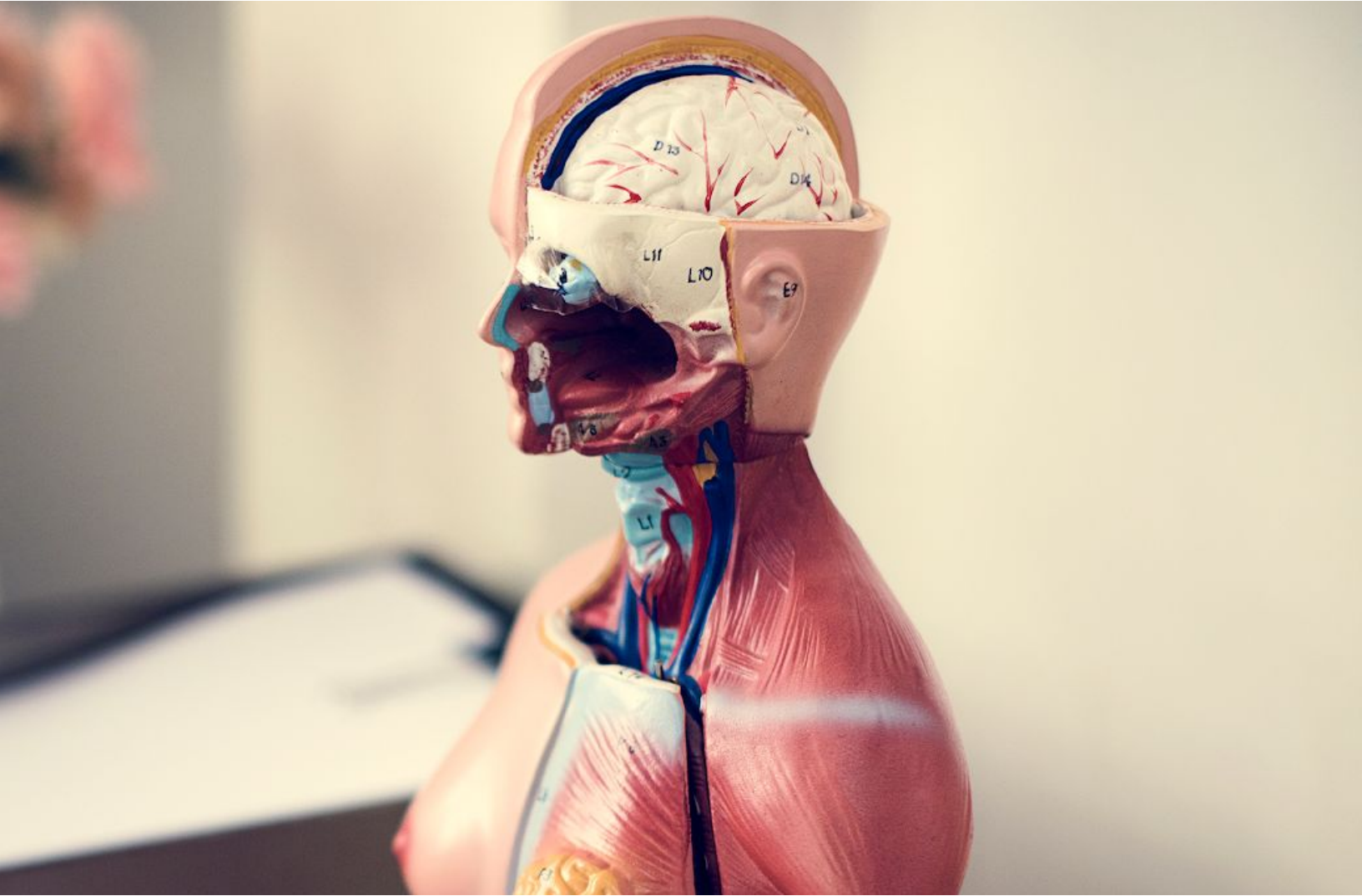


Mind-Body Connection

Session #1 within "Health" Unit



VETERANS



ONWARD

Training Materials:

