

Beyond Belief:

Exploring the connection between personal beliefs and physical health



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Harvard Medical School
77 Avenue Louis Pasteur
Boston, MA 02115



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Beyond Belief:

Exploring the connection between personal beliefs and physical health

Speakers



Herb Benson, MD

Professor of Medicine,
Harvard Medical School
Massachusetts General Hospital
Director Emeritus, Benson-Henry Institute (BHI) for
Mind Body Medicine



Ted Kaptchuk

Associate Professor of Medicine
Harvard Medical School
Beth Israel Deaconess Medical Center
Director, Program in Placebo Studies and
Therapeutic Encounter, Beth Israel Deaconess
Medical Center

About the Speakers

Herb Benson, MD

Dr. Benson is the Director Emeritus of the Benson-Henry Institute (BHI), and Professor of Medicine, Harvard Medical School.

A graduate of Wesleyan University and the Harvard Medical School, Dr. Benson is the author or co-author of more than 190 scientific publications and 12 books. More than five million copies of his books have been printed in many languages.

Dr. Benson is a pioneer in mind/body medicine, one of the first Western physicians to bring spirituality and healing into medicine. In his 40+ year career, he has defined the relaxation response and continues to lead teaching and research into its efficacy in counteracting the harmful effects of stress. The recipient of numerous national and international awards, Dr. Benson lectures widely about mind/body medicine and the BHI's work. His expertise is frequently sought by national and international news media, and he appears in scores of newspapers, magazines, and television programs each year. Dr. Benson's research extends from the laboratory to the clinic to Asian field expeditions. His work serves as a bridge between medicine and religion, East and West, mind and body, and belief and science.

Ted Kaptchuk

Ted Kaptchuk is an associate professor at Harvard Medical School and directs the Program in Placebo Studies and Therapeutic Encounter at the Beth Israel Deaconess Medical Center. His scientific and scholarly career has involved a multi-disciplinary investigation of placebo effects that integrates concepts, research designs and analytic methods drawn from the basic, clinical, and social sciences as well as the humanities.

Professor Kaptchuk has published over 175 papers that utilize such diverse approaches as clinical trials, physiological experiments, neuroimaging, anthropological investigations, psychological studies, bioethics analyzes and historical archival research. He has served ten years on the National Advisory Council of the National Institutes of Health's (NIH) National Center for Complementary and Alternative Medicine (NCCAM) and four years as an expert panelist for placebo controls at the US Food and Drug Administration (FDA).



Research is sounding the depths of the connections between

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Not long ago, David Rosmarin found himself in an awkward situation. Rosmarin, an Orthodox Jew, wears a yarmulke, and this outward statement of faith rendered him a kind of magnet for McLean Hospital's more spiritually inquisitive residents. Yet, as a new instructor in psychology in the hospital's Department of Psychiatry, he didn't want to overstep his boundaries when patients—not his own—tried to engage him in conversations regarding spiritual issues. So for his first six months at the hospital, he offered only a brief palliative: "I'm sorry, but you'll need to speak with your case manager. I'm not on your team." ■ Rather than continue to skirt the matter, Rosmarin and a few colleagues developed a spirituality and cognitive behavior therapy group at one of McLean's day programs. Patients raved about it, many claiming on their exit interviews that it was the best part of their outpatient treatment.

spiritual practice and biomedicine by **David Cameron**

The

success of the group led Rosmarin to think critically about his years of psychiatric training. He realized that the concept of querying a patient about his or her religious beliefs fell into an educational blind spot.

Article of Faith

The field of psychology, Rosmarin's chosen field, is a rather secular enterprise. A 2007 study in *Professional Psychology: Research and Practice* found that psychologists are five times more likely to be atheists than non-psychologists. For that reason alone it's hardly surprising that the number of studies examining the relationship between spirituality and mental health is, to say the least, scant.

"I realized it was time to start getting some science behind this," Rosmarin says.

