them.

- Autogenic training (AT). AT is a form of hypnosis that you do for yourself. In AT you give yourself instructions to create a relaxed feeling of warmth, heaviness, and calmness throughout your body.
- **Biofeedback.** In biofeedback, you learn to change some ways that your body works, such as your breathing, heart rate, and muscle tension, using signals from your own body as a guide.
- **Breathing exercises.** You can practice deep breathing exercises to become calm and to help treat conditions that stress may cause or make worse.
- **Hypnosis.** In hypnosis, you use your mind to enter a trance-like state similar to daydreaming. Your body and mind become calm and relaxed. You then follow suggestions to work on thoughts, feelings, or behaviors that you want to change.
- Meditation. In meditation, you train your mind to focus on your breathing, a word, or an image. You do not pay attention to things going on around you. This helps your mind and body relax.
- Progressive muscle relaxation. In progressive muscle relaxation, you relax all of the
  muscles in your body in order, one group at a time. You can do this by first tensing a
  muscle and then relaxing it. This helps teach you how muscles feel when they are
  tense. A second way, called progressive relaxation, is to focus on relaxing the muscles
  without tensing them first.

### How might a mental health provider use the Mind and Emotions to help me cope with distress from a very upsetting experience?

Mental health providers use mind-body approaches to help people cope with events that have caused great distress. These approaches can improve physical and mental health.<sup>4</sup> They can also boost the body's ability to fight disease.<sup>4</sup> Seven approaches are described below. The first six are used by mental health providers. The last one, journaling, is something you can do on your own or guided by a mental health professional. Talk with a mental health provider in your area to learn 1) what approaches might be recommended for you, 2) which ones are available near you, and 3) more about one that interests you.

**Cognitive behavioral therapy (CBT).** This approach helps you notice incorrect and negative thoughts you may have. You then learn to replace these thoughts with more helpful ones. CBT was developed in the 1950's and has been studied a lot. It is helpful for depression, anxiety

Department of Family Medicine and Community Health



disorders, PTSD, panic disorder, and obsessive-compulsive disorder (OCD).<sup>5</sup> CBT works a bit better for depression than medication does.<sup>5</sup> It also works better than medication to prevent depression from coming back.<sup>5</sup> CBT is useful for people who do not have mental health conditions as well. For example, it has helped some people with marital distress, anger, and long-lasting pain.<sup>5</sup>

**Cognitive processing therapy (CPT).** CPT is a form of cognitive behavioral therapy described above. This means that it focuses on how your thoughts affect your life. CPT is helpful for PTSD.<sup>6,7</sup> In CPT, your mental health provider helps you understand and change how you think about a distressing event. Your goal is to understand how certain thoughts about the event cause you stress and make your symptoms worse. You will learn to notice thoughts that are making you feel afraid or upset. You will learn to replace these thoughts with more accurate and less distressing thoughts. You also learn ways to cope with feelings such as anger, guilt, and fear.

You can download a mobile app—CPT Coach—to use with your mental health provider during treatment for PTSD at this link:

http://www.ptsd.va.gov/public/materials/apps/cpt\_mobileapp\_public.asp\_.

**Prolonged exposure therapy (PE).** PE is another form of cognitive behavioral therapy. It is helpful for PTSD.<sup>6,7</sup> Your goal in PE is to have less fear about your memories. It is based on the idea that people learn to fear thoughts, feelings, and situations that remind them of a past distressing event. By talking about the event with a mental health provider and doing exercises in a safe place, you will learn to get control of your thoughts and feelings about the event. You will also learn a way to breathe that will help you relax.

Acceptance and commitment therapy (ACT). ACT is a more recent approach than CBT. "The goal of ACT is to create a rich and meaningful life, while accepting the pain that inevitably goes with it." ACT teaches mindfulness skills as a way to handle your thoughts, feelings, and memories. [To learn more about mindfulness, see the Integrative Health handout "An Introduction to Mindful Awareness."] ACT helps you clarify what is truly important to you. Then you use that knowledge to change your life for the better. A review of 39 studies suggests that ACT is helpful for anxiety disorders, depression, addiction, and some physical health problems. It appears to work as well as other mental health approaches such as CBT.

**Eye movement desensitization and reprocessing (EMDR).** Your brain can usually heal itself, just like your body. It does this while you sleep. When events happen that are deeply disturbing, the brain can become overloaded. The disturbing event can become frozen in your mind. The brain does not "process" the event. The feelings you might have had when the event occurred—such as anger, anxiety, despair, panic—may be triggered anytime you are stressed.

In EMDR, a mental health provider first helps you learn ways to handle stress. Then during a treatment session, you move your eyes back and forth rapidly as directed by the mental health provider while you recall a disturbing event. (Some mental health providers use hand taps, toe taps, or sounds, instead of eye movements). Gradually the mental health provider guides you to shift your thoughts to more pleasant ones. The goal is for your brain to process the

Department of Family Medicine and Community Health



distressing event, resulting in less emotional pain. People have reported feeling better within a few sessions.

EMDR is a newer therapy. It was introduced in 1989. A review of 70 studies found that CBT and EMDR are more helpful for PTSD than other treatments. (Note: not all of these studies were of high quality). EMDR has also been helpful for the following: addictions, anxiety, complicated grief, depression, obsessive compulsive disorder, pain, panic, phobias, stress from major events. 11

**Creative arts therapies (CATs).** There are therapists who use art, music, drama, dance, or movement to help people cope with stress and feel better. CATs have been found to decrease anxiety, depression, pain, and increase quality of life in patients with cancer.<sup>12</sup> CATs are promising for many conditions.<sup>13</sup> So far, studies have often been small. More research is needed. You may want to consider one of these therapies if other approaches don't appeal to you or have not been helpful.

