

## Article 55

### **Exploring the Mind-Body Connection: Therapeutic Practices and Techniques**

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#### **Abstract**

In this article, the authors concentrate on incorporating practical techniques of mind-body psychotherapy into the counseling process. These techniques promote harmony and balance within the client. Specifically, the authors include information on the biology of beliefs concerning mind-body therapy and the concepts of neuroscience to counseling. In addition, the article focuses on the interaction between the conscious and unconscious mind and includes specific techniques to link communication between the mind and body to promote lasting change. The article is designed from a problem-resolution structure, which includes related research and counseling techniques for psychological issues such as depression and anxiety.

Modern science is now confirming that all problems, whether physical or emotional, are considered within the larger network of an individual's life. This wellness approach to counseling involves the integration of mind, body, and spirit for the purpose of living life more fully. A new paradigm of wellness emerged during the 1990s, which included the complete person approach for improving the quality of life in proactive and positive ways. This preventative approach has been embraced by many counselors who are in a position to help individuals achieve mental, physical, and emotional wellness. As an adjunct to good medical care, Mind-Body Therapy is increasingly popular as a means of cost-effective self-care. Vast amounts of biomedical research now indicate that our feelings, beliefs, attitudes, spiritual life, and physical well-being are closely intertwined.

In addition, researchers have found complex links between the body and the mind and have established a common language between organs and emotional responses. Mind-Body Therapy works on the subconscious emotional processes of the client and activates innate mental resources that are used to restore harmony and health.

In the area of psychotherapy, neuroscience addresses the questions of how neural processes are affected by emotions. The development of formidable new measurement procedures, such as neuroimaging and electrophysiology, combined with advanced research techniques allows scientists, psychologists, and counselors to address questions such as how human thoughts and emotions are connected to specific neural receptors activated at the cellular level. Ivey, Ivey, Zalaquett, and Quirk (2009) indicated five areas of importance in the Mind-Body Therapy arena, which relate the study of neuroscience to the practice of counseling. These areas include the following:

- (a) Neuroplasticity – Simply put, the brain can change. Effective counseling not only changes the thoughts, emotions, and beliefs but also changes the brain.
- (b) Neurogenesis – Psychotherapy supports the building of new neurons. Through a process known as apoptosis, the brain is constantly discarding unused neurons and adding new ones.
- (c) Attention and Focus – Attending with energy and interest are measurable through brain imaging. Now that attending can be measured, it is apparent that attention and focus activate the brain's core which stimulates the cortex and produces mirror neurons.
- (d) Clarification of Emotions – Brain imaging now indicates that each of the emotions fire different parts of the brain.
- (e) Wellness and Positives – Research indicates that an effective executive frontal cortex focusing on strengths can overcome the negative.

Rossi and Cheek (1988) stated, “Neuropeptides and their receptors thus join the brain, glands, and immune system in a network of communication between brain and body, probably representing the biochemical substrate of emotion” ( p. 208). They further added that mind-body functions are modulated by information substances that are activated at the cellular level. These information substances include neurotransmitters, neuromodulators, neurohormones, and hormones. Understanding how thoughts, actions, and emotions affect the brain and body empowers the therapist to train the client's brain for emotional and physical well-being. This article brings to light research concerning how our emotions affect our physical and psychological health and provides a summary of powerful mind-body techniques for treatment of depression and anxiety.

## **Depression**

According to Hagen, Wong-Wylie, and Pijl-Zieber (2010), depression affects 9.5% of the U.S. population 18 years and older, and Currie (2005) stated that worldwide depression rates have increased 1,000-fold since the emergence of antidepressants 20 years ago. Clinical depression symptoms include: depressed mood most of the day, loss of interest, weight loss or gain, sleeping too much, slowed thinking, fatigue, feelings of worthlessness, loss of concentration, and thoughts of death or suicide. In order to meet the

criteria for clinical depression, you must have five or more of these symptoms over a two-week period (Hall-Flavin, 2012).