One concept he had been pondering was whether a person's religious beliefs might affect treatment outcomes. He decided to find out. With funding from the Gertrude B. Nielsen Charitable Trust, he recruited 159 patients and assessed their belief in God using a five-point scale that ranged from no belief at all to strong faith in God. He also evaluated the patients' psychological status over a brief course of treatment, measuring such variables as depression, well-being, and intent to self-harm.

The findings surprised Rosmarin. Not only was a belief in God strongly correlated with positive treatment outcomes—the stronger the belief, the better the recovery—but the

intensity of the belief in God also paralleled the degree of hope placed in therapeutic interventions. Stated another way, the findings, reported in the October 2012 online issue of the *Journal of Affective Disorders*, showed that nearly all the atheists in the study felt their treatments would fail.

Pressure Points

Although the connection between patients' personal beliefs and their physical health remains peripheral to most medical training, many notable figures in the School's history have taken the subject seriously. Oliver Wendell Holmes, Class of 1836 and HMS dean from 1847 to 1853, emphasized how compassion within the doctor-patient relationship expedited healing. William James, Class of 1869 and author of *The Varieties of Religious Experience*, supported the "mind-cure movement," which allowed for thinking yourself to better health, and famously argued that emotions are the result of physiological conditions. And Walter Bradford Cannon, Class of 1900 and the researcher who characterized the "fight-or-flight" response, studied the relationship between emotions and the nervous system.

Cannon, in particular, is close to the heart of Herbert Benson '61, an HMS professor of medicine and the founder of what is now the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital. It was in the same laboratory space at HMS where Cannon conducted his research nearly a century ago that Benson identified fight or flight's antipode: the relaxation response.

During the 1960s, Benson was toying with a theory that grated on the sensibilities of his fellow cardiologists, namely, that emotional states could affect blood pressure. At the time, high blood-pressure levels were widely considered to be the exclusive byproduct of kidney disease.

"The very idea that there could be a mental component to high blood pressure was heretical," Benson recalls.

To test his theory, Benson and his colleagues taught primates to regulate their blood pressure in response to environmental stimuli. The findings, published in 1969 in the *American Journal of Physiology*, caused a blizzard of media attention. Students who practiced transcendental meditation claimed that they could achieve the same result, and they wanted Benson to demonstrate their claim. After much reluctance and deliberation, he agreed.



Benson enrolled volunteers who practiced transcendental meditation and monitored their brain activity, breathing, blood pressure, and metabolism during meditation. He found that the meditative state decreased metabolism, blood pressure, and breathing rates, and altered brain waves.

“This was the diametrical opposite of the fight-or-flight response,” he says. It was the phenomenon he ultimately called the relaxation response.

Om Schooling

Benson has spent the past four decades of his career studying, and promoting, the health effects of different meditative techniques that elicit this response. Such techniques, he says, can successfully treat a variety of health conditions, particularly those exacerbated by stress, which account for the lion's share of doctor visits. In fact, a 2008 study in *PLoS ONE*, reported by Benson, Towia Libermann, an HMS associate professor of medicine and director of the Genomics Center at Beth Israel Deaconess Medical Center, and colleagues found that the relaxation response can positively affect the expression of genes related to immunology, inflammation, and aging. This was, according to the researchers, the first comprehensive study to show a connection between meditation and gene expression.

Despite the veneration of Eastern spirituality often associated with meditation, there is nothing especially religious about Benson's approach. Patients are taught to sit comfortably, ease their muscles, and draw attention to their breathing by synching it to a word or short phrase that they repeat throughout the session. Sometimes they're encouraged to visualize a soothing image or memory. In one sense, this looks like something you might learn in anger management 101.

Patients who identify with a particular religion, however, are offered the choice of using a word or short phrase that is spiritually significant to their beliefs: Catholics might say, “Hail Mary, full of grace,” Jews could recite, “Sh'ma Yisrael,” and Muslims might repeat, “Insha'Allah.”

“By having people repeat something they believe in, we help ensure compliance with the relaxation response while also building in the placebo effect,” he says. “Belief is essential.”

Sweet Nothings

“Placebo” is a loaded term, one that implies deception or the power of positive thinking.

