TIP SHEET:
Understanding the relationship between your thoughts and behaviour and your health

Thoughts and actions can either improve or worsen your recovery from illness, accident or trauma, and determine the frequency of occurrence of reactive disorders such as migraine, ulcers and any illness known to be affected or worsened by "stress".

How do we know that thoughts and actions effect our body?
Sometimes known by lay people as "the mind-body effect", there has been a great deal of scientific research which is ongoing in finding new amazing "mind-body" connections.
Each emotion activates our nervous system and our brain and a specifically created neuropeptide. Thoughts of failure, loss of hope, or fear send a cascade of responses through the body and result in unwellness seen in muscle tension or stomach upset or headache, or depression, or cardiac instability. Thoughts of an unexpected happy surprise increase our beta endorphin response and create enthusiasm and feelings of wellness, vigour and reduced sensation of pain. The positive feelings stay with us until small maybe subtle negative thoughts or actions occur. For permanent control over our thoughts we need to be able to identify the thoughts that have led to change from our happy state, and know how to change them in a reasonable and realistic way.

ABOUT "STRESS" and OVER-AROUSAL
In the 1970s researchers focussed on stressors of the nervous system (which later became shortened to "stress". Stress is really a misused word, used to explain what happens to us when we remain in the path of stressors that occur over and over or repeat activities until we are exhausted). When the sympathetic nervous system is overaroused in a persistent way, recovery cannot occur properly and there is a cascade of nervous system, hormonal and immune reactions which can be summarized as leading to a disregulation and an imbalance which interferes with the body's normal recovery. Psychological and medical researchers have identified the "Stress" process or more accurately, heightened arousal, as playing a part in developing and maintaining high blood pressure, and in some cancerous tumours, and in cardiovascular disease, diabetes and many other disorders. The trade unions became very interested in these facts and their manuals cite the research of Lennart Levi, who has provided ongoing reports between 1971 and 2000 to the World Health Organization on the description of the stress-illness progression and on requirements for improving workplaces. We can undertake our own computer searches using keywords "psychophysiology" and various combinations of stress-emotional-physical illness and psychology.

ABOUT INDIVIDUAL DIFFERENCES AND CHARACTERISTICS
In the 1980s and 90s there was a focus on the personal characteristics that led to the stress response, such as Type A behaviour. Such behaviour leads to hurry and urgency and poor social skills, and underlying fear of failure all of which raises sympathetic nervous system activity with consequences that differ across people according their other characteristics. Therefore some develop muscle tension, or high blood pressure, or anxiety. The way people deal with it is very individual too. Their self help methods vary greatly and include, attempting to beat the clock, constant planning, smoking, drinking, avoiding people or tasks. Another characteristic or "type" is "Type C", and people with cancer who were most likely to recover had fighting spirit and aggressive recovery behaviour, while "Type C" people who had always put their needs aside for others, had no skills in fighting and tend to give up. Researchers found that Type C people were more likely to survive when they received coping strategies and new thought and action patterns. Type A and Type C are not the only patterns of thought and action that have been defined and you might like to ask if you believe you have an unhelpful thinking-action pattern. Some events can interfere with our normal patterns of thinking and action. Disrupted thinking and action patterns can arise when our way of looking at the world and a traumatic event collide. The outcome can be posttraumatic stress disorder or obsessive compulsive disorder. We can do our own computer search using words "psychological factors and ...(name of the illness). The process of an individuals response pattern is partially described in the recent film "What the Bleep do we Know about Anything".
THE SELF MEDICATING BEHAVIOURS THAT MISS THE MARK
We can self medicate ourself to try to feel better for a while. For example cigarette smoking has a profound effect on the brain chemistry and just for a little while we feel better. Being angry makes us feel better just for the moment by allowing release or a feeling of power. Sometimes we can be so stressed that we are angry and surprise ourselves with outbursts and then immediately embarrassed at having been angry at others. Drinking alcohol or taking drugs can make us feel better just for a while. However all these methods do not lead to improved health or social behaviour and happiness, and actually have the opposite effect, as anger can lead to a cardiovascular event, to risky behaviour while repetitive inhalation of inhaled smoke and chemicals damage main organs of our body.

HOW DO WE KNOW WHEN THOUGHTS ARE EFFECTING US - what is the diagnosis method.
University Research laboratories measure different body responses through blood samples, For example T cell change, cortisol or adrenaline change, that occurs after happy or sad experiences.
2) by measuring blood pressure or heart rate change while you are thinking of sad or upsetting events. Post traumatic stress disorder was originally researched this way.
3) measuring change in your nervous system change as shown in your skin moisture, or your muscle tension.

Even without this evidence you may know that you are anxious or stressed because you feel agitated, or tense or unable to sleep, or have an upset stomach or feel pressure or anger or confusion or dizziness.
Sometimes the build up of the effect of stressors in our life is silent, but we feel the strain, and the loss of happiness.

THE KNOWN BENEFITS UNDERGOING FROM 2-10 SESSIONS WITH A PSYCHOLOGIST
The Australian Psychological Society has provided a review paper "Psychology and Evidence Based Practice in Physical Health". The review mainly spanned cancer, pain, obesity, asthma cardiac disease diabetes. This paper also covered the benefit of reduced anxiety when undergoing medical interventions, and also provided names of researchers who found positive benefit in health outcomes for hypertension, fibromyalgia, epilepsy, and other disorders which are worsened by anxiety or stress responses.
Many researchers beyond those cited in the above paper have established that psychological interventions including behavioural interventions, relaxation therapy biofeedback and psychotherapy for various somatic illnesses such as headaches diarrhoea and sleep problems can cut medical costs from between 5 to 80% by reducing patient/medical practitioner contact and admissions to hospital. Psychological interventions in the treatment of depression and anxiety have been shown to be as good or better than pharmacological treatments, have lower relapse rates and are a preferred treatment option for patients for whom medication leads to negative side effects.

WHO, HOW AND WHERE?
Psychologists have 6-8 years training in aspects of human behaviour. Some have specialized doctoral degrees in the mind-body relationship (psychophysiology, psychological medicine, or the bio-psycho-social model), and/or hypnosis and/or Lifecoaching.
Some belong to the Health College of the Australian Psychological Society, Some psychologists have psychophysiological measurement equipment to help you to determine the nature or extent of your thoughts effecting your body. Once you know that your thoughts effect your body in negative way, there are several forms of therapy that can be used to help you.

First you need to establish the goal you want to achieve from seeing the psychologist remembering that happiness itself is a byproduct of a well lived life, and cannot be a goal although it can be a measurable outcome. Maybe you want to control or modify your reactions or behaviour, or seek better ones or seek a better life plan.
You might be offered cognitive behaviour therapy, or hypnosis, or a combination of therapies for the purpose of accepting life change, or changing your lifestyle or your physical response, or Lifecoaching.

A team approach might be suggested whereby you will occasionally visit the psychologist as the coach, and your other therapists as needed.

SOMETIMES a few visits is enough, sometimes you need to obtain keys of knowledge from multiple sources and maybe you can do a lot of self help yourself by becoming aware of the process and becoming aware of your thoughts and what you would like to change.

**COSTS:** There are some psychologists in the public system or with church agencies. Psychologists in private practice can be found in the yellow pages. The Workers Compensation and the MAIB as well as general private health cover insurers provide rebate schedules for fees.

> from our values memories and attitudes come our perceptions,
> from our perceptions comes our emotions and actions
> from our actions come agitation and pain or satisfaction

**THIS TIP SHEET IS PROVIDED**

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