



15 years ESJ
Special edition

Mind-Body Integration Strategies in Health Promotion and Care: Special Edition Introduction

Mary Ann Hollingsworth, PhD
Liberty University, USA

[Doi:10.19044/esj.2025.v21n40p1](https://doi.org/10.19044/esj.2025.v21n40p1)

Submitted: 26 March 2025
Accepted: 02 April 2025
Published: 07 July 2025

Copyright 2025 Author(s)
Under Creative Commons CC-BY 4.0
OPEN ACCESS

Cite As:

Hollingsworth, M.A. (2025). *Mind-Body Integration Strategies in Health Promotion and Care: Special Edition Introduction*. European Scientific Journal, ESJ, 21 (40), 1.
<https://doi.org/10.19044/esj.2025.v21n40p1>

Abstract

Behavioral health, mental health, and primary physical health care have integrated services since the 1970s. With this growth, there has also been growth in integrating treatment strategies for mind and body collaboration in the healing process. Many of these have roots in Traditional Chinese Medicine or Ayurvedic Medicine and have included assessment of physical presentations to denote physical or mental health issues, the use of mind-based strategies to promote healing of both mental and physical health conditions, and the use of physical strategies to promote healing of both mental and physical health conditions. Review and background are provided for mind-body integration healthcare strategies and rationale for journal article contributions. Practitioners share articles in representative approaches with further explanation of these modalities and presentation of examples of work for efficacy in the modalities. These representative approaches reflect the employment of the mind to heal the body and the body to heal the mind, resulting in efficacy in synergistic whole-person healing. A conclusion is provided with a summary of both efficacy attained and continuing needs for further research.

Keywords: Mind-Body Integration, Alternative Complementary Approaches, Whole Person Health

Introduction

Mind-body medicine (MBM) has grown in interest and research from its beginning in the 1970s with the work of Harvard cardiologist Herbert Benson. It has been employed in both preventive health care and curative/restorative health care in mental and physical health. MBM has been specially employed in treating trauma and in the areas of energy medicine and energy psychology. Advances include applications of nutrition and physical exercise sciences, merging some traditional Eastern modalities with Western modalities, and integrating quantum physics with health promotion and care. This Special Edition is devoted to exploring the use of mind-body integration strategies to address important issues in both physical and mental health promotion and care, addressing whether or not the integration of the mind and body promotes efficacy in health and healing.

This growth has corresponded with integrating behavioral health services into primary health care delivery. Bornstein (2020) noted integration outcomes of enhanced patient care, reduced costs, and improved social functioning of persons with depression. Bornstein also noted the bidirectional nature of behavioral and physical health, such as 68 percent of persons with mental health problems having medical conditions, and chronic illness patients being twice as likely to have mental illness. At the time of this study, 44 percent of U.S. primary care practices were co-located physically with behavioral health clinicians. This number included solo practices as well as rural practices.

Fogaca et al.(2021) summarize Mind-Body Therapies (MBT) as interactions between the brain, mind, body, and behavior with accompanying emotional, mental, social, and spiritual factors that directly affect health (p. 1). Examples include Tai Chi, Qi Gong, Acupressure, Yoga, and meditation for hypertension, cognitive performance, pain, and muscle strength.

Saylor (2004) further clarifies the emerging holistic view of a person as an inseparable component of a mind-body system that presents an „unbroken wholeness" (p. 103). Saylor provided health examples of the discipline of psychoneuroimmunology, the depressive impact on blood pressure and the immune system of perceived stress and grieving, and the effect of emotions' biochemicals on the immune system. Saylor further noted modalities that support mental and physical healing, such as meditation, yoga, tai chi, and acupuncture; much knowledge and application of MBI is through the meridian system, as focused on within Traditional Chinese Medicine. This system is key in intercellular communication and growth regulation.

History

Historically, Dusek and Benson (2009) note the key role of the stress response (SR), also known as the fight or flight response, as introduced by

Harvard physiologist Walter Cannon in the early twentieth century. This was first noticed in stress response by both humans and animals. Dr. Benson's work characterized another physiological response, the Relaxation Response (RR). These responses demonstrate the interaction between physiology, hormones, and signaling molecules (p.49) with alterations in opposing directions, such as blood pressure elevation with SR and blood pressure reduction with the RR.