Not only was a belief in God strongly correlated with positive treatment outcomes, but the intensity of the belief in God also paralleled the degree of hope placed in therapeutic interventions.

Latin for “I shall please,” it implies false flattery. In clinical trials a placebo sets the bar for determining a “real” drug's efficacy. If a drug fails to perform better than a placebo, it's deemed useless, no more effective than the boost gained from a good attitude.

Ted Kaptchuk, an HMS associate professor of medicine at Beth Israel Deaconess Medical Center, has long been carefully studying the placebo effect. As a result, he has developed surprisingly nuanced views on what is meant by the mind-body connection.

“Personal beliefs, whether they're religious or not, give solace during sickness. But does that translate into improved clinical outcomes, improved symptomatology? I think the evidence is just not there,” he says. For someone like Kaptchuk, a researcher who time and again has demonstrated the powerful effects placebos can have on those who take them, such a statement might seem incongruous.

But for Kaptchuk, equating placebo with belief is far too simplistic. A small 2010 study of his showed that placebos work even when patients are told that the pill they are taking contains no active compound. In the common understanding of the placebo effect, such results simply don't make sense.

“We don't understand the placebo effect because we are wedded to our current cognitive frameworks,” he says. “I feel there are latent variables that we don't measure.

Like the way a physician looks a patient in the eyes, the way he leans forward, the tone of his voice, the sights and smells of the examination room.” In other words, the exam's ritual. Supporting this view, Kaptchuk's team recently published in *Proceedings of the National Academy of Sciences* a study demonstrating that the environmental

cues of positive placebo benefit can be activated nonconsciously, totally outside the awareness of the patient.

In 2011, Kaptchuk published a review article in *Philosophical Transactions B* titled “Placebo studies and ritual theory: A comparative analysis of Navajo, acupuncture and biomedical healing.” In it he argues that the placebo effect is the culmination of the healing ritual—the offer, acceptance, and ingestion of a pill, even an inactive one. Participation in the medical and healing process probably influences the activity of neurotransmitters such as dopamine and serotonin.

This line of thought might help explain the perplexing results of a 2006 study in which Benson and colleagues observed the effects that intercessory prayers said by strangers had on cardiac bypass patients. The patients were divided into three groups: one whose members were not prayed for but did not know it; one whose members were prayed for but did not know it; and one whose members knew they were being prayed for. Participants in the first and second groups fared no differently during the recovery process. But the third group, those who knew they were being prayed for, had a higher incidence of complications.

Although the researchers noted that there are many variables that may account for this perplexing finding, it may be worth noting that the third group of patients received prayers minus the ritual—they had knowledge of intercessory prayer, but none of its context.

A Still Small Voice

William James saw religious experience as the closest thing we have to a microscope into the mind, and Rosmarin is clearly continuing this line of thought. The findings from his *Journal of Affective Disorders* study have inspired him to delve more deeply into the relationship between religious belief and mental health. He's now investigating the effect of belief among geriatric patients and patients with bipolar disorder. Rosmarin is also looking into the potentially negative consequences that certain spiritual beliefs can have for patients with psychoses.

“There are so many questions we need to answer concerning belief and psychiatry,” Rosmarin says. “Basic questions, basic information that we just don't have.” ■

David Cameron is director of science communications in the HMS Office of Communications and External Relations.

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In praise of gratitude

Expressing thanks may be one of the simplest ways to feel better.

The Thanksgiving holiday began, as the name implies, when the colonists gave thanks for their survival and for a good harvest. So perhaps November is a good time to review the mental health benefits of gratitude — and to consider some advice about how to cultivate this state of mind.

The word gratitude is derived from the Latin word *gratia*, which means grace, graciousness, or gratefulness (depending on the context). In some ways gratitude encompasses all of these meanings. Gratitude is a thankful appreciation for what an individual receives, whether tangible or intangible. With gratitude, people acknowledge the goodness in their lives. In the process, people usually recognize that the source of that goodness lies at least partially outside themselves. As a result, gratitude also helps people connect to something larger than themselves as individuals — whether to other people, nature, or a higher power.

