

## Session 5

### Check-in:

1. Share two items from your gratitude journal
2. Any changes in your diet since we have been talking about nutrition? Any results?
3. An example of Pacing, Adaptation, or Delegation that you have used in the last month
4. Any ergonomic tips you want to share with the group?  
(for example, how you garden, your favorite pillow, etc.)

### Qi Gong

### Cognitive Distortions

Any questions about what we have talked about so far

### Homework:

Relaxation response Exercise 20 minutes per Day

Pain Diaries and Feedback Form

Write 3 things in your gratitude journal each day

And check in with your buddy!

*“We do not see things as they are;  
We see things as we are.”*

*- Talmud*

## Health Benefits of Tai Chi and Qigong

Tai chi and qigong are two mind-body practices that originated in ancient China. Practiced widely in China for thousands of years, both tai chi and qigong have become popular in the West. This might be because people of almost any age or condition can learn them. Large, clinical studies on the health benefits of tai chi and qigong are lacking. But many who practice tai chi and qigong report heightened feelings of well-being along with a variety of other health benefits. A few studies are beginning to support some of these claims.

### What Is Tai Chi?

Tai chi is a type of low-impact, weight-bearing, and aerobic -- yet relaxing -- exercise. It began as a martial art. As it developed, it took on the purpose of enhancing physical and mental health. Practiced in a variety of styles, tai chi involves slow, gentle movements, deep breathing, and meditation. The meditation is sometimes called "moving meditation."

Some people believe that tai chi improves the flow of energy through the body, leading to better wellness and a wide range of potential benefits. Those benefits include:

- Improved strength, conditioning, coordination, and flexibility
- Reduced pain and stiffness
- Better balance and lower risk of falls
- Enhanced sleep
- Greater awareness, calmness, and overall sense of well being

### What Are the Health Benefits of Tai Chi?

Because of the gentle nature of tai chi, researchers are particularly interested in the potential tai chi has of providing benefits for older adults. The National Center for Complementary and Alternative Medicine (NCCAM) and other agencies are funding a variety of tai chi research studies. Some of the findings from these studies suggest a wide range of benefits. Overall results, though, have been mixed, and more research is needed to confirm the health claims that are being made.

Here are some examples of the kind of results that have encouraged researchers:

- **Balance and strength.** The Oregon Research Institute found that, after six months, tai chi participants were twice as likely to have no trouble performing moderate to rigorous activities as nonparticipants. The benefit was greatest among those who started with the poorest health or worst function. Other studies have shown a reduction in falls among tai chi participants. In the 1990s, two studies sponsored by the National Institute on Aging (NIA) found that tai chi exercises cut the fear of falling and risk of falls among older people. Two small sports medicine studies suggest that tai chi may improve sensitivity to nerve signals in ankles and knees, which might prevent falls. But an evidence-based review of many studies only confirmed better balance -- not a reduction in falls.
- **Osteoarthritis.** Patients with osteoarthritis assigned to a tai chi group during a three-month study reported less joint pain and stiffness than when they started. They also had less pain and stiffness than patients in a control group.
- **Sleep.** Exploring tai chi's impact on sleep, the Oregon researchers found that tai chi participants had improved sleep quality and length. They also had fewer sleep disturbances than people in a low-impact exercise group. A UCLA study of tai chi chih, a Westernized version of tai chi, also supports claims of sleep benefits. The benefits are similar to those gained through drugs or cognitive behavioral therapy. Two-thirds of the people practicing tai chi chih had major improvements in sleep quality, compared with one-third who of those involved in health education sessions.
- **Shingles.** A viral disease that causes a painful skin rash and blisters, shingles is caused by the same virus that causes chickenpox. In a shingles study supported by the NIA and NCCAM, researchers found that tai chi prompted an immune response to the varicella-zoster virus similar to that prompted by the varicella vaccine. When combined with the vaccine, tai chi helped create even greater levels of immunity -- double those of the control group. Tai chi participants also reported improvements in function, pain, vitality, and mental health.