Many current modalities within the context of mind-body integration have roots in Traditional Chinese Medicine (TCM) and the more extended history of its use compared to what is considered Western medicine. Fogaca et al. (2021) used a systemic review to examine multiple mind-body therapies from TCM for efficacy in health outcomes. They constructed an Evidence Map with findings representing multiple health conditions and global populations. Some indications from this study were potential positive effects for general cancer symptoms and positive effects for chronic diseases of osteoarthritis, coronary disease, cardiovascular diseases, hypertension, and diabetes. The positive effects for metabolic diseases were cholesterol, glycemia, and triglycerides. Positive effects were found for various types of pain, such as headache, joint pain, chronic pain, and low back pain. Additional positive effects were found regarding patient safety with MBT, with mental indicators such as cognitive performance, memory, depression, anxiety, dementia, and stress.

Treatment of trauma has been a more recent area of focus with MBT. Van der Kolk (2014) contributed much research and guidance with this as he shared in training events and published articles and books. A key tenet of trauma is the retention in the body of memories of traumatic experience even when the experience is over. Some examples of this are changes in the brain areas that provide alarm, distinguish relevant from irrelevant information, and the area that „communicates the physical, embodied feeling of being alive. (p. 3). Much of Van der Kolk's understanding came from work with Vietnam soldiers. Experiences of numbing, reorganization of perceptions, and a sense of loss of self seemingly left the soldier feeling stuck in the trauma and the diagnosis of Post Traumatic Stress Disorder (PTSD).

Van der Kolk (2014) noted the integration of mind and body in recovery from trauma, as the treatment works with the imprints of the trauma and restores balance between the rational and emotional components of the brain. Much of this was due to the enhancement of the limbic system housed in the emotional part of the brain. An example of the natural calming action is when people are touched, hugged, or rocked to lessen arousal and increase sensations of feeling intact, safe, protected, and in charge of themselves again.

Bruce Lipton gained notoriety when he transitioned from groundbreaking research on stem cells to focus on Epigenetics – the process

of behaviors and environment impacting how human genes work. Gustafson (2017) shared personal interview insights with Dr. Lipton about this transition, which has informed much mind-body integration work. Some key points shared by Dr. Lipton were:

It is the environment that selects the genetic activity of a cell. Chemistry put into the blood by the brain is a direct complement to images held in the brain - the image in the mind is translated into chemistry, creating a physical complement in the body.

Examples given were:

- a. Perception of love introduces dopamine, oxytocin, vasopressin, and growth hormone.
- b. Perception of fear introduces stress hormones and inflammatory agents.

Genetical changes occur when antagonistic postures are expressed to work against the harmful perception. Protective chemicals support a fight or flight response, such as with a perceived fear.

Healing via placebo effects occurs due to positive beliefs, just as negative beliefs can promote illness, which is called the nocebo effect. Both support spontaneous remission, as a patient lets go of stresses and mind issues that have created a nocebo effect.

Some Current Trends

The essence of Epigenetics is a move from genetic determinism to acknowledgment of the impact of an ever-changing environment on genes via both the actual and perceived environment. The environment interacts with „Mine" via two mechanisms - the subconscious mind programs habits. The conscious mind is the creative part expressing wishes, desires, and aspirations. Dr. Lipton (2017) describes the conscious mind as the touch screen of a computer, with the subconscious mind housing the programs by which we live our lives. These programs are downloaded via the environment, and a person has the opportunity to modify the environment.

Emoto ((2001) conducted extensive research on the impact of words uttered by people on the formation of water crystals and the average 70 percent of water in the human body. Emoto noted that water transports energy and life throughout the body. He also ascribed the capacity of water to copy and memorize information. His research with water crystals demonstrated the impact of negative words, such as hatred or anger, to create malfunctioned, unattractive crystals and the impact of positive words, such as love or wisdom, to create attractive, well-formed crystals. As this change occurs in the human body, a corresponding change is promoted in health status.

Mind-body therapeutic interventions can be cognitive processes (or top-down) to help physical healing, physical processes (or bottom-up) to help with mental health needs, or a combination. Articles in this journal edition address all three.