In positive psychology research, gratitude is strongly and consistently associated with greater happiness. Gratitude helps people feel more positive emotions, relish good experiences, improve their health, deal with adversity, and build strong relationships.

People feel and express gratitude in multiple ways. They can apply it to the past (retrieving positive memories and being thankful for elements of childhood or past blessings), the present (not taking good fortune for granted as it comes), and the future (maintaining a hopeful and optimistic attitude). Regardless of the inherent or current level of someone's gratitude, it's a quality that individuals can successfully cultivate further.

Research on gratitude

Two psychologists, Dr. Robert A. Emmons of the University of California, Davis, and Dr. Michael E. McCullough of the University of Miami, have done much of the research on gratitude. In one study, they asked all participants to write a few sentences each week, focusing on particular topics.

One group wrote about things they were grateful for that had occurred during the week. A second group wrote about daily irritations or things that had displeased them, and the third wrote about events that had affected them (with no emphasis on them being positive or negative). After 10 weeks, those who wrote about gratitude were more optimistic and felt better about their lives. Surprisingly, they also exercised more and had fewer visits to physicians than those who focused on sources of aggravation.

Another leading researcher in this field, Dr. Martin E. P. Seligman, a psychologist at the University of Pennsylvania, tested the impact of various positive psychology interventions on 411 people, each compared with a control assignment of writing about early memories. When their week's assignment was to write and personally deliver a letter of gratitude to someone who had never been properly thanked for his or her

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kindness, participants immediately exhibited a huge increase in happiness scores. This impact was greater than that from any other intervention, with benefits lasting for a month.

Of course, studies such as this one cannot prove cause and effect. But most of the studies published on this topic support an association between gratitude and an individual's well-being.

Other studies have looked at how gratitude can improve relationships. For example, a study of couples found that individuals who took time to express gratitude for their partner not only felt more positive toward the other person but also felt more comfortable expressing concerns about their relationship.

Managers who remember to say "thank you" to people who work for them may find that those employees feel motivated to work harder. Researchers at the Wharton School at the University of Pennsylvania randomly divided university fund-raisers into two groups. One group made phone calls to solicit alumni donations in the same way they always had. The second group — assigned to work on a different day — received a pep talk from the director of annual giving, who told the fund-raisers she was grateful for their efforts. During the following week, the university employees who heard her message of gratitude made 50% more fund-raising calls than those who did not.

There are some notable exceptions to the generally positive results in research on gratitude. One study found that middle-aged divorced women who kept gratitude journals were no more satisfied with their lives than those who did not. Another study found that children and adolescents who wrote and delivered a thank-you letter to someone who made a difference in their lives may have made the other person happier — but did not improve their own well-being. This finding suggests that gratitude is an attainment associated with emotional maturity.

Ways to cultivate gratitude

Gratitude is a way for people to appreciate what they have instead of always reaching for something new in the hopes it will make them happier, or thinking they can't feel satisfied until every physical and material need is met. Gratitude helps people refocus on what they have instead of what they lack. And, although it may feel contrived at first, this mental state grows stronger with use and practice.

Here are some ways to cultivate gratitude on a regular basis.

- ***Write a thank-you note.*** You can make yourself happier and nurture your relationship with another person by writing a thank-you letter expressing your enjoyment and appreciation of that person's impact on your life. Send it, or better yet, deliver and read it in person if possible. Make a habit of sending at least one gratitude letter a month. Once in a while, write one to yourself.
- ***Thank someone mentally.*** No time to write? It may help just to think about someone who has done something nice for you, and mentally thank the individual.
- ***Keep a gratitude journal.*** Make it a habit to write down or share with a loved one thoughts about the gifts you've received each day.

