CHAPTER 1

Holistic Stress Management

The act of caring is the first true step in the power to heal.
—PHILLIP MOFFITT

INTRODUCTION

Each and every day, we face stressors. Events, people, circumstances, concerns, and a certain amount of stress are part of our normal daily lives. Some of us rise to the occasion and thrive in these situations. Others experience a combination of negative physical and psychological effects. Why do we react differently to stressors? Despite much research on the topic, the answer is not clearly understood, but a key element is how we manage the stressors we face.

Stress is a reaction to any stimulus or challenge that upsets our normal function and disturbs our mental or physical health. Stress is brought on by internal circumstances (such as illness, pain, or emotional upset) or by external circumstances (such as death, family or financial problems, or job...
Attitudes, beliefs, and emotional states ranging from love to anger can trigger chain reactions that affect blood chemistry, heart rate, and the activity of every cell and organ in the body (Pelletier, 1993).

ORIGINS AND DEFINITIONS OF STRESS

The concept of the mind's influence on health has been recognized since the time of Hippocrates. As the founder of Western medicine and the originator of the Hippocratic oath, Hippocrates equated health to the harmonious balance between mind, body, and environment. During the Renaissance, English physician Thomas Sydenham furthered this concept. Recognized as a founder of clinical medicine and epidemiology, Sydenham observed the "healing power of nature" and asserted that a person's internal responses to external forces were a major factor in disease and health (Pelletier, 1993).

For many years after Hippocrates and Sydenham, very little was published or discussed about stress. Prior to the 1960s, it was difficult to find any articles on the topic; now the term stress is as common as the term computer.

Originally, the word stress was used in the context of physics and described the amount of tension or force placed on an object to bend or break it. Hans Selye was the first to apply the notion of stress to human beings (Seaward, 2006). Known as the father of stress research, Selye developed much of the foundation for what we know today about stress. During the 1950s, he developed what he called the general adaptation syndrome (GAS), which states that all organisms have a similar response when confronted with a challenge to their well-being, regardless of whether they see the challenge as positive or negative. GAS is comprised of three stages of response (Eliopoulos, 2004; Payne, 2005; Seaward, 2006; Trivieri & Anderson, 2002):

1. The first stage is the alarm reaction, also known as the fight-or-flight response. First described during the 19th century by Harvard physiologist Walter B. Canon, the fight-or-flight response is the body's internal adaptive response to a threat (Seaward, 2006). In this stage, the body "gears up" physically and psychologically for a real or perceived threat. This response was essential to survival in a time when human beings faced all types of physical threats, such as wild animals (Eliopoulos, 2004; Leddy, 2006).
2. In the stage of resistance, the body maintains its state of readiness, but not to the extent of the initial alarm phase.
3. If the body has to maintain the heightened state of readiness, it reaches a stage of exhaustion. At this point, the body has no further energy reserves, is unable to sustain the workload required by constant vigilance, and fails. Illness and possibly death can ensue (Eliopoulos, 2004).
Today the word stress has many different definitions and connotations. According to Seaward (2006), in Eastern philosophies stress is considered to be the absence of inner peace; in Western culture it is considered the loss of control. Serge Kahili King, a noted healer, describes stress as any change experienced by the individual. Researcher Richard Lazarus calls it a state of anxiety produced when events and responsibilities exceed one’s ability to cope with them. Selye added to this definition that “stress is the nonspecific response of the body to any demand placed upon it to adapt, whether that demand produces pleasure or pain” (Seaward, 2006, p. 4). Seaward also states that the most recent definition of stress is “the inability to cope with a perceived (real or imagined) threat to one’s mental, physical, emotional, and spiritual well-being, which results in a series of physiological responses and adaptations” (p. 4).

While the definitions of stress vary, most agree that stress is not what happens to someone—those outside forces are the stressors. What matters is how the person reacts to what happens.

THE BODY’S REACTION TO STRESS

In the 1950s and early 1960s, psychiatrists Thomas Holmes and Richard Rahe at the University of Washington School of Medicine found ways to quantify the effects of stressful events. They found that events like divorce, a death in the family, a job change, pregnancy, obtaining a large mortgage, marriage, and retirement can take their toll. The more stress people experience, the more likely they are to become sick in the months following the stressful events. When life brings many stressors at once, a prolonged, intense, and potentially dangerous reaction is even more likely (Pelletier, 1993).

Scientists now believe that the body responds differently to different types of stress:

- **Good stress**, which Selye called eustress, motivates us, has pleasant or enjoyable effects, keeps us excited about life, and can be fulfilling. Examples include falling in love, getting a job promotion, watching a scary movie, taking a roller coaster ride, or having a surprise birthday party (Seaward, 2006). While such events may cause a short alarm response, its strength and duration are limited.

- **Bad stress**, called distress by Selye, fully initiates the fight-or-flight response and may have a prolonged impact on a person’s life. A divorce, having a loved one involved in an accident, and a job loss are possible examples. Usually when individuals talk about stress, they are referring to distress (Eliopoulos, 2004). Signs of distress include headaches, heart palpitations, pain, a constricted throat, weariness, nausea, and diarrhea (Trivieri & Anderson, 2002).
Neustress describes sensory stimuli that have no consequential effects and are considered neither good nor bad (Seaward, 2006). What one person considers distress can be considered eustress by another. For example, one person may consider a long commute to be a great way to unwind from a hectic day at work while another person may consider the long drive to be tiring and a barrier to time spent with the family.

Types of Stress

While the body’s reactions can vary, there are four types of stress (Trivieri & Anderson, 2002):

- **Physical stress** can include trauma, illness, intense physical labor, environmental pollution, inadequate light, childbirth, noise, toxins, inadequate oxygen supply, hypoglycemia, hormonal or chemical imbalances, dietary stress, substance abuse, and dental problems.

- **Psychological stress** can include fear, resentment, information overload, worry, shame, guilt, jealousy, self-criticism, and anxiety. It can also include the loss of a sense of control, beliefs and attitudes, and a worldview.

- **Psychosocial stress** can include relationship difficulties, a lack of social support, and isolation.

- **Psychospiritual stress** can include a joyless life; meaningless work; and a crisis of values, meaning, and purpose.