Cognitive Process Impact on the Body

Meditation has been noted to promote a decrease in physical stress markers. Cahn et al. (2017) conducted a three-month study with 37 individuals of a mean age of 34.8 years by combining yoga and meditation to assess psychometric measures, brain-derived neurotrophic factor (BDNF), circadian salivary cortisol levels, and pro- and anti-inflammatory cytokines. Results showed improved alterations in psychological functioning, neurotrophic pathways, HPA axis activity, and inflammatory pathway signaling. A small but significant decrease was observed in Body Mass Index (BMI), a three-fold increase in BDNF plasma level, suggesting a relationship to psychological markers of wellness. A significant increase was observed in the Cortisol Awakening Response (CAR), which suggested improvements in dynamic rhythmicity of adrenocortical activity as a marker of stress resilience. The authors hypothesized a significant increase in pro- and anti-inflammatory markers to present evidence for enhanced fitness per psychoneuroendocrine and immunologic functioning assessment.

Biofeedback and Neurofeedback have been used for the treatment of various conditions, especially in the realm of mental health. McInikov (2021) notes that the two cognitive skills involved are identifying the rewarded state via internal feedback and adjusting the current state in the desired direction. Neurofeedback specifically targets brain signals with a believed capacity for long-term potentiation and facilitation of synaptogenesis. A key impact noted from this was to lower systolic and diastolic blood pressure. More impact was noted with psychological variables such as stress and anxiety.

Physical Process Impact on Mind

Energy Psychology is a collective term for some clinical approaches integrating cognitive and exposure techniques with ancient healing and spiritual traditions such as acupuncture and yoga. (Feinstein, 2019, p. 140). The Emotional Freedom Technique (EFT) modality stimulates acupuncture points by tapping. This represents the bottoms-up approach of many mind-body interventions where information is processed per the sensory or physical input versus processed via the cognitive filters to interpret and process information. While different body locations could be tapped, Feinstein (2019) indicates the benefit of stimulating an acupuncture point on the forefinger that represents the large intestine. This field continues to grow in research and acceptance by the traditional medical community as the presence of efficacy

studies grows. Feinstein shared a discussion on other mechanisms of consideration that have been shown to support the efficacy of further integrating various energy psychology modalities in health and healing work.

Eye Movement Desensitization and Reprocessing (EMDR) is considered a key approach for disorders such as Post Traumatic Stress Disorder, as covered in resources on mental illness diagnoses. This approach's core is acknowledging life experiences as learning that becomes physically stored within the brain's neurons as memories (Shapiro, 2023). Negative life experiences such as trauma are stored as memories in the body, even as the conscious mind may not have surface awareness. Dr. Shapiro found that these negative memories could be resolved with conscious application of eye movements like those of the Rapid Eye Movement as a person is asleep. The clinician would use a visual or auditory stimulus to prompt this binary processing and reprocessing of the memory.

Sensorimotor Psychotherapy has been used in the treatment of trauma as it builds on the work by Van der Kolk and others regarding neurobiological responses per trauma experiences. Fisher (2011) noted that the body becomes sensitized to specific stimuli associated with traumatic events, and later, the body can be triggered by a reminder experience, which will prompt a defensive response as a protective adaptation. Sensorimotor psychotherapy was developed to address cognitive-emotional and bodily-autonomic symptoms of traumatic stress and attachment-related disorders. The focus is on modulation of autonomic arousal and reinstatement of adaptive responses. As a client tells the clinician about the traumatic event, the clinician's attention is directed to emotional and physical responses to assess how the experience has been encoded non-verbally and autonomically (p, 173). The client is asked to maintain mindful awareness of this in a dual awareness process, where response patterns are noted without judgment or interpretation. Fisher indicated benefits to a client to be greater control over responses to trauma in their somatic, cognitive, and behavioral skills, to non-judgmentally notice reactions to traumatic events versus the events themselves, and to differentiate past (the event is over) from present (the event is not still happening).

The value of touch therapy, as seen in Sensorimotor Psychotherapy, is also present in Animal Assisted Therapy (AAT) as an intervention for both mental health and physical health needs. Pandey et al. (2024) conducted a systematic study of qualitative and quantitative evidence to assess the outcomes of this therapy approach. The authors noted a similarity in the human-animal bond as seen in a therapist-client relationship. Outcomes of sixteen studies from multiple countries were identified as either supportive with emotional and psychological support to a person or therapeutic mediation with addressing specific therapeutic goals and needs in a structured manner - alternatively, activating mediation with design to stimulate engagement and

participation in various activities or tasks. Four specific outcome areas were examined – psychiatric disorders, neurological disorders, stress and anxiety, and depression. Pandey et al. found positive and moderately strong results across these studies, such as medical well-being, behavioral outcomes, reduction of autism spectrum symptoms,