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- **Count your blessings.** Pick a time every week to sit down and write about your blessings — reflecting on what went right or what you are grateful for. Sometimes it helps to pick a number — such as three to five things — that you will identify each week. As you write, be specific and think about the sensations you felt when something good happened to you.
- **Pray.** People who are religious can use prayer to cultivate gratitude.
- **Meditate.** Mindfulness meditation involves focusing on the present moment without judgment. Although people often focus on a word or phrase (such as “peace”), it is also possible to focus on what you’re grateful for (the warmth of the sun, a pleasant sound, etc.).

To learn more...

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Positive Psychology: Defining and measuring happiness

“If you’re happy and you know it, clap your hands!” As you once did when you sang, clapped, stomped, and shouted along with the kids’ song, you probably recognize when you’re feeling happy. Happiness might be experienced differently at times — say, as a warm sense of contentment, or as ecstatic joy — but it is clearly a pleasant feeling. Positive psychologists use the term happiness to refer to this subjective sense of well-being (which also requires a relative lack of negative feelings such as anger, sadness, and fright), as well as the sense that your life is worthwhile.

Is it genetic?

Think about the people you know: while one person often seems discontented, another remains buoyant in the face of the good and bad life brings. These personality traits are partially inborn. Results from studies of twins have led to the concept of an inborn “happiness set-point.” Although your happiness fluctuates with various circumstances, in between, most people return to a familiar level of contentment. Research suggests that your general level of happiness is determined, at least in part, by genetics. When geneticists calculate heritability (the proportion of the variation in a trait among people that can be attributed to variations in their genes rather than their environments), height is about 90% heritable, body mass index about 65%, happiness about 50%, and religiousness 30% to 45%.

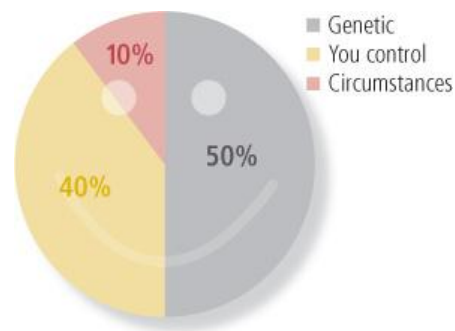
Even a highly heritable physical trait, such as height, can be nudged up or down by environmental factors such as good or poor nutrition. For happiness, with a much lower heritability, there is lots of room for variation based on your life circumstances. Positive psychologist Sonja Lyubomirsky of the University of California, Riverside, and colleagues estimate that across the population, 50% of happiness is genetic, 10%

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depends on your circumstances (job, home, mate, and so forth), and 40% is under your power to control (see Figure). Of course, in a given individual the proportions might be different, especially if a person has had particularly unfortunate or fortunate formative experiences.

Is happiness genetic?



Our basic temperament is inherited. Despite this, we have some control over how happy we feel. Positive psychologist Sonja Lyubomirsky and her colleagues estimate that happiness is 50% inherited. Another 40% is under our own power to control. The final 10% depends on circumstances.

Why pleasure fades

Happiness can be fleeting. Remember how great it felt the last time you got a raise? Do you still feel the same elation about it today? Probably not. Psychologists have long noted the human tendency to psychologically adapt to new circumstances. Something that initially makes one feel happy soon comes to feel like the norm. The sense of happiness fades, and an urge to acquire the next bigger or better thing takes hold again. This can make the pursuit of happiness feel like walking on a treadmill, where you have to keep working to stay in the same place — and, in fact, this cycle has been called the “hedonic treadmill.” For example, you may feel happy to buy a house. But the euphoria begins to fade as you see how much work it needs. Upgrading the kitchen feels good, but then the bathroom looks dated. The pleasure of accomplishing one task fades quickly as the desire for the next improvement arises.

Some classic studies have documented how quickly people adapt to both negative and positive circumstances. Lottery winners, a year later, are no more happy than a control group of people who didn't win. People who were paralyzed in accidents are not as unhappy as you might expect; they rate their pleasure in everyday activities as high as the lottery winners! After relationship breakups and other discouraging events, people generally aren't as upset as they expected to be, and they recover sooner than they would have predicted.