### **Related Mind-Body Literature Concerning Depression**

Selhub (2007) stated, “In mind-body medicine, the mind and body are not seen as separately functioning entities, but as one functioning unit. The mind and emotions are viewed as influencing the body, as the body, in turn, influences the mind and emotions” (p. 4). The author further stated that if the stress-response system becomes overloaded, other systems in the body experience pathologic outcomes, which includes depression, and that the individual experiencing depression will have abnormal neuroendocrine stress-response systems. “The goal of mind-body techniques is to regulate the stress-response system so that balance and equilibrium can be maintained and sustained, to restore prefrontal cortex activity, to decrease amygdala activity, and to restore the normal activity of the HPA axis and locus ceruleus-sympathetic nervous system” (Selhub, p. 5). Some of the mind-body treatments for depression include meditation, guided imagery, progressive muscle relaxation, hypnosis, and autogenic training. Selhub concluded that using these techniques to balance the stress-response system can improve depression as long as there are not comorbid mental illness factors.

Bendelow (2010) discusses the complex subject of emotional health and the use of biomedicine when many of the symptoms are medically unexplained. The author stated, “Instead of the ‘quickfix’ response of psychopharmacological treatment, psychotherapeutic therapies, such as cognitive behavioural therapy or social interventions, such as exercise programmes may be considered for alleviating anxiety and depression” (p. 465). In addition, the author concluded that there should be a concept of balance concerning emotional health, which includes a traditional hippocratic view of the body as a microcosm of nature.

Williams, Teasdale, Segal, and Kabat-Zinn (2007) explored the concept of using Mindfulness Based Stress Reduction (MBSR) for depression. The book begins with an explanation of the cycle of depression and expands on breaking out of the cycle with specific research concerning the practice of mindfulness. The authors offer a practical 8-week program to include in a self-care plan for reduction of depression. However, it is stated that no one should begin the program in the throes of clinical depression. The authors continually reminded the reader that mindfulness is the awareness that arises from focusing on the present moment and not on tangential matters, and they stated that being mindful means intentionally turning off the autopilot mode, not worrying about the past or the future, but tuning into things as they are in the present with full awareness.

In two recent studies, mind-body techniques were found to improve depression in children and adults. A study by Staples, Atti, and Gordon (2011) indicated that significant improvements in depression symptoms and a lowered sense of hopelessness were established after 129 Palestinian children and adolescents participated in a 10-session mind-body skills group, which included meditation, guided imagery, breathing techniques, autogenic training, biofeedback, genograms, and self-expression through drawings and movement. The most interesting finding was that even after seven months, the improvements in depression were maintained, and even though hardships and conflicts were ongoing, the decrease in the sense of hopelessness was also maintained. In

another study by Lin et al. (2010), participants found relief from depression and greater personal awareness through eight sessions of the Bonny Method of Guided Imagery and Music. This program promotes relaxation and consciousness exploration by using music and visualisation. The participants reported release in mind-body rigidity, greater awareness, and personal inspiration and indicated cognitive and behavioral transformation.

### **Mind-Body Counseling Techniques for Depression**

**Positive psychology.** Positive psychology complements traditional psychotherapy and focuses on values, strengths, virtues, and talents. In addition, positive psychology indicates three major differences between people who are happy and people who are depressed. These differences include the following: (1) happy people are more grateful, (2) happy people are more optimistic, and (3) happy people are more self-confident. Seligman (2002) suggested the following gratitude exercises:

**Exercise for gratitude.** Make a list of ten people toward whom you feel grateful (they can be living or dead). First, eliminate the individuals who have died. For the others, write a specific action by each name that indicates why you are grateful. Choose one person from the list and write a letter of thanks. Laminate the letter, make an appointment with the person, read the letter to them, and then present it to them. As time and distance allows, complete this procedure for each person on the list.

**Exercise for optimism.** Every time you catch yourself being pessimistic, evaluate your pessimism and change it to an optimistic statement that is realistic. The point is to learn that an optimistic way of thinking is as true as the pessimistic way.

**Exercise for self-confidence.** Make a list of things that you want to accomplish. Order them from easiest to most difficult. Make a plan of action for the easiest item on the list. Be certain that the plan is realistic and has every necessary step. Put a time limit for each step so that you know exactly when you will accomplish each step and the overall goal. Complete the plan. Move to the second item on the list and do the same. As you complete these tasks your self-confidence will grow.