## What Is Qigong?

Qigong -- pronounced chee gong -- is a practice that involves a series of postures and exercises -- including slow, circular movements -- regulated breathing, focused meditation, and self-massage.

There is a variety of styles, and they are classified as martial, medical, or spiritual. Some qigong styles are gentler like tai chi and can easily be adapted. Others are more vigorous like kung fu.

One unique feature of qigong is its ability to train the mind to direct the body's energy, or chi, to any part of the body. Some believe that, when moved correctly, chi can bring your body to a natural state of balance. Qigong is believed to relax the mind, muscles, tendons, joints, and inner organs -- helping to improve circulation, relieve stress and pain, and restore health.

As with tai chi, a variety of benefits have been linked to qigong. They include:

- Greater stamina and vitality
- Reduced stress
- Enhanced immune system
- Improved cardiovascular, respiratory, circulatory, lymphatic, and digestive function
- Lower blood pressure
- Less risk of falling

Practiced widely in the clinics and hospitals of China, qigong may have broad health benefits. However, most of the studies conducted on qigong are limited in scope. Many are small case studies conducted in China -- not large, randomized, controlled trials reported in peer-reviewed English-language journals.

## What Are the Health Benefits of Qigong?

Some believe that as a complement to Western medicine, qigong can help the body heal itself, retarding or even reversing the effects of certain diseases linked to aging. Here are a few examples of findings from small studies showing qigong benefits:

- **High blood pressure.** In a study lasting 20 years, patients with hypertension -- whether in the control or qigong group -- were given drugs to control blood pressure. At first, participants in both groups had a drop in blood pressure. But blood pressure in the qigong group stabilized over time. They even were able to lower their use of blood pressure drugs. By contrast, the control group had an increase in blood pressure, requiring greater use of drugs.
- **Immune system.** Just 30 minutes of daily qigong training for one month might produce a tangible impact on the body's immune system. In one study, blood samples taken the day before training started and after it was completed showed a statistically significant difference in white blood cell counts.
- **Stroke.** In one study looking at mortality, among patients who'd suffered a stroke, 86 in the qigong group survived compared with 68 in the control group. That was after a period of 30 years. Compared to the control group, patients practicing qigong had a 50% reduction in death from any cause, death from stroke, and sickness related to stroke. However, it's not clear if the qigong participants were already healthier, making them more likely to live longer.
- **Fibromyalgia.** One small pilot study showed fewer symptoms and improvement in function among patients with fibromyalgia who were practicing qigong. Fibromyalgia is a chronic condition that can cause widespread pain and fatigue. Larger trials are needed to confirm the results.

## Are There Any Special Precautions for Tai Chi or Qigong?

Both tai chi and qigong are gentle exercises with few risks. However, if you are older, have a health condition, or have not exercised in a long time, tell your health care provider if you want to try either of these practices. Think of both as complements to Western medicine, and not replacements for it.

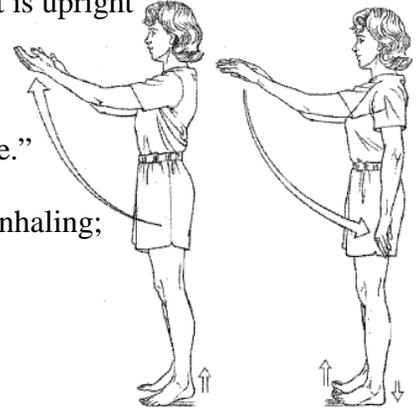
In general, use caution if you are pregnant or if you have a joint problem or severe osteoporosis. It is best to not do tai chi or qigong right after eating, if you are very tired, or if you have an active infection.

For more information about qigong, tai chi, and energy medicine, you can search more than 4,000 citations on line at [www.qigonginstitute.org/html/database.php](http://www.qigonginstitute.org/html/database.php).