**Journaling.** In journaling, you write about your feelings and reactions to events that have distressed you. A helpful plan is to write for 15-20 minutes 3-5 times over 4 days. This may improve health in ways that last over time.<sup>14</sup> Research found that journaling resulted in fewer stress-related clinic visits, fewer days in the hospital, and lower blood pressure.<sup>14</sup> It has improved the way the body works—such as the immune system, lungs and liver.<sup>14</sup> Journaling has also improved people's moods and feelings of well-being.<sup>14</sup> A review of six studies found that journaling reduced symptoms of PTSD and depression.<sup>15</sup> Journaling may especially interest you if you do not want to do other forms of therapy or if you need to travel a long distance to see a mental health provider.

#### For you to consider:

- Are there any mind-body approaches you would like to learn more about? Which ones?
   See the first link in the Resource section below for handouts on these approaches.
- Does an experience you had in your life continue to greatly upset you? If so, do you
  want to work with a mental health provider using a mind-body technique to reduce
  distress? Which clinical approach described in this handout do you want to learn more
  about?

The information in this handout is general. Please work with your health care team to use the information in the best way possible to promote your health and happiness.

Department of Family Medicine and Community Health



#### For more information:

ORGANIZATION	RESOURCES	WEBSITE
University of Wisconsin Integrative Health Program	A variety of Integrative Whole Health handouts on mind & emotions	https://www.fammed.wisc.edu/integrative/r esources/modules/

This handout was adapted for the University of Wisconsin Integrative Health Program from the original written for the Veterans Health Administration (VHA) by Charlene Luchterhand MSSW, Education and Research Coordinator, Integrative Health Program, University of Wisconsin Department of Family Medicine and Community Health. It is based in part on an overview for clinicians, Power of the Mind, written by Shilagh A. Mirgain, PhD, and Janice Singles, PsyD. The handout was reviewed and edited by Veterans and VHA subject matter experts.

#### References

- Astin JA, Shapiro SL, Eisenberg DM, Forys KL. Mind-body medicine: state of the science, implications for practice. *Journal of the American Board of Family Practice* Mar-Apr 2003;16(2):131-47.
- 2. Pelletier KR. Mind-body medicine in ambulatory care: an evidence-based assessment. *J Ambul Care Manage*. Jan-Mar 2004;27(1):25-42.
- 3. Moore M, Brown D, Money N, Bates M. Mind-Body Skills for Regulating the Autonomic Nervous System. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Updated 2011. Accessed May 2, 2016, <a href="https://traumaprevention.com/wp-content/uploads/2015/06/DCoE.2011.pdf">https://traumaprevention.com/wp-content/uploads/2015/06/DCoE.2011.pdf</a>
- 4. Berry DS, Pennebaker JW. Nonverbal and verbal emotional expression and health. *Psychother Psychosom*. 1993;59(1):11-9.
- 5. Butler AC, Chapman JE, Forman EM, Beck AT. The empirical status of cognitive-behavioral therapy: a review of meta-analyses. *Clin Psychol Rev.* Jan 2006;26(1):17-31. doi:10.1016/j.cpr.2005.07.003
- 6. Monson CM, Schnurr PP, Resick PA, Friedman MJ, Young-Xu Y, Stevens SP. Cognitive processing therapy for veterans with military-related posttraumatic stress disorder. *J Consult Clin Psychol*. Oct 2006;74(5):898-907. doi:10.1037/0022-006x.74.5.898
- 7. Foa EB, Hembree EA, Cahill SP, et al. Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring: outcome at academic and community clinics. *J Consult Clin Psychol*. Oct 2005;73(5):953-64. doi:10.1037/0022-006x.73.5.953
- 8. Harris R. Embracing your demons: An overview of acceptance and commitment therapy. *Psychotherapy in Australia*. 2006;12(4):2-8.
- 9. A-Tjak JG, Davis ML, Morina N, Powers MB, Smits JA, Emmelkamp PM. A meta-analysis of the efficacy of acceptance and commitment therapy for clinically relevant mental and physical health problems. *Psychother Psychosom*. 2015;84(1):30-6. doi:10.1159/000365764
- Bisson JI, Roberts NP, Andrew M, Cooper R, Lewis C. Psychological therapies for chronic posttraumatic stress disorder (PTSD) in adults. *Cochrane Database Syst Rev*. Dec 13 2013;(12):Cd003388. doi:10.1002/14651858.CD003388.pub4
- 11. EMDR Institute I. EMDR evaluated clinical applications EMDR Institute, Inc. Accessed June 14, 2016, <a href="http://www.emdr.com/clinical-applications/">http://www.emdr.com/clinical-applications/</a>
- 12. Puetz TW, Morley CA, Herring MP. Effects of creative arts therapies on psychological symptoms and quality of life in patients with cancer. *JAMA Intern Med*. Jun 10 2013;173(11):960-9. doi:10.1001/jamainternmed.2013.836

Department of Family Medicine and Community Health



- 13. National Coalition of Creative Arts Therapies Associations I. Research on the efficacy of the arts therapies. National Coalition of Creative Arts Therapies Associations, Inc. Accessed June 14, 2016, <a href="http://www.nccata.org/#!research/cihc">http://www.nccata.org/#!research/cihc</a>
- 14. Baikie KA, Wilhelm K. Emotional and physical health benefits of expressive writing. *Adv Psychiatr Treat*. 2005;11(5):338-346.
- 15. van Emmerik AA, Reijntjes A, Kamphuis JH. Writing therapy for posttraumatic stress: a meta-analysis. *Psychother Psychosom*. 2013;82(2):82-8. doi:10.1159/000343131