



Some guidelines for health practitioners

As a GP or other medical practitioner, if you have read this far, you may be wondering how you can learn more about the mindbody approach to health, and how you actually put the knowledge into practice when treating your patients. This guide provides a summary of some of the key elements to the mindbody approach to treatment.

Overview Of The Approach

The first step is to help a patient understand the role that emotions and beliefs play in their health and in their perception of their illness or pain. This is no mean feat, as our society has been built upon a belief that our bodies are mechanical structures and that most failings can be fixed by modern medicine and 'the doctor'; a belief that is very solidly held in most people's minds. Sometimes patients will react negatively to the concept that their emotions have a role to play, as they feel they are being accused of being weak or failing in some way. For this reason, including an inquiry into possible psychosocial causes of chronic pain and MUS at the start of the diagnostic process is recommended, and is usually well accepted by patients as part of a 'whole person' approach to their care. Patients with much to report can be asked to create a written list of their stress issues (past and present) for review during their follow-up visit; these lists often prove to have therapeutic as well as diagnostic benefits. Additional information on how to introduce the mindbody concept is available [in this PPD Association PDF](#), and in this [SIRPA leaflet](#).

Once you have got a patient to the stage of accepting that their stresses may be contributing to their symptoms, your battle is half-won. You can then work with them to identify the specific factors that have caused the nervous system to adopt the over-protective mode, creating the learned neural pathways. Once the key factors are identified, you and the patient will work with those to calm the nervous system back down again. As an example, some helpful tools and tips are available in Chapter 5 of Georgie Oldfield's book '*Chronic Pain - Your Key To Recovery*'.

Over time, patients will come to learn that they can in fact have more control over their nervous system, and once they make the mindbody connection and learn the necessary techniques, their symptoms can be significantly reduced or entirely eliminated. For some, recovery can be very quick, for others it may take some weeks or months, but many thousands of people worldwide have already recovered through this approach, and it is gradually becoming more widely understood.

At present, the vast majority of the available resources are pain-focused; this is understandable as the numbers of people worldwide who are affected by chronic pain far outweigh the numbers adversely affected by non-pain chronic symptoms or conditions. However, once the mindbody approach is fully understood, it becomes clear that the mechanism causing symptoms - those learned neural pathways - is the same, regardless of whether a patient experiences pain or not. *The symptoms are actually irrelevant.*

Having said that, it tends to be too great a leap for people suffering from non-pain chronic conditions to believe that pain-related material is also relevant to them. Most will turn off as soon as they hear the word 'pain' and believe that it cannot help them. For this reason, one of our aims with

Living Proof is to support the development of more non-pain focused resources.

As a practitioner, if you can come to a place of understanding the approach in relation to chronic pain, as set out in the material listed in this site, you will discover that you can employ exactly the same methods to treat your patients who come to you with symptoms such as brain fog, dizziness, digestive issues, fatigue, you name it.

A Note On The Placebo/Nocebo Effect

We would encourage all practitioners to pay particular attention to the power of belief when they are working with patients. You will likely be very aware that your role as 'doctor' (or similar) gives you a certain status in the mind of the patient, and for most, whatever you say is gospel. It is therefore of crucial importance that you choose your words carefully, particularly when introducing the concept of mindbody medicine to a patient, as the placebo - or nocebo - effects of what you say are likely to play a primary role in what the patient chooses to believe.

One example of this can be seen in the NICE Draft Guidelines for Chronic Pain Management published in April 2021, which recommend that 'during discussions with the person and their family or carers (as appropriate), acknowledge the fact that the pain may not improve or may get worse.' We would however strongly recommend avoiding this kind of statement in a consultation with a patient suffering chronic pain, as the nocebo effect of these words is likely to run counter to anything else you try to share with the patient. Without making any promises, you could try the alternative approach of acknowledging that the pain may well improve - the placebo effect here can be very powerful!