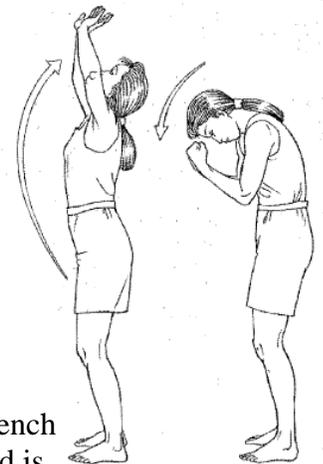
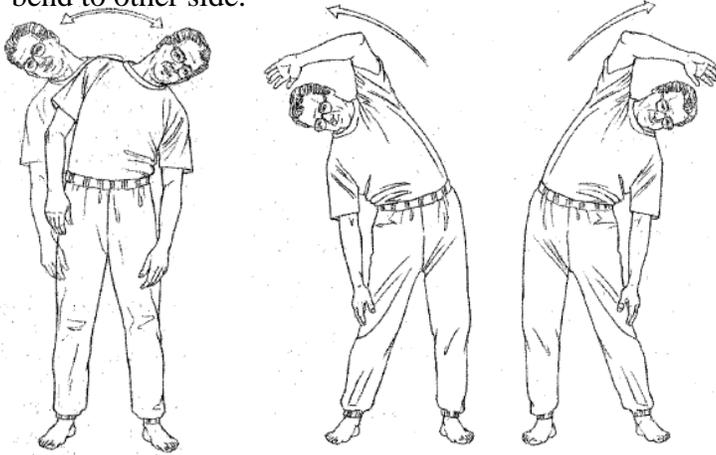
## Healing Movements

**Preliminary Posture** – Stand with feet directed forward at shoulder width, arms dangling, knees slightly bent, let tailbone swing under the spine – let pelvic bowl adjust itself so that it is upright

**The Flowing Motion** – Inhale slowly, turn palms forward, lift weight onto balls of feet as you swing arms forward and upward; turn palms downward, exhale, lower arms slowly & sink down on to feet, lifting toes  
 “Do this practice a hundred times a day and you will be healthy for a long life.”

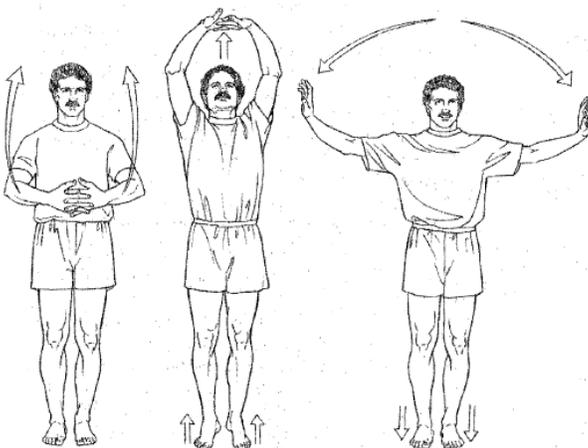


**Right and left bending of spine** – bend to side, exhaling; return to upright, inhaling; bend to other side.



**Front and back bending of the spine** – raise arms so that hands start facing body, face down at level of chest, forward at level of face, then upward as arms reach up. On exhalation, the arms and elbows come forward and down, palms facing face. Clench into fists before the eyes or chest, and close eyes as well. Everything contracts. Head is bent forward and shoulders are rounded forward.

**Reaching upward, stretching outward** – As you inhale, lace the fingers together and bring palms facing toward the body, past the chest. As they pass before the face and eyes, rotate the palms so that they are facing downward, then outward, and then upward toward the sky. Extend arms upward, rise up on balls of feet “supporting heaven.” Unlace the fingers as exhalation begins, extend arms outward to sides and point palms outward, tips of fingers up.



From Roger Jahnke, **The Healer Within**

## PATTERNS OF COGNITIVE DISTORTIONS, adapted from David Burns

These are 10 common cognitive distortions that can contribute to negative emotions. They also fuel catastrophic thinking patterns that are particularly disabling. Read these and see if you can identify ones that are familiar to you.