Seaward (2006) also discusses *technostress*, a term used to describe the ability or inability to cope with the rapid pace of technology. Prior to 1955 the most common causes of death were infectious diseases such as polio, rubella, tuberculosis, typhoid, and encephalitis, most of which have been eradicated due to vaccines or medications. After World War II, the age of high technology introduced modern conveniences like the microwave, television, DVD player, laptop computer, and cell phones. Cited as luxuries that would allow more free time, they seem to have increased our drive to remain productive, decreased leisure time, and led to all types of unhealthy lifestyles—and increasing technostress. In addition to its 24/7 nature, technostress has other characteristics that may lead to more stress, illness, disease, and dysfunction and a greater imbalance in life:

- **Information overload** due to floods of e-mails, faxes, Web site advertisements, instant messaging, text messaging, voice mail, and other waves of incoming data
The lack of clear boundaries between personal and professional lives because of the accessibility offered by cell phones, pagers, palm computers, and other devices

The increasing lack of privacy due to the use of Internet cookies, ever-increasing information storage and data mining, and other means of obtaining personal information

Ethical issues regarding our personal information falling into the wrong hands, such as insurance companies who then revoke policies based on genetic profiling

Stress and Individual Personality Types

The typical people associated with stress are also associated with heart disease. These type A personalities drive themselves hard to achieve one goal after another, have free-floating hostility, have a fiercely competitive spirit, create action plans with deadlines, and perform activities as quickly as possible. They have a preoccupation or obsession with the passage of time and are impatient. They usually engage in more than one thought or activity at a time (polyphasia or multitasking) and have rapid speech patterns. Type A personalities are also excessively alert, feel a need to control (often manipulatively), and have a constant need to be recognized (Payne, 2005; Seaward, 2006; Williams, 1993). They often obtain great material wealth, expect immediate gratification, are competitive (e.g., for sales goals or salaries), are highly analytical, see people as numbers, are less socially connected, and watch a lot of television. While the type A personality often has a negative connotation, our society typically values the achievements of a type A (Seaward, 2006).

One of the key traits that predict higher-than-normal death rates among type A individuals are hostility and hostile aggression. Anger leads to a deterioration of the heart’s pumping efficiency, reducing the body’s and the heart’s blood supply and increasing the risk of sudden death (Seaward, 2006; Williams, 1993).

Type B individuals are more relaxed than type A personalities and do not exhibit the same traits. Type Bs have been found to be almost immune to coronary heart disease.

There is also a type D (depression) personality that some call psychocardiology, linking anxiety and depression to cardiac function (Seaward, 2006).

If negative psychological traits can intensify the effects of stress, positive ways of coping may buffer the body from its effects. What seems to be important is the ability to manage the traits. Psychologist Suzanne Kobasa at City University of New York identified a type of person she described as a “hardy” individual, who typically possesses three traits:
A sense of control over his or her life and of having the right information
to make decisions that can make a crucial difference
A feeling of being committed to his or her work, hobby, or family
A sense of challenge in which change is viewed as an opportunity to
develop the self rather than as a threat to his or her equilibrium

These traits make such an individual less likely to suffer from stress-related
diseases (Payne, 2005; Pelletier, 1993; Seaward, 2006).

The sense of control seems to be especially important in avoiding illness,
even in animal experiments, a point that was highlighted in a study conducted
by University of Pennsylvania psychologist Martin E. P. Seligman. In
Seligman’s study, laboratory mice were subjected to electrical shocks they
could not escape, to no electrical shocks, and to escapable shocks. Seventy-
three percent of the mice who received shocks they could not escape devel-
oped at least some tumors while only 37% of the mice who could escape
suffered tumor growth. In humans, a similarly high rate of heart disease has
been linked to “job strain” of certain jobs (such as air traffic controllers, secre-
taries, or bus drivers), where people felt high pressure but little or no control
over how they met the job’s demands (Pelletier, 1993).

PHYSIOLOGY OF STRESS

When the body perceives a threat, a series of chemical and physical
responses occur. The first response is the activation of the autonomic nervous
system (ANS) (Pelletier, 1993), a part of the nervous system that is not normally
under our control. The sympathetic branch of the autonomic nervous system
regulates the stress response while the parasympathetic nervous system con-
trols the relaxation response. When the stress response occurs, the body
secretes catecholamines (stress hormones) that help prepare the person to
either fight or turn from the threat and run. The most well known of these
stress hormones are epinephrine, secreted by the adrenal glands (medulla)
located on top of the kidney, and norepinephrine, also secreted by the adrenal
glands and nerve endings throughout the body (Seaward, 2006). The release of
these hormones triggers the fight-or-flight response.

The anterior pituitary gland secretes adrenocorticotropic hormone
(ACTH), which stimulates the adrenal glands to release aldosterone and cor-
tisol. The pituitary gland also secretes vasopressin, or antidiuretic hormone.

- Aldosterone and vasopressin preserve blood volume by reducing the
  amount of sodium and water that the kidneys excrete (Eliopoulos, 2004;
  Leddy, 2006). Heart rate increases, blood pressure rises, breathing rate
  and depth increase, the liver releases glucose, and blood vessels in vital
organs dilate while the vessels of nonessential organs (like the skin and digestive tract) constrict. The entire body is focused on keeping the brain, heart, lungs, and major muscles ready to fight or flee.

- *Cortisol* increases glucose production and helps break down fats and proteins to provide the body with the needed energy for dealing with the event (Eliopoulos, 2004; Leddy, 2006).

### Responses to Short- and Long-Term Stress

There are two forms of stress:

- **Short-term (acute) stress** is intense, disappears quickly, and is caused by events such as a near miss on the highway or a loud noise. The body responds with the typical fight-or-flight response (Leddy, 2006; Seaward, 2006).

- **Long-term (chronic) stress** occurs over a longer period of time (e.g., hours, days, weeks, or months). The responses experienced are prolonged, often leading to the development of chronic disease. Examples include living with a horrible college roommate; looming credit card bills; dealing with a difficult boss; or having relationship problems with a close friend, spouse, or family member.

With long-term stress, the immune system is often suppressed or less vigilant than normal, blood cholesterol levels rise, and calcium is lost from the bones. The individual can become hypertensive, experience chronic pain, headaches, constipation or diarrhea, weight loss or gain, tiredness, sleep problems, crying, changes in eating, drinking, or smoking behaviors; feel irritable, depressed, or restless; and have difficulty thinking, concentrating, or remembering things. Social withdrawal and changes in the quality of relationships can also occur (Leddy, 2006; Seaward, 2006).

In addition to these conditions, stress can cause individuals to experience physiological effects like nausea, reduced libido, amenorrhea, and teeth grinding. Emotionally, they may experience irritability, anger, withdrawal from activities they enjoy, anxiety, a tendency to be easily startled, and drug or alcohol use. Intellectually, individuals can be forgetful, have difficulty being productive, experience reduced creativity, be less attentive to detail, and be preoccupied (Eliopoulos, 2004; Payne, 2005; Seaward, 2006).