While most AAT includes a dog as a therapeutic assistant, White-Lewis (2020) noted that there are currently 26 medical uses for horses. as cast into the nine categories: Orthopedic, Neurological, Learning, Service, Speech, Breast Cancer, Exercise/Sport, Psychological, and Empowerment. Equine Assisted Therapy (EAT) is described as both a complementary therapy and an alternative therapy. White-Lewis noted physical therapeutic effects of EAT to be decreased muscle spasticity and hypertonicity per the hotter temperature of the horse's body via the humans, gentle stretch to abductor hip and leg muscles per horse girth, and improved motor function and core strength per the tri-rotational movement of the horse that is similar to that of walking by the human. Psychosocial effects included improved self-esteem and confidence, empowerment, self-presence, and feelings of freedom, independence, and competency.

Yoga is an example of physical activity that promotes mental health and healing. Bussing et al. (2012) examined evidence from multiple review articles and summarized that there were many areas where yoga derived benefits. Efficacy was noted with pain-associated disability and mental health. There was a study indicating neurotransmitter change in the use of yoga with depression. Examination of yoga with fatigue per a variety of physical conditions (including cancer) showed a treatment effect of 0,20. Yoga was found to reduce perceived stress to include symptoms associated with Post Traumatic Stress Disorder.

Approaches for Assessment

As noticed earlier, much MBM and MBT comes from Traditional Chinese Medicine, in which observation of a patient's body assesses both physical and mental health. Some practices commonly used by health professionals grounded in naturopathy and other approaches outside allopathy are Facial Analysis and Muscle Response Testing.

According to Bridges (2012), facial analysis, or face reading, was first used in the Taoist alchemical practices to diagnose deficiency in one of a person's three essentials for longevity - a person's inherited constitution, life force energy, or spirit. These three components are associated with the physical manifestation of DNA, energy for daily living, and the manifestation of the inner spirit as seen in skin glow or light in the eyes. Bridges noted that we naturally read faces as we detect emotions such as sadness or joy with what we see on the face, and this communication tends to be universal. This

assessment approach has been finely developed to serve as an assessment tool for health status, and business uses such as employment considerations. Frisch and Belliston (2019) have used facial analysis to provide information on their patient's physical and psychological strengths and needs. They note facial features and corresponding health indicators for both. The ears indicate an example of kidney function and longevity as physical and risk-taking ability as psychological. Another example is the area between the eyebrows, which indicates liver and gallbladder health, along with a person's ability to express anger or assert oneself healthily. While most Facial Analysis is still conducted via the professional clinician observing the person's face, some advances have been made with Facial Recognition Technology to aid in allopathic disease diagnosis. Quang. Et al. (2022) reviewed this application for initial efficacy. Those diseases where promising performance was indicated were endocrine and metabolic disease, genetic and chromosome abnormality, neuromuscular disease, and acute and severe illness.

Muscle Response Testing (MRT) is a form of manual muscle testing that evaluates neural control, such as semantic stimuli. Due to the extensive use of this methodology worldwide, Jensen et al. (2016) conducted a study of MRT to assess its accuracy in distinguishing true versus false statements and to compare the accuracy of MRT to the accuracy of clinician intuition assessment. Of the same differentiation. The test consisted of checking a muscle, such as the deltoid of an arm extended straight out from the shoulder. A weakening of the muscle, such as the arm dropping, indicated a lie, and no weakening, such as the arm remaining in position, indicated a truth. Jensen et al. concluded that MRT provided significant accuracy for distinguishing truth from lies compared to intuition and chance. Nelson (2019) combines MRT with energy healing and magnets to release toxic emotions in patients, which he calls The Emotion Code, and has trained other practitioners. This work with trapped emotions aligns with other mind-body integration strategies such as EMDR, which works with trapped trauma memories, and the work of Dr. Bessel Van der Kolk on trauma trapped in a patient's body. Nelson cites examples of client/patient efficacy in healing, such as a dancer releasing hip pain to dance in an immediate performance, a wife shedding anger toward a husband with a restored relationship, weight loss after a two-year struggle, vision improvement, and disappearance of carpal tunnel syndrome and knee pain. In another scholarly study on the efficacy of MRT in health decisions, the results on efficacy are mixed.

Combination Approaches

The practice has grown in using various Art forms to facilitate mental and physical healing.