- 1. All-or-Nothing Thinking:** You see things in black and white categories. If your performance falls short of perfect, you see yourself as a total failure.
- 2. Over generalization:** You see a single negative event as a never-ending pattern of defeat. If you wake up in more pain you may think, "I'll never be able to enjoy anything any more."
- 3. Mental Filter:** You pick out a single negative detail and dwell on it exclusively so that your vision of all reality becomes darkened, like the drop of ink that discolors the entire beaker of water. For example, you are preparing lunch for some friends and discover that you do not have an essential ingredient to make a dish that you were planning to include. All you can think about is how the whole lunch will be ruined. It gives you indigestion.
- 4. Disqualifying the Positive:** You reject positive experiences by insisting they "don't count" for some reason or other. For instance, a friend comes over and tells you that you look great. Your immediate thought is: "I don't feel great. She doesn't understand." Maybe not, but try a simple "thank you."
- 5. Jumping to Conclusions:** You make a negative interpretation even though there are no definite facts that convincingly support your conclusions.
  - A. Mind Reading:** You arbitrarily conclude that someone is reacting negatively to you, and you don't bother to check this out. For example, you pass a coworker in the hallway and say "Hi" and he doesn't respond. You think, he must be upset with me, what did I do wrong? When you check it out, you find that the coworker was worried about a sick child he had just left at home.
  - B. The Fortune Teller Error:** You anticipate that things will turn out badly, and you feel convinced that your prediction is an established fact. For example, you wake up with a headache and think "Now my whole day is ruined. I had so much to do and I'll never get it all done."
- 6. Magnification (catastrophizing) or Minimization:** You exaggerate the importance of things, or you inappropriately shrink things until they appear tiny (your own desirable qualities or the other fellow's imperfections). You may have a flare-up in your pain and find yourself saying "I can't stand this, I can't take this any more!" As a matter of fact, however, you can, though you may not want to.

In minimization, however, you take positive qualities or events and deny them their importance. For instance, someone comments on how nice it is to see you at an outing and you say, "Lot of good it does if I can't participate in the activities." (This is like disqualifying the positive.)
- 7. Emotional Reasoning:** You assume that your negative emotions necessarily reflect the way things really are: "I feel it, therefore it must be true". For example you think "I feel useless, therefore I am useless."

**8. Labeling and Mislabeled:** This is an extreme form of over generalization. Instead of describing your error, you attach a negative label to yourself: "I'm a loser". When someone else's behavior rubs you the wrong way, you attach a negative label to them. "He's a f\$#g louse." Instead of seeing yourself as an individual who has a pain problem, you find yourself saying, "I'm defective, broken."

**9. Personalization:** You see yourself as the cause of some negative external event, which in fact you were not primarily responsible for. For example you and your spouse go out to eat at a fancy restaurant, but the food and the service are poor. You find yourself feeling responsible for making a bad choice and "ruining" your evening together.

**10. Should Statements:** You try to motivate yourself with should and shouldn't, as if you had to be whipped and punished before you could be expected to do anything. "Musts" and "oughts" are also offenders. The emotional consequence is guilt, and these statements set you up for feeling resentful and pressured. They also imply that you are complying with an external authority. When you direct should statements toward others you feel anger, frustration, and resentment.

## Old "Tapes"

The irrational beliefs and cognitive distortions described above are old "tapes" that we play from our early experience as children. They reflect the observed responses of our families, our teachers, and the society in which we develop. Loretta Laroche, a comedienne who teaches these principles through humor, conjures up the image of a big yellow school bus that each person drives through life. Various people get on and off, but some have a lifetime ticket. They may include parents, teachers, ex-lovers, friends, and mentors, both alive and dead. There's always someone who thinks he or she knows the best way of getting where you're going, and sometimes that person will be found in the driver's seat. But this is your opportunity to decide who's really driving your bus. To return to the "tapes" metaphor, it's your opportunity to edit your old tapes and make some new ones.