### Stress and Disease

The link between body and mind is a powerful one, but research has yet to effectively explain the link between stress and disease. However, it is widely
recognized that chronic stress can affect the human body and increase the risk for developing heart disease, asthma, arthritis, cancer, hypertension, migraine headaches, and ulcers. Some statistics state that 50–90% of health-related problems are aggravated by stress (Eliopoulos, 2004). Other conditions aggravated by stress include colitis, speech problems, emphysema, neuromuscular syndromes, gastritis, and hypoglycemia (Trivieri & Anderson, 2002). Stress can increase one’s susceptibility to illness, suppress the immune system, and create hormonal imbalances that can further interfere with immune function (Trivieri & Anderson, 2002).

Psychoneuroimmunology

The field of psychoneuroimmunology explores the relationship between psychological factors and health. There is a tremendous amount of information on this relationship, and entire books have been written about it. This section provides an overview of the topic; those interested in further study are encouraged to explore the references at the end of this chapter.

In the 1970s, psychologist Robert Ader and immunologist Nicholas Cohen were the first to show that the immune system “learned” associations and therefore affected health (Kiecolt-Glaser & Glaser, 1993). As previously discussed, individuals react to their environments, and the brain signals the rest of the body through the nervous, endocrine, and immune systems.

The Nervous System

The nervous system is comprised of the central nervous system (CNS) and peripheral nervous system (PNS). The CNS consists of the brain and spinal cord; the PNS consists of 31 pairs of spinal nerves and 12 pairs of cranial nerves that branch off from the brain and spinal cord. The PNS also includes the autonomic nervous system (ANS) or neurons that innervate the muscles and glands that automatically maintain bodily homeostasis (Freeman, 2004).

The human brain is further divided into three levels: the vegetative level, the limbic system, and the neocortical level (Seaward, 2006).

• The vegetative level consists of both the brain stem and the reticular formation, which connects the brain to the spinal cord.
• The limbic system is the emotional center of the brain and contains the thalamus, hypothalamus, pituitary gland, and a structure called the amygdala (Seaward, 2006). The amygdala links our emotional responses to our memories and has strong connections to the hypothalamus. The hypothalamus modulates heart activity, body temperature, blood pressure, and endocrine activity, and it also contains the centers that
modulate a person's emotional condition and basic biologic drives (sex, thirst, and hunger). When the amygdala responds to danger or stress, it signals the hypothalamus to initiate the fight-or-flight response by the sympathetic nervous system (Freeman, 2004).

- The neocortical level, the highest and most sophisticated level of the brain, is where our sensory information is processed (decoded) as a threat or nonthreat and where cognition (thought process) takes place. The neocortex houses the neural mechanisms that allow us to analyze; imagine; and create and employ intuition, memory, and organization (Seaward, 2006).

The Endocrine System

The endocrine system is comprised of glands (pituitary, thyroid, parathyroid, adrenal, pineal, and thymus), organs (pancreas, ovaries, testes, hypothalamus), and tissues (pockets of cells in the small intestines, stomach, kidneys, and heart) that produce hormones that act as needed to monitor or alter bodily processes (Freeman, 2004). These glands and tissues help regulate metabolic functions that require endurance rather than speed, and they release the chemical messengers (hormones) that attach to specific cell receptor sites to alter cell metabolism. The hypothalamus has direct influence over the pituitary (or “master”) gland (Seaward, 2006).

The Immune System

The immune system shares anatomic connections and signal molecules with the nervous and endocrine systems (Bartol & Courts, 2005). It is made up of the thymus and spleen, as well as lymphocytes and other white blood cells. The immune system has two major components (Levy, 2002):

- The innate (nonspecific) immune system is the body’s first line of defense against threatening organisms. Included in this system are granulocytes and macrophages; these phagocytic white blood cells recognize and destroy threatening organisms. The innate system also includes natural killer (NK) cells, which attack and destroy virally infected cells and cancer cells.
- The acquired (specific) immune system is made up of certain white blood cells (lymphocytes) and the antibodies they produce. Lymphocytes circulate throughout the blood or lymphatic tissue, patrolling the body for signs of danger. All these cells are produced in the bone marrow throughout life (Freeman, 2004). Kiecolt-Glaser and Glaser (1993) explain that "all of these immunological organs have now been
shown to contain networks of nerve cells, which provide a pathway for the brain and central nervous system to influence immunity” (p. 41).

The immune systems interact by means of two distinct mind- or brain-mediated pathways that are activated by stress.

- The first and most direct brain pathway is the sympathetic-adrenal-medullary (SAM) axis, which activates the ANS. The motor neurons of the ANS use neurotransmitters and neuropeptides for information and thus communicate directly with immune cells and tissue to alter immune system responses (Freeman, 2004). Neurotransmitters are substances that transmit nerve impulses across a synapse. Neuropeptides are unique messenger hormones, produced in the brain (and other body organs), that fit into the receptor sites of lymphocytes. Immune cells have built-in receptor sites for the several hundred or so neuropeptides, which can either increase or decrease the cells’ metabolic function (Seaward, 2006). Disease or health can result.

- The second and indirect brain pathway is the hypothalamic-pituitary-adrenal (HPA) axis, which alters both the physiology and immune functions by signaling the endocrine system to release hormones. Once the hormones are released, the physiologic and immune responses occur.

When an individual’s CNS responds to internal or external stressors or stimuli, informational substances (such as neurochemicals) are produced. The body interprets these substances and determines which informational substances to produce and release (Freeman, 2004). Other parts of the body react and affect everything from heart rate to sexual function to immunity.

**EFFECTIVE STRESS MANAGEMENT TECHNIQUES**

Like every chapter in this book, this section includes techniques to help the reader effectively manage stress.

**Self-Awareness**

Rew (2005) defines self-reflection as “the process of turning one’s attention or awareness inward to examine thoughts, feelings, beliefs, and behaviors” (p. 429). It is a deliberate process with a goal of discovery and learning. *Self-awareness*, or being aware of the self, is the tendency to focus attention on the private aspects of the self. It includes self-exploration, recognizing one’s strengths and weaknesses, and knowing one’s self. Payne (2005) notes that increasing self-knowledge comes from listening to ourselves: what we are, who we are, and how we are.
By increasing our self-awareness, we understand our outward behavior and how others respond to it, thereby improving our personal relationships. Self-awareness is closely linked to the concept of living in the present, since that is where we make our impact. Lessons learned from the past are important in helping us perform our best in the present. Living this way produces greater peace of mind; self-awareness can thus be seen as a stress management tool (Payne, 2005).