The „Arts“ encompasses many endeavors that channel a person's creativity capacity. This capacity has grown in application with both mental and physical health interventions. Slayton et al. (2010) reviewed multiple outcome studies on the efficacy of Art Therapy. They found support for the claim that this umbrella of interventions is effective in treating a variety of symptoms, age groups, and disorders. The authors examined both qualitative and quantitative studies. Populations included children, adolescents, adults, incarcerated adults, family members together, and senior adults. Conditions/issues included management of emotions or stress, improvement in symptom management with chronic diseases, cerebral palsy, and sensory integration difficulties, communication improvement with strokes, and improvement with symptoms of depression, fatigue, and anxiety for cancer patients. The art modalities in the study included drawing, painting, sewing, and stonework.

Examples of Applications in Primary Health Care

As mind-body integration grows, research has noted applications in specific healthcare disciplines. Sullivan and Hudson (2017) noted that a patient's emotional health directly influences the outcome of many standard orthopedic surgical procedures. They also affirmed the framework of mind-body medicine to be a totality of the body, mind, and spirit with interventions to address each of these for a patient. They also noted that thoughts and feelings influence the body through the nervous and circulatory systems. Sullivan and Hudson discussed a case of a 12-year-old girl with tension myositis syndrome (TMS), whereby the brain orders reduced blood flow to parts of the body with resulting oxygen deprivation and accompanying pain/other symptoms to that part. Treatment of this patient consisted of:

- Teaching the patient to think psychologically about the origins of the pain versus structurally.
- Encourage the patient to increase activity by intentionally discontinuing focus behaviors to protect the perceived injury and avoid reinjury.
- Encourage the patient to lower medication use to only tolerance of requirement for normalized functioning.
- Have the patient explore the underlying emotions possibly driving the pain.

Growing global numbers of refugees have shown the accompanying incidence of post-traumatic physical and psychological symptoms. Incagli et al. (2024) studied mind-body interventions (MBI) with the migrant health unit at the University Hospital in Geneva, Switzerland. The two MBIs used were psychomotor therapy and capoeira, which is a Brazilian martial art that

combines music, dance, and self-defense. Interviews with staff in the health unit revealed an overall positive reception for using MBIs. The areas where the benefit was most noted were somatic expressions of PTSD and improvement in the accompanying issues of physical tension with stress, anxiety, depression, sleep disturbance, and chronic pain. Refugees also reported improvement in overcoming social or communication barriers.

Recent years have shown increased interest and application within health care for variations of quantum physics, such as quantum mechanics, quantum theory in counseling or life coaching, and quantum biology. Bisiani et al. (2023) discussed the application of quantum theory in medicine, noting the benefit of the capacity to diagnose efficiently before presenting symptoms. The authors noted that research had revealed „underlying connections between certain quantum principles and specific properties of the human body“ (p. 2). One example of possibility given by Bisiani et al. was the capacity to understand changes in neural networks over time in Alzheimer’s with conscious decision-making processes altered or weakened. Other application areas were noted in oncogenic processes, mutagenesis in DNA, and the decision-making thought processes of the brain.

Methods

As noted earlier, this special edition explores the use of mind-body integration strategies to address important issues in physical and mental health promotion and care. It addresses the question of whether or not integration of the mind and body together promotes efficacy in health and healing.

Rationale for Journal Edition Focus

The rationale for a special focus on this stems from growth in the availability and the use of modalities with a core of mind-body integration and some growing (albeit slow) acceptance of it in mainstream health promotion and care. Dorsett et al. (2020) described the historical development of mind-body-medicine from the identification of the fight or flight response to stress by Walter Cannon in the early 20th century to the identification of the relaxation response physiological changes by Herbert Benson in the 1970s to the growing population of these practices with 14 % of the U.S. adult population in 2020 reporting use of these within the previous year. Dorsett et al. noted a more extended history of these practices having receptivity for personal or social enlightenment and more current reception per perceived mental and physical health benefits. The priority of the new impact was in recognition of physiologic changes such as activation of specific brain regions, suppression of stress-induced inflammatory pathways, and increased telomerase expression.

The rationale also includes an observed need for more published research on the theory, application, and efficacy of mind-body integration as a component of health and healing. This need for further examination of efficacy was a theme throughout the supporting research for this edition. This need is observed in the quantity of published research and the current training of mental and physical health professionals. A review of the following U.S accreditation standards revealed no curriculum requirement on mind-body integration yet – American Psychological Association, Council for Accreditation of Counseling and Related Programs, Council on Social Work Education, Association of American Medical Colleges, and American Association of Colleges of Nursing. The American Medical Association (2024) notes that naturopathic education focuses on mind, body, and spirit.