- Whiteboard and pens or flipchart and pens.
- Paper and pen for all participants.
- Access to printouts / email link to Emotion Regulation Questionnaire (ERQ) which can be accessed at <https://www.midss.org/sites/default/files/erq.pdf>

Access to printouts / email link to Patient Health Questionnaire - Short Form (PHQ - 4) which can be accessed at <https://www.midss.org/content/patient-health-questionnaire-4-phq-4>

- Optional reading for further details about biopsychosocial approach:
https://applications.emro.who.int/imemrf/Ann_Punjab_Med_Coll/Ann_Punjab_Med_Coll_2007_1_1_11_13.pdf
- Hand cream or massage oil.

Learning Objectives:

1. Describe what is meant by the biopsychosocial approach, mind-body connection, placebo effect and psychosomatic medicine.
2. Identify common and personal somatic indicators of physical and emotional distress.
3. Consider and apply biopsychosocial strategies to support personal wellbeing, physical, emotional and mental health.

Training Script:

Hello everyone, how are you today? My name is _____. I am going to be your tutor today for this training module on Mind-Body Connection. It is the first of three modules within the “Health” unit. In subsequent sessions, we will cover Wellbeing and Resilience. All three of these units are based on the role that self-care strategies and paying attention to our own emotional and mental wellbeing, as well as our physical well-being, contributes to health.

This module will take between 90 and 120 minutes to complete.

You will need a pen and paper to jot down your own ideas and thoughts in response to some of the tasks.

As with all our training sessions, there may be material that we talk about, or tasks that we complete that can feel emotionally challenging or upsetting. The principle of self-care applies to our learning here today. It is important to take care of yourself. It can be helpful to consider ways we can look after our own wellbeing as we study this module, so that we have a strategy to hand if we feel uncomfortable about the learning content. I'd like you to take a moment to consider the self-care strategies that work for you if and when you feel overwhelmed. In a moment, I will share my strategies, but I'd like to give you a chance to think for yourself first.

[Allow 2 – 3 minutes for participants to reflect upon and jot down any ideas].

So, 3 strategies that work for me. When I feel overwhelmed by feelings that are difficult to manage, it helps me to:

- Step outside for 2 minutes, to take a breath and concentrate on my breathing.
- Remind myself that feelings come and go, and feelings move on. Remind myself I am not my feelings. I can imagine that my feelings are on a conveyor belt, slowly passing along before me. I can then feel a greater sense that I am not my feelings, I am me, and my feelings will pass.
- Name my feeling – I simply say to myself, or even write down, “right now, I feel _____”.

If you want to use any of these strategies today, please do. If you are going to step outside for a couple of minutes, just let me know you as you go.

Let's look at today's learning outcomes. By the end of this session, I hope that you will be able to:

1. Describe what is meant by the biopsychosocial approach, mind-body connection, placebo effect and psychosomatic medicine.
2. Identify common and personal somatic indicators of physical and emotional distress.

3. Consider and apply biopsychosocial strategies to support personal wellbeing, physical, emotional and mental health.

Let's make a start on learning objective 1:

- 1. Describe what is meant by the biopsychosocial approach, mind-body connection, placebo effect and psychosomatic medicine.**

I'd like you to recall the last time you had a headache. I hope you don't suffer often with headaches, as they are not pleasant. However, try to recall. Do you have any sense of what caused that headache? And if you can't recall your own headache, can you think generally about the types of things that can cause headaches?

[Allow participants time to think]

[Ask participants to contribute ideas about possible cause of headaches and write these up on the board: ideas are likely to include:

Hangover

Issues with eyes / needing glasses

Lack of water / dehydrated

Hunger

Feeling too hot

Tension and stress

Loud music

Lack of sleep

Sign of some underlying brain issue, e.g. brain tumour

Migraine sufferer.

Pollution].

[NOTE – if these suggestions are not produced by the participants' ideas, ensure you contribute them to the suggestions and write them on the board].