Still, people adapt differently to negative and positive events. In long-term studies in Germany, getting married initially boosted happiness, but two years later people had returned to their usual level of

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satisfaction. Certain negative changes (divorce, death of a spouse, or unemployment) led to more enduring declines in satisfaction, and even years later people had not totally recovered. In studies of more ordinary negative circumstances (a typical “bad” or “good” day rather than a life-changing event), feeling lousy one day tended to carry over into the next, but the positive feelings after a good day did not.

Lyubomirsky believes that the evidence to date (which has focused far more on negative than positive experiences) indicates people adapt more quickly and more completely to positive changes — such as becoming accustomed to having more money after winning the lottery. This adaptation, she believes, forms a significant barrier to achieving long-lasting happiness. Based upon this observation, experts have devised a number of self-help exercises to help slow the return to your set-point after something good happens.

The happiness/health connection

Would you stop smoking to improve your health? Would you get more exercise? If you care about your physical well-being, try increasing your happiness — there is some scientific evidence it could make your life longer and healthier.

But to produce good health, positive emotions may need to be long-term. In other words, thinking positive thoughts for a month when you already have heart disease won't cure the disease. But lowering your stress level over a period of years with a positive outlook and relaxation techniques could reduce your risk of heart problems.

Longer life

In a 2008 review of studies on happiness and longevity, Dutch sociologist Ruut Veenhoven found that happiness appears to protect against illness. In 19 research projects involving populations chosen independently of their health status, ratings of mood and life satisfaction at the beginning of a study had a large and positive impact on the chance a person was alive at the end of the follow-up period, with the most satisfied people gaining an extra 7.5 to 10 years of life (an impact as great as giving up cigarettes by age 35). The studies included 24 different measures of happiness, and 16 of the measures showed a significant positive correlation with longevity. The other eight were also positive, but not to a statistically significant degree, and no measures hinted at any negative physical consequences from being satisfied with one's life.

But late in life, happiness did *not* consistently increase life span in 11 research studies of people who lived in nursing homes or were already diagnosed with serious illnesses. In those studies, some results were positive, some negative, and some neutral, with happiness clearly not healing serious illness or prolonging life for people with incurable disease.

The longest-term evidence on happiness and longevity comes from the Nun Study, conducted by researchers at the University of Kentucky and published in *The Journal of Personality and Social Psychology* in 2001. When young women enter the American School Sisters of Notre Dame order, they write a one-page autobiography. Analyzing these writings years later, researchers looked at the emotional content in 180 essays, finding a very strong association between the expression of positive emotions (such as happiness, interest, love, hope, gratefulness, and contentment) and longevity. Women who scored in the upper 25% for

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positive emotional words lived 9.4 years longer than those in the lowest 25%, and women who expressed the most positive emotions lived 10.7 years longer than those expressing the fewest — findings that held up after controlling for linguistic ability.

Better health

Positive emotions have also been linked to a lower risk of specific diseases. In a study of older Mexican Americans published in *Psychosomatic Medicine* in 2006, those higher in positive emotions (more often enjoying life and feeling hopeful, happy, and as good as other people) had significantly lower blood pressure. A study from the Harvard School of Public Health, published in *Health Psychology* in 2005, found that people who are generally hopeful were less likely to develop hypertension, diabetes, or respiratory tract infection than those who were less hopeful. Generally curious people had a lower risk of hypertension and diabetes.

How might positive emotions help? Do happy people take better care of themselves? That may be part of the answer, but a 2008 report from the Baltimore Longitudinal Study of Aging found that correcting for obesity and smoking did not diminish the finding that positive personality traits increased longevity.

One mechanism may be that positive emotions help undo the physical stress of negative feelings. Chronic anger, worry, and hostility have been linked to a higher risk of developing heart disease, as people react to these feelings with raised blood pressure and stiffening of blood vessels. Experiments by Barbara L. Fredrickson of the University of Michigan have documented that positive emotions can reverse health-damaging cardiovascular reactions — increased heart rate and blood pressure — instigated by negative emotions such as anxiety, anger, and fear.

What makes you happy?