**Changing sub-modalities.** One technique for changing sub-modalities is asking the person to become aware of the picture he or she is seeing in his or her mind that is contributing to the depression. Ask the person to describe the picture in terms of color or black and white, moving or still, size, location, clear or fuzzy, etc. Ask the individual to change the sub-modalities one at a time to learn which ones make the picture powerful. For example, if the picture is in color and the person changes it to black and white, does it lose some of its power? Once the individual has discovered which of the sub-modalities impacts the picture, instruct the person to see the original picture and then to change the sub-modalities that lessen the power. See the original picture, change it, and see a white screen. Repeat five times as quickly as possible. If the individual is auditory rather than visual, then you would ask them to change the sub-modalities (loudness, direction, pitch, tempo, etc.) of the voice or sound that they are hearing.

**Create a mantra.** The therapist should assist the individual in creating a mantra that is positive and helps the person feel more confident. Affirmations and mantras have been practiced for thousands of years for relief of depression and anxiety but also for the purpose of manifesting goals, dreams, prosperity, and general health. The client should state his or her mantra in a positive way and use the declarations as if the desired result

was already created (sensing and knowing that you already have it). An example for depression might be, “I am a person of worth and value, and I have peace and joy in my life.” Instruct the person to write the mantra on a small card and to carry it around so that it is available as it is needed. When clients experience depression, they can read the statement until they feel better.

**Mindfulness.** Because enhancement of attention is a defining characteristic of mindfulness, the therapist would ask the person to focus on his or her body and to pay attention to the physical manifestations of the depression (Bishop et. al, 2004). The client is not trying to change the physical symptoms but just to pay attention to them and notice feelings, thoughts, and physical sensations. Instruct clients that if their mind wanders, to gently nudge it back to the manifestations. Rather than fighting the manifestations, they are cooperating with them and realizing that by cooperating with them, they change. This shows the individual that the feelings and thoughts are temporary rather than permanent and have no lasting power.

### **Anxiety**

According to Dr. Robin Roberts (2012), one very beneficial way to comprehend anxiety is to see it as the tension between suppressed emotions that are trying to rise in our awareness, and the unconscious effort we expend to keep these emotions down, away from our awareness. The troubling emotions do not have to be especially painful for us to suppress them; even mildly uncomfortable feelings are easy to suppress if we are too busy or lack the capacity to deal with them. Current research in the area of psychotherapy for anxiety indicates that mind-body therapies have a positive impact on the psychological issues while also promoting healthy lifestyles. This wellness approach to anxiety reduction fits with the new developmental attitude of the *DSM-V* scheduled to be published in 2013, which views the individual’s symptoms from a biological, social, environmental, and life cycle perspective.

#### **Related Mind-Body Literature Concerning Anxiety**

Ernst, Pittler, Wider, and Boddy (2008) stated, “Anxiety is a complex combination of emotions such as fear, apprehension, and worry. Physical symptoms of anxiety include palpitations, nausea, and chest pain” (p. 42). An analysis by these authors was conducted to find which alternative therapies work for anxiety, and they found that massage therapy, music therapy, and relaxation are beneficial treatments. In addition, their study indicated that acupuncture, aromatherapy, guided imagery, and hypnotherapy had encouraging data. Another study which viewed long term data was conducted by Smeeding, Bradshaw, Kumpfer, Trevithick, and Stoddard (2010). This study was conducted to determine the effectiveness of a veterans program for chronic stress and anxiety. This program, the Integrative Health Clinic and Program, was designed for non-pharmacologic management of symptoms. The group of services included 10 holistic mind-body skills, and data was collected over a 2-year period of time. The outcome measures included: Health-Related Quality of Life, the Beck Depression Inventory, and the Beck Anxiety Inventory. The results indicated the IHCP is an effective program for improving chronic anxiety.

David Feinstein (2012) completed an extensive report on the efficacy of acupoint stimulation in treating psychology disorders. The report included an overview of literature that included critically evaluated studies with clinical outcomes following treatments of tapping acupuncture points to address psychological issues. In one study, 714 patients were treated with Thought Field Therapy (TFT) and received 30 to 50 minute treatments for an average of 2.2 treatments (Sakai et al., 2001). When using pre- and post-treatment t-tests of subjective distress, outcome measures indicated statistically significant improvement at the .001 level of confidence for 28 categories, which included anxiety, grief, chronic pain, depression, phobias, and post-traumatic stress disorder and at .01 for alcohol cravings, major depressive disorder, and tremors. In another study using TFT, a physician used acupoint tapping for psychiatric conditions in 11 clinics in Argentina and Uruguay. The results were reported in Feinstein (2004) and indicated the doctor's team tracked the progress of 5,000 anxiety patients over a five and a half year period of time. Half of the participants were treated with a standard protocol, which included cognitive behavior therapy (CBT) and anti-anxiety medications. The other half received acupoint tapping while concentrating on a mental activation with no medications. The raters that were involved in the experiment did not know which treatment a patient received. In the acupoint tapping group, a 90% improvement of symptoms was found while in the CBT group a 68% improvement was noted. In the goal for complete relief of symptoms, 76% was indicated for acupoint tapping and 51% for CBT.