Selection for Contributing Articles

Reviewing and observing standard training programs for mental and physical health professions revealed deficits in coverage of mind-body integration. Experiential expertise for application was observed with practitioners of modalities of mind-body integration that could be supported by the published research that is now available. Representative practitioners with evidence of efficacy in experience were invited to contribute to the journal. The resulting content of the journal reflects insight from modalities that provide collaboration of mind and body in healing.

Contributing Articles

Equine-Assisted EMDR, DBR Therapy, and the Introduction of Animal-Assisted Interweaves. This article introduces a conceptual framework for partnering with animals via two specific phase-based trauma treatment models that integrate cognitive and emotional processing with neuroanatomical processing.

The Influence of the Theory of Embodied Cognition on Clinical Practices. This article examines the experiences of sand tray therapy practitioners and providers who integrate the principles of neuroscience and the theory of embodied cognition into their clinical practice by utilizing sand tray therapy from a cross-theoretical approach.

Quantum Narratives: The Impact of Language on Acute and Chronic Pain. This article shares the results of the Quantum Leap Technique (QLT), a transformative framework for physical wellness that reprogrammes subconscious belief systems through intentional language shifts, internally and vocally.

Healing Addiction at Its Core: Resolving the Subconscious Drivers of Cravings and Compulsions. This study investigates the impact of restructuring subconscious belief systems through language transformation in

combination with an internal locus of control through a pioneering methodology: Quantum Leap Technique.

Results

This edition presents advances and applications in mind-body integration strategies for mental and physical health, which are combined to promote the health of the whole person. Table 1 summarizes the strategies covered.

Table 1: Strategies for Mind-Body Integration in Health Promotion and Care

Strategy Intervention	Focus of Impact
Meditation & Yoga	Psychological Functioning Neurotrophic Pathways HPA Axis Activity Inflammatory Pathway Signalling
Eye Movement Desensitization & Reprocessing with Deep Brain Reorienting	Resolution of negative memories and the subsequent impact on mental and physical functioning
Sensorimotor Psychotherapy	Modulation of autonomic arousal and reinstatement of adaptive responses
Yoga	Reduction of perceived stress and accompanying physical symptoms
Expressive Arts Therapy	Management of emotions and stress, improvement in symptom management with chronic disease, and communication improvement with stroke patients.
Patient Coaching on Thoughts and Feelings	Support of successful outcomes with medical procedures
Quantum Theory Application	Connecting quantum principles with specific properties of the human body.

Collectively, the articles of the edition present intervention outcomes that support desirable quality in mental and physical health. Table 2 summarizes the key outcomes noted.

Table 2: Key Outcomes of Studies

Article Title	Key Outcomes
Equine-Assisted EMDR, DBR Therapy, and the Introduction of Animal-Assisted Interweaves	<ul style="list-style-type: none"> Through what the author calls Animal Assisted Interweaves, providers can offer both “bottom-up” and “top-down” approaches to addressing clients’ physiological responses to unresolved trauma. These opportunities enable therapists to provide animal-assisted interventions that support a phased approach to trauma healing while ensuring treatment fidelity and prioritizing client and animal welfare.
	<ul style="list-style-type: none"> The importance of integrating neuroscientific theories into sand therapy and

Importance of Established Competencies When Using Sandtray Therapy With Clients	<ul style="list-style-type: none"> ○ Incorporation of sand therapy with other therapeutic approaches to address diverse clients' mental health issues. ○ Training programs provide the knowledge and skills to utilize sand tray therapy as a tool, using multiple theoretical approaches rather than universal standards that all training programs must follow.
Quantum Narratives: The Impact of Language on Acute and Chronic Pain	<ul style="list-style-type: none"> ○ The study results indicate that most participants experienced significant improvements in their physical health, including the resolution of acute conditions, relief from chronic pain, improved organ function, and increased fitness and vitality. ○ Many respondents had engaged in conventional and alternative treatments, including chiropractic care, acupuncture, homeopathy, and medical interventions, yet found the most significant improvements through QLT ○ QLT appears to provide a framework that enables individuals to shift their internal narratives and engage in self-healing
Healing Addiction at Its Core: Resolving the Subconscious Drivers of Cravings and Compulsions	<ul style="list-style-type: none"> ○ Participants reported reduced compulsive behaviors, cravings, and emotional distress, with an increased sense of self-regulation. ○ The results indicate that addiction may not solely be a chemical dependency issue but rather a manifestation of deeply ingrained subconscious decrees and unresolved trauma. ○ The spontaneous improvements observed in participants' relationships with addiction suggest that addressing the root causes of addiction, rather than a skewed focus on abstinence, may yield more profound and sustainable recovery outcomes.