You probably can think of some things that would make you happy: Looking great in your bathing suit? Sitting on a pristine beach with someone you love and a tall iced drink in your hand?

Fortunately, you don't have to wait until you have that perfect figure and that idyllic beach. For greater happiness now, try things that are easier to do on a typical day: take a walk outdoors, or volunteer for a good cause. Even something as simple as putting your desk in order while the office is quiet can elevate your mood. There are various routes to happiness, and a balance among them may bring the greatest satisfaction. Not all routes will appeal to everyone equally or at all times.

Things that make you happy

In an early phase of positive psychology research, Seligman and Christopher Peterson of the University of Michigan examined several routes to happiness to explore an individual's inclination to pursue each one. They chose three pathways to start:

Feeling good. Seeking pleasurable emotions and sensations, from the hedonistic model of happiness put forth by Epicuru.

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Engaging fully. Pursuing goals and activities that engage you fully, from the influential research on flow experiences by Mihaly Csikszentmihalyi.

Doing good. Searching for meaning outside yourself, tracing back to Aristotle's notion of eudemonia.

By conducting focus groups and testing hundreds of volunteers, they found that each of these pathways individually contributes to life satisfaction, and it is possible to gain a sense of the pathways that come most naturally to you (see "How do you seek happiness?").

A related area of newer research suggests that people are happiest when their minds are focused on the present rather than thinking about other topics, places, or times. Harvard psychologists David Gilbert and Matthew Killingsworth set up an experiment designed to record how frequently people's minds wander, what they wander to, and how it affects their moods. They designed a smartphone application that contacted 2,250 adult volunteers at random intervals to ask how they were feeling, what they were doing, and whether they were thinking about what they were doing or thinking about something else.

The researchers found that people spend about half of their time thinking about what is *not* going on around them. This "mind wandering" often takes the form of thinking about events that happened in the past, may happen in the future, or will never happen at all. And it doesn't make us happy. Rather, people in the study were happiest when their minds were focused on the activity of the moment. This research reinforces the advice of various religions, philosophies, and therapies that have suggested since ancient times that happiness and fulfillment may be found more easily by living in the moment, "being here now," and experiencing each moment to its fullest rather than thinking constantly about other things.

To learn more...

This information is prepared by the editors of the Harvard Health Publications division of Harvard Medical School, and excerpted from the special report, *Positive Psychology: Harnessing the power of happiness, mindfulness, and personal strength*. You can learn more about this publication at www.health.harvard.edu/PP.

Take the sting out of 10 common stressors

Sometimes just thinking about embarking on a program of stress control can be stressful. Rather than freeze in your tracks, start small and bask in the glow of your successes. Give yourself a week to focus on practical solutions that could help you cope with just one stumbling block or source of stress in your life. Pick a problem, and see if these suggestions work for you.

1. **Frequently late?** Apply time management principles. Consider your priorities (be sure to include time for yourself) and delegate or discard unnecessary tasks. Map out your day, segment by segment, setting aside time for different tasks, such as writing or phone calls. If you are overly optimistic about travel time, consistently give yourself an extra 15 minutes or more to get to your destinations. If

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lateness stems from dragging your heels, consider the underlying issue. Are you anxious about what will happen after you get to work or to a social event, for example? Or maybe you're trying to jam too many tasks into too little time.