Let's take a look at that list. So, we have identified that headaches can have a number of causes. Of course, if we suffer regularly with headaches, it is important to seek medical advice. When we look at the list, we can view the list through one of two lenses:

- The biomedical approach
- The biopsychosocial approach

What is the difference? The biomedical approach takes health from a purely biological perspective. The biopsychosocial approach suggests that there is more, and that social and behavioural factors, that play a role in overall health. That psychological factors and social factors play a role too. Psychological factors include e.g. mood, personality, behaviour etc. Social factors include cultural and familial expectations and socioeconomic elements.

Let's try analysing our list using these two factors. A biomedical approach is looking at the biological reasons for the headache, taking a cause and effect approach. For example:

The person is dehydrated. That has caused the headache. They will feel better when they rehydrate.

The person has a hangover. This leads to dehydration and toxins from the alcohol affecting our body. That has caused the headache. They will feel better when they rehydrate and when the toxins from the alcohol have been processed by the liver.

Tension is causing the headache. A reduction in workload and teaching the person some relaxation techniques, for example, deep breathing should reduce the tension and headaches will subside.

Task:

Choose a couple of other items from our list and analyse that cause through the lens of the biomedical approach. In other words, use your understanding of biology to explain the cause and suggest a solution.

[Allow participants time to think]

[Ask participants to contribute ideas and use these to inform a facilitated discussion for up to 10 minutes].

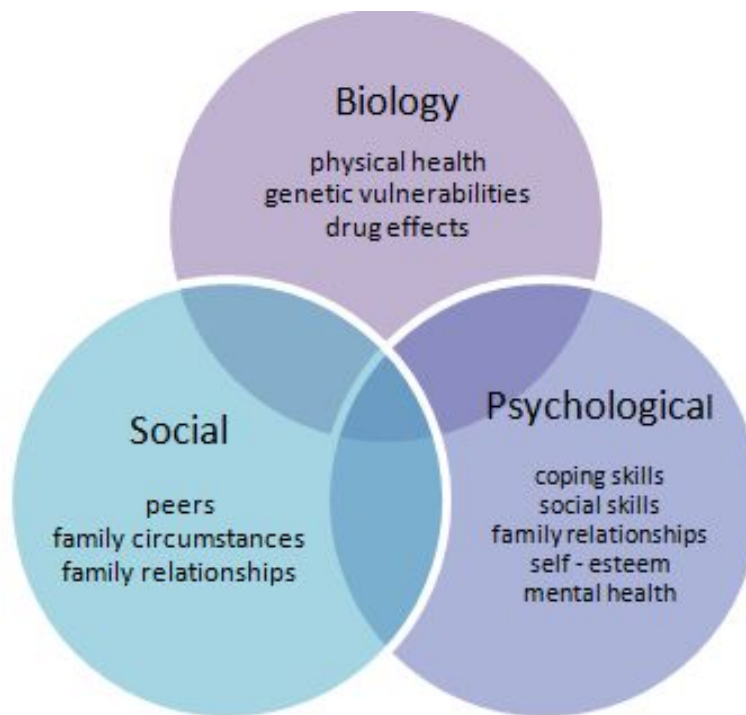
It's important we spend time thinking about the other lens through which we can think about the cause of the headaches: that is the biopsychosocial approach. Remember the biopsychosocial approach suggests that there is more, and that social and behavioural factors, that play a role in overall health. That psychological factors and social factors play a role too. Psychological factors include e.g. mood, personality, behaviour etc. Social factors include cultural and familial expectations and socioeconomic elements. The biopsychosocial approach offers a challenge to the once traditional medical model of health. The biopsychosocial approach was first proposed by Drs. George Engel and John Romano in 1977¹, so that of human health and illness could be understood within their fullest contexts. The biopsychosocial approach was adopted by the World Health Organization in 2002 as a basis for the International Classification of Function (ICF).

A simple definition of the biopsychosocial approach is:

An approach to health that considers a range of factors including biological, psychological, and social factors as well as their complex interactions in understanding health, illness, and health care delivery.