Discussion

Articles in this edition reflect historical development and current trends of mind-body integration for health and healing. Both Gustafson (2017) and Emoto (2001) spoke to words' powerful impact on health outcomes. Several articles shared outcomes with physical health from intentional language shifts internally and verbally, emotional processing, and self-perception to reprogram subconscious belief systems and achieve self-healing. This theme was also evidenced in the release of judgment-based emotions in conjunction with the acceptance of radical responsibility to improve health in mental, emotional, family, and spiritual realms. Also aligned with the work of Gustafson and Emoto was the study of healing of addictions through the

resolution of root causes of addictions as subconsciously driven versus the use of external application of abstinence.

The above articles evidence the top-down approach to healing, as governed by the top part of the brain, the dorsolateral prefrontal cortex, which promotes thinking, speaking, and present-day emotional awareness (Fischer, 2022). Thus, the thinking region of the brain, represented by consciousness with language, will activate the cognitive controls to adjust the feeling centers of the brain.

Other articles evidence the bottom-up approach of healing as governed by the limbic system of the brain, the feeling center of the brain. This process targets sensory receptors throughout the body (Fischer, 2022; Complextrauma.org). In work with trauma, the bottom-up approach resets trauma and sensory states stored in the limbic system and peripheral nervous system. Both Equine-Assisted EMDR in combination with Deep Brain Reprocessing and the use of Sand-Tray Therapy utilizes the bottom-up approach; a benefit of this processing is believed to be the capacity to react quickly in the body, such as with safety and to engage thinking after that physical reaction.

Limitations and Future Directions

The overview in this edition's introduction and the discourse of included articles share some progress in mind-body integration of health promotion and care strategies. This is still a new and growing area of study and work, and this journal edition reflects a limited presentation of current work on mind-body integration. One future direction promising for deeper study and application is Interoceptive Awareness, which engages the brain's medial prefrontal cortex. Price and Hoooven (2018) note that this process focuses on awareness of sensory information and emotion regulation. Future work in this realm will strengthen the integration of body sensations, thoughts, and feelings. As noted earlier, mainstream health care is beginning to integrate this approach, but much more research and application are needed to strengthen this as a pathway for health promotion and care that works with the whole person.

Conclusions

Mind-body integration as a framework of health promotion and care has a historical presence and strategies to accomplish this. Research, application, and acceptance of mind-body integration strategies in health promotion and care are increasing with the concurrent need for continuing research and implementation to further ascertain this approach's efficacy and enhance access to clients and patients in the various mental and physical health disciplines.

Conflict of Interest: The author reported no conflict of interest.

Data Availability: All data are included in the content of the paper.

Funding Statement: The author did not obtain any external funding for this research.

References:

1. American Medical Association (2024). *What is the difference between physicians and naturopaths?* <https://www.ama-assn.org/practice-management/scope-practice/whats-difference-between-physicians-and-naturopaths>
2. Bisiani, J, Anugu, A., & Pentyala, S. (2023). It is time to go quantum in medicine - *Journal of Clinical Medicine*, 12, 4506, <https://doi.org/10.3390/jcm12134506>.
3. Bornstein, S. (2020). The challenges of behavioral health integration: The persistence of the mind-body problem. *Annals of Internal Medicine*, 173 (2), 151-152.
4. Bridges, L. (2012). *Face reading in Chinese medicine*. Elsevier.
5. Bussing, A., Michaelsen, A., Khalsa, S.B.S., Telles, S., & Sherman, L.J. (2012). Effects of yoga on mental and physical health: a summary of reviews. *Evidence-Based Complimentary Alternative Medicine*
6. Cahn, B.R., Goodman, M.S., Peterson, C.T., Maturi, R. & Mills, P.J. ((2017). Yoga, meditation and mind-body health” Increased BDNF, cortisol awakening response, and altered inflammatory marker expression after a 3-month yoga and meditation retreat. *Frontiers in Human Neuroscience*, 11, Article 315.
7. Dorsett, M.L., Fricchione, G.D., & Benson, H. (2020). A new era for mind-body medicine. *New England Journal of Medicine*, 382(15), 1390-1391.
8. Dusek, J.A. & Benson, H. (2009). Mind-body medicine: A model of the comparative clinical impact of the acute stress and relaxation response. *Minnesota Medicine*, 9(5), 47-50.
9. Emoto, M. (2001). *The hidden messages in water*. Atria Books.
10. Fischer, H. (2022), The difference between „top-down” and „bottom-up” therapy and why it matters. *CPTSD Foundation.ORG*. <https://cpt sdfoundation.org/2022/08/02/the-difference-between-top-down-and-bottom-up-therapy-and-why-it-matters/>
11. Fogaca, L.Z, Portella, C.F.S., Ghelman, R., Abdala, C.V.M. & Schveitzer, M.C. (2021). Mind-body therapies from traditional Chinese medicine: Evidence Map. *Frontiers in Public Health*, (9), Article 659075. <https://doi.10.3389/tpubh.2021.659075>.