Payne (2005) lists several ways to improve self-awareness:

- **Become aware of your personal thinking style:** Sometimes people think in a focused way, and at other times they think more broadly. Mode of thinking is connected to self-esteem. Those with an internal locus of control (that is, a tendency to believe they have control over their lives and environment) tend to have higher self-esteem than those who have an external locus of control (little or no control over the environment). Thinking is more positive with an internal locus of control.

- **Be aware of your intuitive powers:** Intuition can provide much information about the inner self and involves “an intense feeling of certainty that may be accompanied by a sense of mystery or confusion” (Rew, 2005, p. 432).

- **Be aware of your emotions and feelings:** This principle is not about self-indulgence but instead about self-examination and an exploration of ways in which you might need to change. This method examines emotional patterns: how people express themselves spontaneously or in controlled ways, how they share their feelings, and how they use catharsis to move forward.

- **Be aware of your body:** This awareness includes how you are breathing and how your digestion, skin, or muscles feel.

- **Be aware of the environment:** How are you obtaining information through sight, sound, smell, touch, and taste?

- **Be aware of how you relate to others:** People can tell a lot about you by what you show of yourself, your appearance, your general demeanor, and what you say. Verbal and nonverbal behavior also tells a story about who you are. Your level of assertiveness is an aspect of relating and a means of insisting on having your interests respected while others advance their goals.

## Cognitive Restructuring

Holocaust survivor and noted author and psychoanalyst Victor Frankl once said, “Everything can be taken away from man but one thing—the last human freedom, to choose one’s attitude in any given set of circumstances.” We know
that stressors abound in life and that an individual’s perception of the stressor, not the stressor itself, makes for either a mountain or a molehill. *Cognitive restructuring* is a coping technique that substitutes negative, self-defeating thoughts with positive, affirming thoughts to change the perception of the stressor from threatening to nonthreatening (Seaward, 2006).

Negative thoughts often result from low self-esteem and perpetuate the problem by suppressing or obliterating feelings of self-worth and self-acceptance. Some studies have shown that, on average, a child hears 400 negative comments for every positive one. Negative comments become conditioned (learned) responses that are carried into adulthood in the form of negative thoughts. Catastrophic headlines and negative media messages are also part of our everyday lives, and this negative perspective leads to negative thinking that can have an addictive and destructive quality (Seaward, 2006).

Two personality traits are closely related to locus of control, which has been shown to affect health:

- **Pessimism**, a personality trait heavily grounded in negativism, promotes toxic thoughts, a term coined in the 1980s.
- **Victimization** is an attitude where one feels specifically targeted by events or circumstances and believes that he or she has no choice but to suffer the consequences. “Victims” seek pity and sympathy from friends and validate their own perceptions of personal violation.

Thoughts and attitudes such as these have been shown to depress the immune system, decrease the longevity of cancer clients, and affect mental health. Psychologists use the term *self-fulfilling prophecy* to describe the link between perceptions, beliefs, and related behaviors (Seaward, 2006).

Cognitive restructuring can be achieved through four simple steps:

1. **Be aware** of stressors and acknowledge them. Identify why these situations and events are stressors and identify the emotions associated with them.
2. **Reappraise the situation.** See whether a different (more objective) viewpoint restructures the situation. Understand which situations you can control and which must be accepted as out of your control.
3. **Adopt the new frame of mind,** substituting a negative perspective for a positive one.
4. **Evaluate** whether this process worked and, if so, how beneficial it was so you can use it again (Seaward, 2006).

**Effective Communication**

The ability to effectively communicate is an essential tool in managing stress. If most people were to list their top 10 stressors, they would probably
find that at least half of them dealt with relationships with family, friends, and coworkers. Strong relationships require good communication skills. The average person spends 75% of the day communicating with others. The degree of perception and interpretation required, as well as the many layers of meaning in every interaction, leave much room for misinterpretation and therefore stress (Seaward, 2006).

Effective communication includes the ability to express thoughts and feelings in understandable words and the ability to listen, clarify, and process information as it is intended. Verbal communication is actually a series of thoughts and perceptions described through words, and it has two components:

- **Encoding** is the process by which the speaker attempts to frame thoughts and perceptions into words.
- **Decoding** is the process by which the listener translates, dissects, analyzes, and interprets the message (Seaward, 2006).

Nonverbal communication is any communication that does not include words. Examples include clothing and appearance, the use of paralanguage (the meaning conveyed by voice tone and pitch, such as “uh-hum” or “hmmm”), bodily contact and proximity, respect for personal space, eye contact, and facial expressions (Evans, 1996).

Effective communication involves accurate listening, the use of silence, appropriate body language, reflecting (e.g., repeating the person’s words to demonstrate listening), summarizing what was said, and self-awareness (Evans, 1996).

Effective listening, attending, and responding involve several key elements (Seaward, 2006):

- **Pay total attention to what the speaker is saying**, not to one’s own thoughts. Do not prepare rebuttals or comments while someone is speaking.
- **Maintain eye contact** but do not stare continually.
- **Avoid the use of words that are emotional or prejudiced** to keep the listener from becoming disinterested.
- **Use minimal encouragers** (such as “oh” or “uh-huh”) to tell the speaker you are both on the same wavelength.
- **Paraphrase** what is said to help ensure understanding.
- **Ask questions** to clarify statements.
- **Use empathy** to reflect and share feelings and galvanize the listening experience.
- **Provide feedback** to the speaker as appropriate.
- **Use language appropriate to the audience** and attack issues, not people.
Avoid information overload so the information presented can be effectively received.

Enhance your vocabulary to effectively articulate your issues, and resolve problems as they arise so they do not fester.

Benson’s Method

During the 1970s, Herbert Benson was studying high blood pressure at Harvard’s Thorndike Laboratory. He was approached by a group who practiced Transcendental Meditation (TM) and who believed their meditations could lower blood pressure. Benson discovered that TM could lower heart rate, breathing rate, oxygen consumption, blood lactate levels, and blood pressure. Upon further study, he realized that these results were common to all meditation practices and found several key elements to achieving what he called the relaxation response (Pelletier, 1993). These elements include a quiet environment, a comfortable position, a mental device (such as a word to focus on), and a passive attitude (Payne, 2005; Smith, 2006). Many of these are the same elements used in guided imagery. Based on his findings, Benson developed a simple method of meditation known as the Benson method.

Imagery

The imagination is probably an individual’s least initialized health resource. It can be used to remember and re-create the past, develop insight into the present, influence physical health, enhance creativity, inspire, and anticipate the future (Trivieri & Anderson, 2002).