Figure 1 provides a helpful graphic to illustrate the biopsychosocial approach:

¹ Engel, George L. (8 April 1977). ["The need for a new medical model: a challenge for biomedicine"](#) (PDF). *Science*. **196** (4286): 129–36.



*Figure 1: the biopsychosocial approach*²

So, when we apply the biopsychosocial approach to our list of headache causes, we are able to produce a different, more comprehensive analysis. For example:

The person has had a lack of sleep, and disturbed sleep for the past few months. When asked about this, they describe also having issues with a reduction in appetite. They are worried about changes at work that could impact them, and result in redundancy. They are increasing their use of alcohol as a means of trying to forget about the stresses at work. They find it hard to tell friends or family what is really going on for them, as when they grew up, an important motto in the family was “be strong”. They feel ashamed about sharing how they really feel with others, and ashamed that redundancy might mean they can’t provide financially for their family. They report sometimes having thoughts about self-harm. Possible interventions that could help this person would be to consider whether they are exhibiting symptoms of depression and / or anxiety, and to offer screening options to consider this possibility further, and to offer treatment as necessary. Talking

²MrAnnoying - Own work, CC BY-SA 4.0, <https://commons.wikimedia.org/w/index.php?curid=52520224>

therapies could be an option to support this person in speaking to someone neutral, a trained person who can listen without judgement and help the person identify thinking and behaviour patterns, and beliefs that have developed from childhood that are now impacting the person. Support around alcohol consumption could be offered, as could referral into services that can help with career planning.

In this example, whilst excessive alcohol use and lack of sleep are likely contributory factors towards the headaches, there is also a complex interplay of what is also impacting the use of alcohol and sleep disturbance. The biopsychosocial approach allows for a more holistic understanding of what is happening for this person. The biopsychosocial approach is now the approach adopted by many medical practitioners and clinicians.

Task:

Choose a couple of other items from our list and analyse that cause through the lens of the biopsychosocial approach. Consider the complex interaction of biological, mental, social and behaviour factors that contribute to the headache, and suggest possible responses to the issue(s) that arise.

[Allow participants 5 minutes to think and encourage them to note down their ideas].

[Ask participants to contribute ideas and use these to inform a facilitated discussion for up to 15 minutes].

Having covered parts of the biopsychosocial approach, I want to briefly cover some related concepts that will be of use to us today.

These are: mind-body connection, placebo effect and psychosomatic medicine.

The **mind-body connection** recognises that our mind and our emotions can impact our physical health, and that our physical health can impact our mind and our emotions. Consider the following:

On the morning before you need to deliver a speech to a large audience, you feel the feeling of being nervous, and your thoughts are full of anxiety about what could go wrong. What happens to your body as a result that indicates you are nervous and anxious?

[Encourage participants to contribute ideas: likely ideas to emerge, that you can offer to the group as needed if they are reluctant include:

Tension in shoulders

Butterfly feeling in stomach

Urge to urinate

Dry mouth

Shallow breathing].

And, consider a time you felt well-rested and relaxed, pain free and comfortable. What sorts of thoughts and emotions did you feel that seemed to emerge as a result of feeling physically well-rested and relaxed, pain free and comfortable?

[Encourage participants to contribute ideas: likely ideas to emerge, that you can offer to the group as needed if they are reluctant include:

Confident and upbeat

Happy

Enthusiastic

Calm

Thinking about possibilities].

These examples help to show that our minds, emotions and physical bodies are linked. The ancient Eastern practices of Yoga and Mindfulness, among others, are based on principles of a mind-body connection. Mind-body connection could also be an important factor in the statistics that show

people who experience the emotion of loneliness, are at higher risk of a range of physical illnesses³. Of course, adopting a biopsychosocial approach would allow for greater exploration of the factors behind the link between loneliness, social isolation and physical health.