12. Feinstein D. (2019). Energy psychology: Efficacy, speed, mechanisms. *Explore*, 15, 340-351.
13. Fisher, J. (2011). Sensorimotor approaches to trauma treatment. *Advances in Psychiatric Treatment*, 17, 171-177.
14. Frisch, T. and Belliston, A.F. (2019). *Why the face: A practical guide to understanding health & personality through facial diagnosis*. Why the Face?
15. Gustafson, C. (2017). Bruce Lipton, PhD: The jump from cell culture to consciousness. *Integrative Medicine: A Clinician's Journal*, 16 (6), 44-50.
16. Incagli, C. Somer, N., Duriex-Palliard, S., Arechaga, EP.R, & Reyre, A. (2024). The role of mind-body interventions in traumatized refugees 'primary care: A qualitative exploration of professionals' experiences in a dedicated program in Geneva. *Explore*, 20, 103072, <https://doi.org/10.1015/j.explore.2024.103072>.
17. Jensen A.M., Stevens, R.J. & Burls, A.J. (2016). Estimating the accuracy of muscle response testing: two randomized-order masked studies. *BMC Complimentary-Alternative Medicine*, 16 (1). 492. doi: 10.1186/s12906-016-1416-2.
18. McInikov, M. (2021). The current evidence levels for biofeedback and neurofeedback interventions in treating depression: A narrative review. *Neural Plasticity*, 2021, Article 8878857, <https://doi.org/10.1155/2021/8878857>.
19. Nelson, B. (2019). *The Emotion Code: Updated & Expanded*. St. Martin's Essentials.
20. Pandey RP; Himanshu; Gunjan; Mukherjee R, Chang CM. The Role of Animal-Assisted Therapy in Enhancing Patients' Well-Being: Systematic Study of the Qualitative and Quantitative Evidence. *JMIRx Med*. 2024 Mar 18;5:e51787. Doi: 10.2196/51787. PMID: 38606668; PMCID: PMC10986847.
21. Price, C. J. & Hooven, C. (2018). Interoceptive awareness skills for emotion regulation: Theory and approach of mindful awareness in body-oriented therapy (MABT). *Frontiers in Psychology*, 9, 798. doi: 10.3389/fpsyg.2018.0798.
22. Quang, J., Wu, D., Du, H., Zhu, H., Chen, S., & Pan, H. (2022). Review on facial-recognition-based applications in disease diagnosis. *Bioengineering*, 8, 273-289.
23. Saylor, C. (2004). The circle of health: A health definition model. *Journal of Holistic Nursing*, 22(2), 98-115.
24. Shapiro, F. (2018). *Eye Movement Desensitization and Reprocessing (EMDR) therapy: Basic principles, protocols, and procedures*. (3rd ed). The Guilford Press.

25. Slayton, S.C., Archer, J.D., & Kaplan, F.. (2010). Outcome studies on the efficacy of art therapy: A review of findings. *Art Therapy: Journal of the American Art Therapy Association*, 27 (3), 108-119.
26. Sullivan, E. & Hudson, J. (2017). The cure that lies within: The mind-body connection in orthopedics. *Orthopaedic Nursing*, 36 (2), 153-158.
27. Van der Kolk, B. (2014). *The body keeps the score: Brain, Mind, and body in healing trauma*. Penguin Books.
28. White-Lewis, S. (2020). Equine-assisted therapies using horses as healers: A concept analysis. *Nursing Open*, 7, 58-67. doi: 10.1002/nop2.377