Trivieri and Anderson (2002) define imagery as a “flow of thoughts that one can see, hear, feel, smell, or taste in one’s imagination” (p. 245). Imagery is the natural way for the nervous system to store, access, and process information. It is a rich, symbolic, highly personal language that involves fantasy as well as experience and is the interface between the mind and the body (Trivieri & Anderson, 2002). Imagery and intuition are part of our nonlogical thinking and they connect us with our inner subjective reality (Zahourek, 2002).

Historically, people have believed that imagery could magically influence present and future health and prosperity. Indigenous cultures and shamans use it with ancient healing rituals since they view the mind, body, and spirit as a whole. They believe that rituals, visions, and images are the bridge between the physical world and the healing power of the spiritual realm (Zahourek, 2002).

Imagery can be used on its own or in conjunction with therapeutic touch, meditation, biofeedback, Reiki (pronounced ray kee), reflexology, and other holistic practices (Schaub & Dossey, 2005).
Therapeutic Characteristics of Imagery

Imagery has three main characteristics that provide value to healthcare providers and assist in the healing process:

- It directly affects physiology.
- It provides insight and perspective into health through the mental processes of association and synthesis.
- It is intimately connected to the emotions, which are at the root of many health conditions.

Imagery can affect heart rate, blood pressure, respiratory patterns, oxygen consumption, carbon dioxide elimination, brainwave rhythms, the electrical characteristics of the skin, local blood flow and temperature in tissues, gastrointestinal motility and secretions, sexual arousal, levels of hormones and neurotransmitters in the blood, and immune system function (Schaub & Dossey, 2005; Trivieri & Anderson, 2002).

In addition, imagery helps people find meaning in events and situations and helps them understand and control their patterns of thinking. It makes the mind more receptive to new information; helps reduce fear, anxiety, and pain; and directly affects physiology, especially the sympathetic nervous system stress responses.

Imagery is a versatile therapeutic intervention that is often used in conjunction with hypnosis, biofeedback, desensitization, and cognitive behavioral techniques. It can be used at any stage of a therapeutic process but healing patterns are more easily established when individuals are relatively healthy than when they are faced with a serious disease. No research has yet been able to determine the specific kind of imagery that works best for a given type of client, symptom, illness, or disease (Trivieri & Anderson, 2002; Zahourek, 2002).

Types of Imagery

Of the different forms of imagery (Leddy, 2006; Zahourek, 2002), the experiential types include active, receptive, process, and end-state imagery.

- **Active imagery** uses conscious and deliberate effort to develop concrete and symbolic images. These images can be either a wise entity or inner guide or general healing images that include events, people, places or things, light, warmth, or heat. This approach is best used to address symptoms.
- **Receptive imagery** addresses the emotional significance of symptoms. This form occurs spontaneously and allows images to “bubble up” into
the conscious mind without a specific effort. It often occurs in the early stages of sleep or just prior to awakening.

- **Process imagery** uses a step-by-step approach to achieve the individual’s goal. It is the rehearsal of a procedure or event.
- **End-state imagery** asks individuals to imagine their final, healed state.

**Guided Imagery**

*Guided imagery* involves the purposeful use of mental images by working with another person to achieve a desired therapeutic goal. It does not require elaborate equipment and it is safe and noninvasive (Payne, 2005). In this method, a person deliberately forms mental images while in a deeply relaxed state.

Guided imagery has been used to reduce phobias, complement other therapies, and facilitate a peaceful death. It has also been used to reduce chronic pain, allergies, high blood pressure, stress-related gastrointestinal symptoms, and functional urinary and reproductive irregularities (including premenstrual syndrome and dysmenorrhea); accelerate healing from acute injuries (including sprains, strains, broken bones, and symptoms of the flu, cold, and infections); and help with addictions, bulimia, and psoriasis (Leddy, 2006; Trivieri & Anderson, 2002; Zahourek, 2002).

In guided imagery, specific words, symbols, and ideas are used to elicit images. For example, imagine holding a juicy, bright yellow lemon. Feel its coolness, its weight, and the texture of its skin. Now imagine cutting it open, bringing it to your nose, and smelling it. Imagine biting into it and sucking the sour juice into your mouth. What did you experience as you imagined this? Did you salivate? Did you have any other physical reactions? Guided imagery draws on all the senses: sound, taste, movement, vision, touch, and inner sensation. They work best when integrated thoroughly with the person’s entire being. You probably salivated more with the description of the lemon image than you would if you were told simply to imagine salivating.

Guided imagery sessions often use a preexisting scripted process that usually lasts 20–25 minutes and begins with a general relaxation technique that helps to center the mind. A typical format includes identifying the problem, goal, or disease and then incorporating the following (Leddy, 2006):

- The individual finds a comfortable place to recline or sit.
- Extremities are uncrossed and the eyes are closed or focused on one spot or object in the room.
- The person focuses on his or her breath, uses abdominal breathing, and with each breath says “in” and “out.”
- The individual may feel the body becoming heavy and warm.
The images of the problem, goal, or disease are developed, as well as the inner and external (treatment or healing) resources. If the thoughts wander, the individual brings the mind back to thinking of his or her breathing and relaxed body. The session ends with images of the desired state of well-being.

Effective suggestions for the sessions include the following (Leddy, 2006):

- In your mind, go to a place that feels good and that you enjoy.
- What do you see, feel, taste, hear?
- Take a few deep breaths.
- Imagine yourself the way you want to be (describe the desired goal specifically).
- Imagine the steps you need to take to be how you want to be.
- Practice these steps now in the place where you feel good.
- What is the first thing you will do to help yourself be how you want to be?
- Remember that you can return to this place, this feeling, this way of being whenever you need to.
- When you are ready, you may return to the room we are in.
- You will feel relaxed and refreshed and ready to resume your activities.
- You may open your eyes slowly and tell me about the experience when you are ready.

To facilitate relaxation, individuals can use commercial audiotapes of verbal suggestions, music, sounds of nature, pictures of objects or places, aromas, scented candles or oils, or another person giving suggestions in a soft, pleasant voice to assist in the image formation (Leddy, 2006). Examples of imagery include beaches with waves, a salty sea breeze, warm sand, and the colors of the sunset or lush green meadows with blue skies and puffy clouds. Mountain images, including lakes and flowers, singing birds, and the smell of pine trees or the sound of a stream, are also helpful. For healing, images can include visualizing good monsters eating bad monsters or personifying the immune system’s cells as soldiers destroying cancer cells. For self-esteem building, some use the image of a tightly closed flower bud that opens to become a beautiful flower (Leddy, 2006).