According to Kessler, Chiu, Demler, Merikangas, and Walters (2005), post-traumatic stress disorder affects 3.6% of the U.S. population, which translates into 10.9 million people. Studies have found that Thought Field Therapy (TFT) and Emotional Freedom Techniques (EFT) have reports of strong improvement outcomes and a low number of required sessions. Sakai, Connolly, and Oas (2010) studied a group of 188 adolescents who had been orphaned and traumatized in Rwanda. Fifty of the group met the study's selection criteria, which included the *Diagnostic and Statistical Manual of Mental Disorders* (4<sup>th</sup> ed., text rev.; *DSM IV-TR*; American Psychiatric Association, 2000) criteria for PTSD. The participants were suffering from symptoms such as intrusive flashbacks, nightmares, difficulty concentrating, aggressiveness, bedwetting, and withdrawal. After treatment of only one session of TFT, only 6% of the subjects scored within the PTSD range, and even after a year, only 8% scored in the diagnostic range for PTSD. Rowe (2005) conducted a study to measure any changes in psychological functioning that might result from participation in an EFT workshop. The researcher used a time-series, within-subjects repeated measures design. The 102 participants were tested with a short form of the SCL-90-R (Symptom Checklist-90-Revised; Derogatis, 1994). After the workshop, all research participants were asked to complete the checklist again. The results indicated a statistically significant change from baseline measures to post-treatment measures,  $F(44, 59) = 7.80, p < .005$ .

### **Mind-Body Counseling Techniques for Anxiety**

**The Swish Pattern.** Rank your anxiety on a ten point scale with one being no anxiety and ten being unbearable anxiety. Create a picture of the situation that causes the anxiety. Notice the sub-modalities of the picture (is it in color or black and white, is it moving or still, size, location, etc.). Create a picture of a situation when you feel calm

and notice the sub-modalities of the picture. See the anxious picture and gradually move the anxious picture to the location of the calm picture and change it to possess the same sub-modalities of the calm picture. Now take the calm picture and make it small and place it in the corner of the anxious picture, which is large. Now take the anxious picture and make it small and dark while at the same time making the calm picture large and bright. Clear the screen and repeat this five times. Rank your anxiety on the ten point scale again to see the improvement (O'Connor & Seymour, 2011).

**Emotional Freedom Technique.** This is a form of psychological acupressure that combines the tapping of energy meridians with positive affirmations to clear emotional blockages. Rate your anxiety on a scale of one to ten with ten being “unbearable” and one being “not at all.” Tap the sides of your hands, under your eyes, on your sides under your armpits, and over your heart, ten times each. As you tap think “anxiety.” Rate your anxiety again to determine if it is improved. Repeat the exercise if needed. If after the second time, your anxiety is not reduced to an acceptable level, do the following. Close your eyes; open your eyes and look down and to the right, then down and to the left. Rotate your eyes and then rotate them in the opposite direction. Hum the first line of “Happy Birthday,” count to ten and then hum “Happy Birthday” again. Rate your anxiety to determine if it is improved (Craig, 2004).

Feinstein (2012) stated that Harvard Medical School has investigated the effects of stimulating specific acupuncture points and found that stimulation of certain points produce activity in the amygdala, hippocampus, and other brain areas. The author adds that through the use of neuro-imaging, acupuncture is able to produce deactivation in the limbic-paralimbic-neocortical system; therefore, using EFT while focusing on a specific mental activation becomes an exposure technique. The author further stated, “Bringing to mind an emotional trigger, problematic scene, or unresolved traumatic memory activates the amygdala, arousing a threat response. Stimulating selected acupoints, according to the Harvard study, simultaneously sends deactivating signals to the amygdala” (p. 15).