Related to the mind-body connection is the **placebo effect**. The placebo is a proven phenomenon whereby a patient has a reduction in symptoms, or some other positive effect through an intervention that is not shown to have a biological effect, such as a dummy pill. The improvement produced by a placebo drug or treatment cannot be attributed to the properties of the placebo itself, and must therefore be due to the patient's belief in that treatment. It is thought that the effect is as a result of the mind-body connection: our thoughts and beliefs can influence our physical body. Studies have shown the placebos can have a similar effect to treatments⁴.

The final concept for this learning objective is **psychosomatic medicine**. This is very closely linked to the biopsychosocial approach. Psychosomatic medicine is the branch of medicine that studies and treats disorders in which physical symptoms are influenced by psychological factors.

Task:

From the content we have covered so far regarding the biopsychosocial approach, mind-body connection, placebo effect and psychosomatic medicine, consider what you have learnt that seems useful or important to you. Write down on 3 different sticky-notes the 3 things you want to remember or act on as a result of what we have learnt.

[Distribute sticky-notes and allow participants time to reflect and complete. Provide either chance for participants to stick their sticky-notes onto a collaborative display, or lead a facilitated discussion for participants to feedback their significant learning points. Total time for this task 10 – 15 minutes].

³ <https://www.campaigntoendloneliness.org/threat-to-health/>

⁴ Howick J, Friedemann C, Tsakok M, et al. [Are treatments more effective than placebos? A systematic review and meta-analysis](#). *PLoS One*. 2013;8(5):e62599. doi:10.1371/journal.pone.0062599

We are now ready to move on to our second learning objective, which is:

2. Identify common and personal somatic indicators of physical and emotional distress.

So far, we have covered some of the principles, regarding a mind, body connection. We've identified that our feelings, and our thoughts can impact our physical health, and our physical health can impact our feelings and our thoughts.

In this objective, we will look at personal warning signs or somatic indicators that something is going on for us, that is calling, causing us distress, or mental unwellness. By somatic indicators, we mean physical symptoms, such as aches, pains or physical illness and discomfort. When these aches, pains etc. are linked to our mental and emotional states, we can say the aches and pains are somatic indicators of some mental or emotional distress. Another name for mental and emotional distress is Psychological distress (PD).

You will already be aware of somatic signals that tell you you are experiencing PD. For example, you may find that you suffer from headaches frequently when you feel stressed. Alternatively, you may experience muscle tension as a warning sign that you are doing too much. A third common symptom can be issues with digestion, when we feel, under pressure, upset or in some difficulty.

Task:

Draw a simple outline of a body shape on your paper, similar to figure 2. Take a few moments to reflect upon the somatic (physical) symptoms you often begin to notice when you are experiencing PD. Use a coloured pen to indicate on the diagram where you notice somatic (physical) symptoms.

[Allow 5 minutes for participants to reflect and indicate on their diagram. Then encourage participants to share their reflections and the somatic symptoms they experience as part of a facilitated discussion].