2. **Often angry or irritated?** Consider the weight of cognitive distortions. Are you magnifying a problem, leaping to conclusions, or applying emotional reasoning? Take the time to stop, breathe, reflect, and choose.
3. **Unsure of your ability to do something?** Don't try to go it alone. If the problem is work, talk to a co-worker or supportive boss. Ask a knowledgeable friend or call the local library or an organization that can supply the information you need. Write down other ways that you might get the answers or skills you need. Turn to CDs, books, or classes, for example, if you need a little tutoring. This works equally well when you're learning relaxation response techniques, too.
4. **Overextended?** Clear the deck of at least one time-consuming household task. Hire a housecleaning service, shop for groceries through the Internet, convene a family meeting to consider who can take on certain jobs, or barter with or pay teens for work around the house and yard. Consider what is truly essential and important to you and what might take a backseat right now.
5. **Not enough time for stress relief?** Try mini-relaxations. Or make a commitment to yourself to pare down your schedule for just one week so you can practice evoking the relaxation response every day. Slowing down to pay attention to just one task or pleasure at hand is an excellent method of stress relief.
6. **Feeling unbearably tense?** Try massage, a hot bath, mini-relaxations, a body scan, or a mindful walk. Practically any exercise — a brisk walk, a quick run, a sprint up and down the stairs — will help, too. Done regularly, exercise wards off tension, as do relaxation response techniques.
7. **Frequently feel pessimistic?** Remind yourself of the value of learned optimism: a more joyful life and, quite possibly, better health. Practice deflating cognitive distortions. Rent funny movies and read amusing books. Create a mental list of reasons you have to feel grateful. If the list seems too short, consider beefing up your social network and adding creative, productive, and leisure pursuits to your life.
8. **Upset by conflicts with others?** State your needs or distress directly, avoiding "you always" or "you never" zingers. Say, "I feel _____ when you _____." "I would really appreciate it if you could _____." "I need some help setting priorities. What needs to be done first and what should I tackle later?" If conflicts are a significant source of distress for you, consider taking a class on assertiveness training.
9. **Worn out or burned out?** Focus on self-nurturing. Carve out time to practice relaxation response techniques or at least indulge in mini-relaxations. Care for your body by eating good, healthy food and for your heart by seeking out others. Give thought to creative, productive, and leisure activities. Consider your priorities in life: is it worth feeling this way, or is another path open to you? If you want help, consider what kind would be best. Do you want a particular task at work to be taken off

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your hands? Do you want to do it at a later date? Do you need someone with particular expertise to assist you?

10. **Feeling lonely?** Connect with others. Even little connections — a brief conversation in line at the grocery store, an exchange about local goings-on with a neighbor, a question for a colleague — can help melt the ice within you. It may embolden you, too, to seek more opportunities to connect. Be a volunteer. Attend religious or community functions. Suggest coffee with an acquaintance. Call a friend or relative you miss. Take an interesting class. If a social phobia, low self-esteem, or depression is dampening your desire to reach out, seek help. The world is a kinder, more wondrous place when you share its pleasures and burdens.

To learn more...

This information is prepared by the editors of the Harvard Health Publications division of Harvard Medical School, and excerpted from the special report, *Stress Management: Approaches for preventing and reducing stress*. You can learn more about this publication at www.health.harvard.edu/SC.

For More Information

If clicking on a link below does not take you to the website, please copy and paste the URL into your browser

Benson-Henry Institute For Mind Body Medicine

<http://www.massgeneral.org/bhi/>

Program in Placebo Studies & Therapeutic Encounter at Beth Israel Deaconess Medical Center

<http://programinplacebostudies.org/>

Mind Body Medicine Empowers Patients and Helps Alleviate Medical Symptoms

Massachusetts General Hospital, Benson-Henry Institute, Aug. 2, 2012

<http://www.massgeneral.org/bhi/news/newsarticle.aspx?id=3664>

Placebo Goes Beyond Consciousness

Harvard Medicine News, September 11, 2012

<http://hms.harvard.edu/news/placebo-goes-beyond-consciousness-9-11-12>

The Placebo Phenomenon

Harvard Magazine profile of Ted Kaptchuk, January-February 2013

<http://harvardmagazine.com/2013/01/the-placebo-phenomenon>

The Power of Nothing: Could studying the placebo effect change the way we think about medicine

The New Yorker, Dec. 12, 2011

Michael Specter

http://www.newyorker.com/reporting/2011/12/12/111212fa_fact_specter

The Benson-Henry Institute for Mind Body Medicine Fact Sheet (PDF)

http://www.massgeneral.org/bhi/assets/files/BHI_Fact_Sheet_v5.pdf

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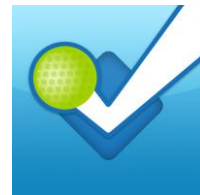
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