**Dissociation.** Ask the individual to imagine sitting in the middle of a movie theatre and watch a movie of the first experience he or she remembers related to the anxiety (phobia, panic attack, etc.). The client is to start the movie in color before he or she feels any discomfort and to run the movie up to the point of beginning to feel the discomfort. At this point, the client imagines floating out of the seat into the projection booth so that he or she is watching the person sitting in the theatre, watching the movie. Change the movie to black and white and run it through the experience until the anxiety has ended. Finally, the client floats out of the projection booth onto the screen. Change the movie to color and run it backwards as fast as possible (Andreas & Andreas, 1989).

**Future pacing.** This is a Neuro-Linguistic Programming technique, which experiences a situation in advance. Ask the individual to move out into the future six months from now and to assume that he/she has cured him/herself of the anxiety. Assist him/her to work backwards so that he/she realizes exactly how he/she accomplished the cure. This is simply a form of mental rehearsal, and the technique supplies the brain with strong positive images.

**Metaphors.** You can tell stories that are metaphors for curing the anxiety. A metaphor is powerful because it indirectly suggests actions that can be taken. An example is a woman who had a phobia of flying. She was told a story of a little boy who fell off a horse when he was six years old and broke his arm. After this experience, he was afraid

to ride horses. His parents would encourage him and try to talk him into riding again. Each time, he would begin to wring his hands, cry, and gasp for breath. His parents tried to reason with him, assuring him that he would not fall again, but no matter how much assurance they gave him, he was frightened and refused to ride the horse. Then one day he watched his little four-year old sister ride and noticed how much fun she was having. He began to remember how much fun he had riding horses before he fell. The more he remembered, the happier he became. Soon he began to imagine riding again and he noticed how excited this made him. Almost without thinking he climbed on the horse after his sister had dismounted. To his amazement, he was not frightened but felt happy as the horse began to move. After the ride he felt so pleased with himself and was so happy to ride again. This was the beginning of many years of pleasure riding horses (Wagner, 2012). After telling her this story, her phobic reaction was gone, and she no longer had a fear of flying.

**Paradoxical intention.** When an individual fights a feeling, the feeling becomes stronger. One way the individual can gain control is to do the opposite of fighting. Exaggerate the feelings to the point that they become ridiculous. For example, if the person wrings his or her hands when he/she is anxious, ask the client to wring his or her hands to a ridiculous extreme. If the client breathes fast, shallow breaths, ask them to breathe faster. If they tense certain muscles, ask them to tense the muscles even more. By exaggerating the symptoms, the client has gained control over them and if the exaggeration is to a ridiculous extreme, laughter occurs (Frankl, 1978).

### **Multicultural Issues and Ethics with Mind-Body Therapy**

There is an emerging trend in the West for a wellness approach toward physical healing, and this trend has moved into the area of psychology and counseling. According to Moodley, Sutherland, and Oulanova (2008), this approach is in keeping with cultural traditions of many ethnic groups and seems to be a relatively new phenomenon for members of the American Caucasian community. Accessing Mind-Body Therapy instead of traditional “talking therapies” is becoming more popular with diverse populations due to the lack of focus on psychopathology. Human illness, whether physical or emotional, is inimitably personal and yet is also a collective experience (So, 2008). In Mind-Body Therapy the body itself becomes a record of everything that has happened and will elucidate the story that is manifesting in symptoms. Regardless of the theory or technique, the strongest predictor of effective and successful outcome in multicultural counseling is the counseling relationship (Paris, Anez, Bedregal, Andres-Hyman, & Davidson, 2005; Qureshi, 2005; Qureshi & Collazos, 2011).

To give integrity to this new field of counseling, it is important that practitioners are aware of their own values and professional standards. The use of intuitive awareness and non-ordinary states of consciousness in Mind-Body Therapy require the therapist to think beyond doing no harm toward becoming genuinely client-centered. Ethics require being mindful, respectful, cautious, and clear about boundaries. Core values should be strong in the counselor, and a unique path is found for each individual. Practitioners are expected to observe ethical guidelines established by their respective licensing boards and their primary professional discipline and should be adequately trained in the methods employed. Mind-Body techniques are leading edge interventions that flow with



traditional therapy yet provide powerful means to reduce psychological and physical suffering.

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