Several types of words can help the practitioner during the guided imagery session (Leddy, 2006):

- **Metaphors** imply comparisons. For example, “You feel relaxed, like a warm waterfall.”
- **Truisms** are statements that the intellect accepts as accurate. For example, “As you take in your next breath, oxygen is flowing into your lungs and into every cell in your body.”
Synesthesia is the combination of several senses simultaneously. For example, “Can you feel the color of the sky?”

Linkages connect certain statements, behaviors, and actions with thoughts. For example, “Once more . . . relax deeply . . . and feel yourself really sinking into the surface of the floor and feel supported by this surface.”

Mirroring involves repeating the client’s words or descriptions instead of using your own.

Social Support

While we know that stress can affect health, studies in the 1960s and 1970s also showed that social isolation was repeatedly associated with increased risk of mortality and morbidity. Just as an individual’s hardiness is an important factor in his or her ability to cope with stress, the strength of the individual’s social networks is also crucial (Freeman, 2004; Pelletier, 1993; Spiegel, 1993).

In 2000, Shelly Taylor and her colleagues wanted to explore whether women and men responded differently to stress. They proposed a new theory for the female stress response called tend and befriend. The theory asserts that, although both men and women have a built-in dynamic for the survival of physical danger, women also have an inherent nurturing response for offspring as well as a means to befriend others. As a result, they create strong social support systems and are thereby able to cope better with stressful situations. Taylor suggests this characteristic is due to DNA, a combination of brain chemistry and hormones, and generational social factors (Seaward, 2006).

As human beings, we benefit from our social relationships and they challenge our adaptability and health. We strive to connect with others, and the number of contacts we make with others (including friends, acquaintances, and family members) best predicts both our physical and our emotional health. Our social support acts as a buffer or protective layer against the wide variations of transitions we experience during our lives (Pelletier, 1993). Studies show that higher levels of social support correlate with lower levels of cholesterol and improve immune function (Freeman, 2004; Spiegel, 1993). Even having a pet is a form of connection that is important to a person’s health (Pelletier, 1993).

Studies have also demonstrated that poor relationships and social support can adversely affect the immune system (Kiecolt-Glaser & Glaser, 1993). People with supportive social networks have better overall health, lower rates of cancer and heart disease, less coronary blockage (as measured by angiograms), shorter hospital stays when they do get sick, and better resistance to infection than those whose social bonds are not as supportive. People
who are isolated have higher-than-average rates of many types of illnesses, including arthritis, hypertension, heart disease, viral infections, cancer, and tuberculosis (Pelletier, 1993; Scheiber, 2008). In the first study of its kind, University of California, Los Angeles researchers found that feelings of isolation are linked to alterations in the activity of genes that drive inflammation (one of the body’s first immune responses). What mattered was not the size of the person’s network but how many people the individual felt close to over time (Scheiber, 2008).

In other studies, women with cancer who had minimal social contact were 2.2 times more likely to die of cancer over a 17-year period than the most socially connected individuals. Having a spouse tripled the chances that a person with coronary artery disease would be alive 5 years later. Married people live longer on average than those who are single, widowed, divorced, or never married (Spiegel, 1993).

Why is this so? One theory holds that social support leads to physical consequences by influencing behavior since people who believe that others care about them are more likely to take the basic steps needed to stay healthy. Social support also helps people avoid bad habits (Williams, 1993). Friends and a wide social network may also shield the body from the consequences of stress. Women with breast cancer who attended support groups survived for an average of 18 months longer than those who did not attend. Support groups provide social support, a place for emotional ventilation, and education. They also help people change their perspectives on their situation and their responses to it (cognitive restructuring) (Spiegel, 1993).

Art Therapy

Nearly everyone has found themselves doodling while talking on the phone, keeping a personal journal, or painting or sculpting as a hobby. As people do these things, they find that their feelings and ideas change and they may even feel themselves transported away from their everyday problems. Involvement with art can alter feelings, clear the mind, and raise consciousness. Involvement with art is, indeed, a therapeutic process (Lippin & Micozzi, 2006).

The ability of the arts to enhance health has been known since the beginning of time. Early, preliterate human beings naturally embodied feelings, attitudes, and thoughts in symbols. Many anthropologists believe that singing and dancing preceded verbal exchanges in humans. The ancient Greeks recognized the connection between healing and the arts through their use of aesthetics in buildings, healing gardens, and temples, where the arts played a predominant role in healing (Lippin & Micozzi, 2006). Florence Nightingale, an
advocate for aesthetics, healing, and recovery, talked about the importance of beautiful objects of all colors and their effect on recovery.

At the turn of the 20th century, art therapy as one aspect of the creative arts movement came into being as a therapy in its own right. Sigmund Freud and Carl Jung engaged several of their clients in drawing to better understand their psychological disorders. Margaret Naumburg, in association with Dr. Nolan Lewis, conducted research on children with troublesome behaviors at the New York State Psychiatric Unit. Art therapy emerged as its own discipline in the 1960s when specialists became trained and certified in the theoretical basis and application of art.

The 21st century has already seen a dramatic increase in attempts to inject variety into healing environments in the form of color, design, and art and in the use of music, movement, and healing gardens. Health care providers now realize that interventions need to take place at the level of the spirit as well as the level of the body and the cell (Donnelly, 2007).

All across the United States, the therapeutic aspect of art is gaining recognition. In cooperation with The Joint Commission and the Americans for the Arts, the Society for Arts in Healthcare (SAH) completed a survey that found 2,500 hospitals using the arts to create healing environments, support client mental health and emotional recovery, and develop positive working environments (Knutson, 2006). The hospital arts movement continues to grow through architectural design, interior design, and the placement of fine art in strategic healthcare setting locations such as lobbies, waiting rooms, client rooms, and high-tech intervention areas (Lippin & Micozzi, 2006).

What Is Art Therapy?

Established in 1969, the American Art Therapy Association describes art therapy as the use of art in a creative process, providing the opportunity for nonverbal expression and communication and fostering self-awareness and personal growth. Art therapy initiates a strengthened partnership between the nonverbal, artistic, spatial right-brain function and the more analytical, logical, and verbal left-brain function, and it serves to balance and integrate these two cognitive functions (Seaward, 2006).

During the 1900s, psychologists explored the unconscious and found that the creative process can play an important role in revealing and healing health issues. Shealy (1996) notes that “emotions are experienced—without the filter of words—in the body itself, and emotional memories are encoded and stored there. The psychotherapeutic use of the creative arts enables us to connect with the material directly, and give nonverbal expression to what is driving or crippling us” (p. 110).
The field of expressive arts is based on the belief that each person has worth, dignity, and the capacity for creative self-direction (Cantwell, 2006). Art therapy is based on the premise that many thoughts, feelings, and insights cannot be expressed verbally because several abstract constructs of the mind lack the necessary vocabulary to describe the focus, intensity, and understanding of encounters that the mind tries to process and grasp (Seaward, 2006). Creative arts allow that to happen. As Donnelly (2007) explains, “The arts distinguish us among species and make us uniquely human” (p. 165). When we use art as a technique that allows inner knowing to explore freely, we create a balance between our inner and outer paradigms (Wetzel, 2006). Engaging in the arts is life affirming and life enhancing (Lippin & Micozzi, 2006).