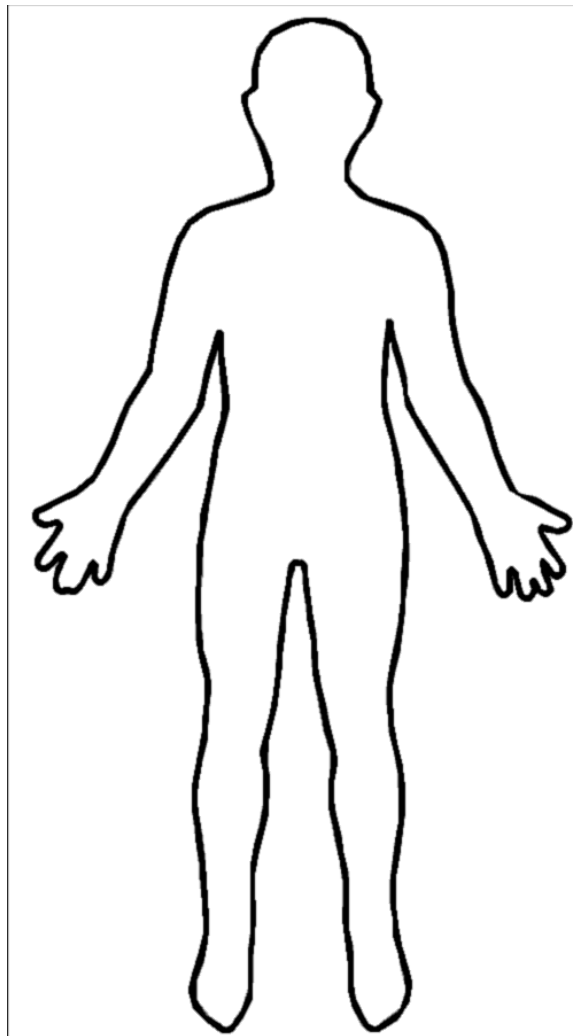


Figure 2: Body outline template

Psychological distress (PD) is a common mental health problem⁵. PD is a state of emotional suffering typically characterised by symptoms of depression and anxiety. These symptoms often coexist and co-occur with common somatic complaints and a wide range of chronic conditions as well as with medically unexplained syndromes. Somatic complaints simply mean physical symptoms. Risk factors include exposure to stressful situations and also having reduced resources to draw upon to

⁵ World Health Organization (2001). *The World Health Report 2001: Mental Health: New Understanding, New Hope*. World Health Organization: Geneva.

cope. Stress has been found to be related to depression, anxiety and burnout. Work-related factors, such as high demands, poor support and lack of control, contribute to PD. This helps to explain why people in stressful jobs may experience somatic or physical symptoms which can be caused by and also are indicators that the person is experiencing PD. Whilst it can be very unpleasant to experience somatic symptoms, we can also regard them as helpful warning signs signalling us towards action. In this way, the somatic signals are helpful alerts, prompting us towards solutions, and support.

We've mentioned depression and anxiety. Let's take a deep dive into anxiety to look more specifically at the somatic symptoms, as well as the emotional, mental and behavioural symptoms that people often experience with anxiety.

Anxiety is a helpful condition to consider when we think about a mind body connection. In that the symptoms of anxiety are often interlinked. Our physical and also mental state can play into our emotional experience of anxiety.

Anxiety is the feeling of being scared, worried or afraid. Anxiety can impact a person's life through physical, mental, emotional, and behavioural symptoms.

Physical symptoms can include increased heart rate, sweating, shallow breathing and shaking .

Mental symptoms can include difficulty in concentration, anticipating the worst outcomes and excessive rumination.

Emotional symptoms can include feeling worthless and mood swings.

Behavioural symptoms can include restlessness inability to sit still, social withdrawal, and isolation.

When we consider anxiety through the lens of a biopsychosocial model, we can see that behavioural symptoms, for example, social withdrawal and isolation can further exacerbate our mental symptoms: we may then begin to think that nobody likes us and nobody wants to spend time with us. This can then impact our emotions; we may feel lonely and worthless. Physically our breathing may respond by becoming shallower, as we physically contract, as if to "hide from the world".

It's important to remember the concept that physical and somatic symptoms can be helpful indicators, moving us towards action. In this way the person experiencing anxiety in the example given may begin to notice their breathing becoming shallower and their posture collapsing.

At this point, they then have a choice about what support they seek, in order to better manage their experience of anxiety.

It's also important to notice that other forms of psychological distress will also have their own somatic indicators, and these somatic indicators can vary between person to person. This is where self-awareness comes in really useful: knowing our own symptoms, knowing our own likely patterns helps us to be more aware of what is happening to us in the moment.

I would like to offer us a final chance to explore personal symptoms of psychological distress. We're going to do that by using two different assessment tools. These have been produced by psychologists with the aim of measuring and increasing self-awareness about a person's given symptoms and patterns.

The two resources, I am going to share with us today, that you can either take to complete later, or we can complete in today's session are the:

Patient Health Questionnaire, short form, (PHQ-4).