In active, creative art therapy, the client engages in the creative process. Lippin and Micozzi (2006) explain that this creative process enhances an individual’s life force “through classic biophysiological responses such as movement, relaxation, and emotional catharsis, as well as through self-discovery and awareness; increased self-esteem, pleasure, hope, and optimism; and the achievement of transcendence . . . Perhaps most important, the creation of beauty itself is a profound and powerful source of health and well-being” (p. 332).

Passive exposure to the arts, including music, dance, painting, sculpture, poetry, and drama, has also been shown to have healing properties. Passive exposure provides a means of imaginative expression that circumvents the blocks between the conscious and unconscious mind (Shealy, 1996).

Benefits of Art Therapy

Art therapy has been shown to improve relaxation and help participants be more aware of physical and emotional issues (Repar & Patton, 2007). One of the greatest impacts of art could be the potential to synthesize and integrate issues such as pain, loss, and death (Lippin & Micozzi, 2006). Ultimately, clients find their way to a deeper understanding of their own issues. Many people find that the spontaneous, uncensored nature of art therapy provides a powerful, healing, and revealing therapeutic release (Kim, 2006; Nieves, 2006; Shealy, 1996). Because it works on a nonverbal level, art therapy is an excellent form of therapy and relaxation for individuals whose traumas are buried too deep for words or for children who do not have the words to describe their distress.

Art therapy has been shown to have a number of other effects:

• It decreases perceived pain, reduces the amount of pain medication needed, decreases anxiety levels, and lowers blood pressure, heart rate, and respiratory rates (Kim, 2006; Nieves, 2006; Shealy, 1996).
Use of the arts leads to self-knowledge, self-discovery, mood change, and emotional catharsis (e.g., weeping, laughing, sexual activity) that can induce pleasure and relaxation.

Drawing can serve as a bridge between the healthcare provider and the client, family, and surrounding world. It can increase pleasure, motivation, and learning, and ultimately influence behaviors. It can provide a sense of hope and optimism that has been linked to positive effects on the immune system (Lippin & Micozzi, 2006).

Art therapy can also provide a means of reducing guilt, facilitating impulse control, and strengthening the ego through discovery of personal and growth interests (Seaward, 2006).

### Types of Art Therapy

Drawing, painting, craftwork, and model making are all forms of art therapy that have been utilized. There is no formula to determine which techniques are best to use. The decision can be based on the healthcare provider’s experience or the individual’s preference (Cantwell, 2006). Clients may draw parts of their bodies that unconsciously concern them or they may draw something they have been unable to verbalize. The goal is not to produce a skillful finished work of art but to follow spontaneous impulses as they utilize form, lines, colors, and textures. Realizing that there is no right or wrong form of expression, because it comes directly from the person, supports the goal of having clients engage in art without fearing shame, ridicule, derision, or embarrassment so they can cast off their “inner critic” (Lippin & Micozzi, 2006).

Some have suggested that the colors an individual selects in art therapy have associated meanings: red (passionate emotional peaks), orange (life change), yellow (energy), blue and green (happiness and joy), purple (highly spiritual nature), brown (stability), black (grief or personal empowerment), and gray (ambiguity) (Seaward, 2006).

### Art Therapy Settings

Art therapy, primarily drawing and illustrations, has been used in many types of settings, including drug rehabilitation centers, eating disorder clinics, veterans’ hospitals, prisons, oncology units, and clinics for the emotionally disturbed (Seaward, 2006). While art therapy can be applied to most client populations, several specific populations may receive special value from its application.

- Pediatric clients are often more freely expressive and engage in play more easily than adult clients.
Geriatric clients who are especially vulnerable to pharmaceutical and surgical interventions can use art therapy as a supplement or complementary therapy.

Sufferers of certain central nervous system disorders, such as Alzheimer's disease, may benefit from the creative process of art therapy.

AIDS clients and their families have found art therapy (e.g., the quilt project) to be extremely helpful in dealing with the losses associated with this disease.

Health professionals can use art therapy to cope with the physical and psychological stressors of their profession.

Individuals with chronic diseases and chronic pain find that art therapy provides hope, pleasure, and beauty and improves their quality of life.

Dying clients often use art therapy to resolve lifelong psychological and spiritual issues, express conflict and desires, address their pain, and leave their loved ones with something of value (Lippin & Micozzi, 2006).

The Future of Art Therapy

Advances in neuroscience, psychoneuroimmunology, and psychoneurocardiology have provided some important tools to support solid research on creative arts therapy. Research issues for the future could (Lippin & Micozzi, 2006):

- Evaluate the impact of aesthetic stimuli (such as color, form, sound, rhythm, words, and beauty itself) on human physiology
- Examine how the human brain perceives, processes, integrates, and reacts to aesthetic stimuli
- Explore the neurophysiological nature of creativity and its relationship to human health
- Evaluate how arts contribute to the development of self and cultural self-esteem as well as individual mental health and brain development
- Determine which steps must be taken to ensure that arts medicine topics are included in formal medical and nursing curricula.

Journaling

For centuries, people have kept personal records or logs of important information about everything from lunar eclipses, famines, and changes in world leaders to personal information about the trials and tribulations of life in many different settings. Originating from the French word *journée*, meaning “from sunrise to sunset,” journals began as a means of guidance on long trips or as a way to orient the traveler home. Journalists have long described events,
and explorers such as Christopher Columbus, Meriwether Lewis and William Clark, and Admiral Robert Peary all kept diaries (Seaward, 2006).

Today, U.S. presidents and space shuttle astronauts keep daily journals (Seaward, 2006). Many of us wrote in diaries as adolescents, when we may have written about mundane thoughts or deeply moving events. As we transitioned to adulthood, we may have left the diary behind but still kept to-do lists, appointment books, notes on calendars, or perhaps boxes of poems, short notes, ideas for another day, and lists of goals or dreams. Even these abbreviated entries provide sketches of our lives (Rew, 2005).