Emotion Regulation Questionnaire (ERQ)

The (PHQ-4) consists of just four simple questions, designed to assess our somatic, mental and emotional experiences that could point towards depression or anxiety. It can be a really helpful quick check to get us more in touch with our physical, emotional, symptoms. If you have accessed medical care for mental health in the past, you may well have encountered this form or other similar, longer forms. It is a widely used measure.

The Emotion Regulation Questionnaire (ERQW) allows us to look at different ways we might use to manage our emotions when we experience psychological distress.

[Consider if you want participants to complete in the session or after the session. Time allowing, it can be helpful to complete in the session, as it allows you to monitor participants reactions and support as necessary. It also allows for follow up discussion].

Let's move on to our third and final learning objective, which is:

3. Consider and apply biopsychosocial strategies to support personal wellbeing, physical, emotional, and mental health.

This is perhaps the most important of all the objectives we have covered today, in that it points us towards accessing and putting in place strategies that can help to improve our mind body connection and mental health.

It's important to state, particularly after we have just completed or looked at the different questionnaires available to us, that if you feel you are experiencing mental, somatic, emotional or behavioural indicators of psychological distress, then it is helpful to speak to a medical practitioner, about your symptoms. Seeking medical guidance is a form of self-care, in that it is a strategy, we can take towards looking after our own physical, emotional, mental wellbeing. There are other strategies that we can also implement, many of which we can class as self-care strategies as they are actions we can take to support ourselves.

We are going to explore two of these today, and have a chance to give them a go.

The first of these explores how breathing, and our physical experience of breathing can be used to support our mental health, tapping into the mind, body connection.

The second strategy, we'll look at makes use of our autonomic nervous system, sometimes known as our ANS.

Breathing is our basic support system. In times of stress and difficulty, simply focusing on breathing can restore a sense of inner capability and calm.

When we experience stress or anxiety, our nervous system prepares the body for fight or flight in response to the fear or threat we face. Our heart rate increases, muscles tense and our digestion

slows: all of which are somatic symptoms of our psychological distress. Most aspects of our nervous system cannot be consciously controlled. Breathing is unique in that, through conscious breathing, you can regulate your nervous system. Breathing is our basic support system. In times of stress and difficulty, simply focusing on breathing can restore a sense of inner capability and calm, using the mind-body connection to good effect.

There are many different breathing exercises you can practice. Here are two possible options which may support you today when you begin to notice somatic sensations of psychological distress.

Slow down: when we are relaxed, our breathing slows down. By slowing down your breathing, you can affect other bodily systems so that heart rate decreases.

- Find a comfortable sitting position, and place your feet flat on the ground.
- Let your breath flow as deep down into your belly as is comfortable, without forcing it.
- Try breathing in through your nose and out through your mouth.
- Breathe in gently and regularly. Some people find it helpful to count steadily from 1 to 5. You may not be able to reach 5 at first.
- Then, without pausing or holding your breath, let it flow out gently, counting from 1 to 5 again, if you find this helpful.
- Keep doing this for 3 to 5 minutes.

Task:

Lead participants in an experiential exercise to try this breathing technique for 3 – 5 minutes. Following this, allow participants to share feedback as part of a facilitated discussion].

Square Breathing: This technique requires us to concentrate on our breathing and can bring a greater sense of balance and harmony.

- Begin by slowly exhaling all of your air out.
- Then, gently inhale through your nose to a slow count of 4.
- Hold at the top of the breath for a count of 4.

- Then gently exhale through your mouth for a count of 4.
- At the bottom of the breath, pause and hold for the count of 4.

Task:

Lead participants in an experiential exercise to try this breathing technique for 3 – 5 minutes. Following this, allow participants to share feedback as part of a facilitated discussion].

Our final strategy for today to support personal wellbeing, physical, emotional, and mental health is to use our autonomic nervous system.

The physical mechanism behind anxiety is the autonomic nervous system (ANS). This is the way our body regulates processes for rest and activity, and this process happens automatically. It consists of 2 main branches: the sympathetic and the parasympathetic.

The sympathetic branch of the ANS stimulates the body's fight or flight response. When faced with a danger, or potential danger, the sympathetic system causes changes in our heart rate, rate of respiration, digestion and muscle tension so that we are physically prepared to fight or flee. This happens as soon as our brain detects threat, even if the brain is mistaken. For example, on seeing a coil of rope from the corner of your eye, your heart may begin to beat fast. In less than a second, your brain has processed the visual clue of the rope as a "snake", i.e. a threat to life and so that you can take immediate action, your heart rate increases to pump blood to your legs and arms so you can run or fight. The same process is likely to happen if you see a real snake from the corner of your eye. This process is extremely useful to our survival. However, when we remain in a state of heightened sympathetic stimulation, our body remains tense, on edge and anxious and stressed.

The parasympathetic branch of the ANS is focussed on restoring calm and balance to our bodies after sympathetic stimulation. It prevents the body from overworking and brings our breathing, heart rate and muscle tension back to a more regulated state in order to facilitate rest and recovery.

When we're stressed, particularly when that continues for a length of time, our sympathetic process is activated and can become overactive. This means our parasympathetic system is under activated.

We experience a lack of balance in our system. So, when we feel excessively anxious, taking steps to calm the sympathetic system and activate the parasympathetic system can be beneficial.

Whilst this system is largely automatic, there are steps that have been shown to regulate our ANS.

These include:

- Chanting, humming and singing.
- Laughter.
- Quality sleep.
- Meditation.
- Massage.
- Yoga.
- Deep breathing.

We have already tried deep breathing, so we are going to give massage a try: self-massage!

Task:

Ask participants to take a moment to notice how they're feeling in particular how stressed they feel on a scale of one to 10.

Now invite participants to practice two minutes of self-massage: massaging their hand, knuckles wrist, fingers and thumbs.

It may be helpful to provide some massage oil or cream to assist with this.

At the end of the process, ask participants to again note on a scale of one to 10, how stressed they feel.

Please note this task may provoke laughter. Try not to worry about this in that laughter is one of the strategies that we know can support ANS regulation. In the discussion following this activity, please

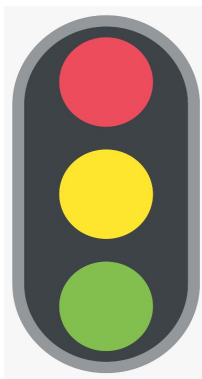
mention this to participants, so that they are better equipped to utilise both laughter and massage as successful support strategies in the future.

That brings us to the end of today's learning. We will look at evaluating our learning in a moment. I'd like to encourage you to put into practice some of the things you learnt today in the coming week. For example, we've seen that Yoga can be an important tool that taps into the mind-body connection and supports wellbeing. There are lots of simple Yoga videos on YouTube: consider giving Yoga a try and see if you notice any benefits. I also have some optional further reading you may be interested in:

Optional reading for further details about biopsychosocial approach:

https://applications.emro.who.int/imemrf/Ann_Punjab_Med_Coll/Ann_Punjab_Med_Coll_2007_1_1_11_13.pdf

So, finally, using a simple traffic light system, I'd like you to evaluate your own learning today. For each objective, you are going to decide whether you feel you are:



RED / STOP

You have made no progress in learning this and are still at a "standstill."

AMBER

You have some understanding but aren't quite ready to apply it yet.

GREEN / GO

You have a good grasp of this objective and are ready to go and apply this learning in the real world.

1. Describe what is meant by the biopsychosocial approach, mind-body connection, placebo effect and psychosomatic medicine.

RED AMBER GREEN

2. Identify common and personal somatic indicators of physical and emotional distress.

RED AMBER GREEN

3. Consider and apply biopsychosocial strategies to support personal wellbeing, physical, emotional and mental health.

RED AMBER GREEN

What do you want to do as a result of your learning today?

Thank you to everyone for your engagement and participation in the session. I hope you have learnt some useful ideas that can be applied in your daily life.