Journaling is a creative, fulfilling, insightful, and therapeutic exercise (Freeman, 2004). Rew (2005) writes that “diaries, journals, logs, reviews, stories, and letters help us keep track of and enhance the pattern of our lives” (p. 427). Weil (2005) adds that “journaling, or expressive writing, is a simple, gentle, and inexpensive healing technique” (p. 6). Rakel (2007) notes that journaling is “the process of writing about times in our lives that are stressful or traumatic” (p. 1043). Seaward (2006) defines therapeutic journaling as “a series of written passages that document the personal events, thoughts, feelings, memories, and perceptions in one’s journey throughout life leading to wholeness” (p. 231).

By writing about an experience, we help make it our own, we explore its meaning, and we ultimately experience the way we can release it (Rew, 2005). Journaling can be termed a transpsychological experience; that is, an experience that describes the therapeutic effects of self-discovery through active awareness, allowing the individual to access personal resources and promoting wholeness (Seaward, 2006).

Benefits of Journaling

Journaling has been found to improve physical health, enhance the immune system, improve lung function in asthmatics, improve wound healing and memory function, and result in fewer visits to medical practitioners. It can relieve stress and improve relaxation, lessen fatigue and pain, reduce high blood pressure, and improve sleep (Rakel, 2007; Weil, 2005). In studies of students who kept journals in which they wrote about traumatic or disturbing events, the students had better immune system function and fewer visits to the university’s health clinic than those who did not keep journals (Kiecolt-Glaser & Glaser, 1993).

Although Seaward (2006) states that “confessions of the mind lighten the burden of the soul” (p. 231), in some instances disclosure may not improve mental health. When the mind suppresses something traumatic, it often does so for a reason, and uncovering the events can be difficult for the conscious
mind to handle. In these situations, working with a licensed therapist is important because the timing of disclosure can be crucial (Rakel, 2007).

Interestingly, in an attempt to understand the pathophysiology behind “the clinical effects of disclosure,” James Pennebaker interviewed polygraphers (lie detector operators) who worked for the Federal Bureau of Investigation and the Central Intelligence Agency (Rakel, 2007). Pennebaker learned that polygraphers look for changes (particularly reductions) in heart rate, blood pressure, respiratory rate, and skin conductance when people confess. These drops in responses also occur when people relax. Polygraphers believe that people have to work to inhibit their thoughts, behaviors, and feelings and that this work, over time, causes stress that can lead to immune suppression and disease. That assumption may help explain why journaling (a form of disclosure) can reduce stress and support immune function.

Journaling provides an opportunity to take repressed thoughts from the unconscious to the conscious level, allowing the individual to control and organize his or her thoughts and, by transferring the thoughts to paper, to avoid low-grade stress. Since most people naturally have an inability to fully express the entire range of human emotions, journaling provides an opportunity to experience an emotional catharsis by releasing toxic thoughts (Seaward, 2006). A striking example of this can be seen from a review of the online journal entries made before and after the World Trade Center destruction in New York City on September 11, 2001. There were fewer visits to health care professionals after the event; one reason is believed to be that the event opened people up and stimulated communication and a sense of “we” versus “I,” bringing the community together and reducing social isolation (Rakel, 2007).

Journaling should not replace medical treatment but it is effective in working through issues that might otherwise stay hidden or suppressed. Deep-seated emotional issues may surface and cause sadness but, over time, the process of writing down thoughts and insights makes people feel calmer, happier, and more accepting of themselves. Journaling helps individuals look inward, in private, and hopefully gain new insights to solve problems (Weil, 2005).

**Tips for Successful Journaling**

Journaling does not require much time, equipment, or training and it can be done anytime and anywhere. According to Seaward (2006), the only requirements are:

- A notebook dedicated solely to the journal writing
- A writing implement (pen or pencil)
- A quiet, private, undisturbed environment where you can collect your thoughts
Before you begin to write, center yourself by taking a moment to relax and connect to the here and now. Sometimes soft music can help you center and create a conducive environment in which to write. Then:

- Label your journal entries with the month, day, and year to track any patterns or tendencies. Writing each entry should take about 20 minutes.
- Begin by writing about something difficult or troubling in your life, either past or present; describe how you feel about the event; and reflect on how it affects you physically and mentally. Choose something that you have not shared at length with anyone else.
- Honesty and openness about feelings are essential. Describe the event in detail including the situation, surroundings, and sensations you remember. You may use a prescribed format or simply let the thoughts stream.
- Describe your deepest feelings about the event and let your emotions run freely in your writing. Be spontaneous, write continuously, and don’t censor your writing.
- Don’t be concerned about grammar, punctuation, sentence structure, spelling, or neatness. Just let the thoughts flow, since these pages are for your eyes only.
- Keep your journal private. Sharing it might compromise your vow of honesty.
- Include descriptions of both stressful events and positive experiences.
- Include artwork, drawings, poems, or prayers if you wish.

At the end of the session, try to reflect on what you have learned or how you have grown from the event. Try journaling for at least 3–4 days in a row, writing about either the same experience or a different one. You can journal regularly or as needed (Freeman, 2004; Rakel, 2007; Seaward, 2006; Weil, 2005).

Adleman (2006, p. 15) suggests using the following affirmations when journaling:

- It is safe for me to write about my feelings.
- I easily express my feelings through my writings.
- I am writing my way to increased health.
- I gain valuable insights through my writing.
- I am healing from within through writing.
- Writing is an empowering process.

Healthcare providers do not need to read what their clients write; the therapeutic benefit comes from the expression of the emotions themselves. Healthcare practitioners need to avoid creating guilt when helping individuals explore past experiences. If they do evaluate writings, they should be aware
of certain journaling characteristics that reflect a shift toward a healthier outlook (Rakel, 2007):

- An evolving story that has a beginning, middle, and end
- The development of insight in the client’s writings and the use of words such as understand and realize
- The demonstration of optimism through the use of positive words
- A change in pronouns, as the writing progresses, from first person to second person (reflecting the writer’s connection to others)

**KEY CONCEPTS**

1. Stress is the inability to cope with a perceived (real or imagined) threat to one’s mental, physical, emotional, and spiritual well-being, resulting in a series of physiological responses and adaptations.
2. People react to their environments, and the brain signals the rest of the body through the nervous, endocrine, and immune systems.
3. There are many holistic stress management techniques including self-awareness, cognitive restructuring, effective communication, guided imagery, social support, art therapy, and journaling.

**QUESTIONS FOR REFLECTION**

1. How does stress affect the body physiologically?
2. How does stress affect the individual?
3. How do self-awareness, cognitive restructuring, guided imagery, art therapy, and journaling impact an individual’s ability to manage stress?

**REFERENCES**


28  CHAPTER 1 • HOLISTIC STRESS MANAGEMENT


References