There are different kinds of tapes, with different recurring themes. For example, you either assume all of the responsibility or none of it ("The pain is all my fault" or "The pain is all your fault). Or you expect a consistency in the world that doesn't exist ("If I'm good, bad things won't happen to me"). Or perhaps you feel that if you think negatively it will ward off bad fortune ("I'm feeling better this morning, but if I tell anyone the pain might get worse"). Thinking in restricted, unconscious patterns (the old tapes) often robs you of the flexibility needed to cope with the ever-changing world and your physical problems.

## Cognitive Therapy Techniques to Change Your Thoughts

1. **Identify Distortions** in automatic thoughts.
2. **Examine the Evidence** – Instead of assuming that your negative thought is true, examine the actual evidence for it. For example, is it true that I never do anything right? What are some things I do well? What are the things I'm not so good at?
3. **The Double-Standard Method** – ask yourself, “Would I say this to a close friend who was very much like me and had a similar problem?”
4. **The Experimental Technique** – when you have a negative thought, ask yourself if there is a way you could test it to find out if it is really true.
5. **Thinking in Shades of Gray** – especially useful for all-or-nothing thinking. Remind yourself that things are usually somewhere between 0 and 100 percent. Instead of insisting you are perfect and never screw up or condemning yourself as a rotten person and giving up, acknowledge a mistake, forgive yourself, and move forward with your life.
6. **The Survey Method** – ask yourself “Would other people agree that this thought is valid?” Or ask people in your life questions to find out if your thoughts and attitudes are realistic.
7. **Define terms** – especially useful if you are putting yourself down as “a failure” or “a loser” or “a fool.” What is a fool?
8. **The Semantic Method** – good for “should statements.” Substitute a phrase like “it would be nice” or “it would be preferable” in place of “I should.” This may help you look at the thoughts without feeling scolded, and will decrease your rebellious response.
9. **Re-attribution** – good for personalization. Ask yourself what other factors may have contributed to this problem. Focus on solving the problem instead of using up all your energy blaming yourself and feeling guilty.
10. **Cost-Benefit analysis.** Ask yourself, “How will it help me to believe this negative thought and how will it hurt me?” You can also use this on negative behavior patterns like overeating and lying around in bed when you are depressed or on self-defeating beliefs like “I must always try to be perfect.”

Always use #1. Choose other techniques based on the Distortion, but be flexible. Almost any technique can be used with any negative thought.

- From David Burns, The Feeling Good Handbook.



### Daily record of Automatic Thoughts (Self-Talk)

Date	Situation	Automatic Thoughts	Physical response	Emotional response	Cognitive Distortion	Changed thought

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### Sample Daily record of Automatic Thoughts (Self-Talk)

Date	Situation	Automatic Thoughts	Physical response	Emotional response	Cognitive Distortion	Changed thought
<i>Example: 1/02/00</i>	Pain flare-up	<i>Can't take this. I can't do anything.</i>	<i>Inc. tension Crying</i>	<i>Helpless Frustrated</i>	<i>All or nothing Magnification</i>	<i>Pain increases are scary. I've been through this before. I have tools I can apply to get through this. This is what I'll do. . .</i>

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Step 1. Identify the Upsetting Event – be as specific as possible. “Life stinks” is hard to work on, but “I had a conflict with my wife this morning” or “I was at the gym and feeling discouraged” are more tangible.

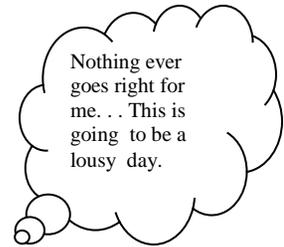
Step 2. Record your negative emotional response or physical reaction.

Step 3. Go back to identify the automatic thoughts associated with the bad feelings. If you are having trouble with this, draw an unhappy stick figure with a bubble above its head. Make up some negative thoughts that are upsetting the stick figure and write them in the bubble.

Then write some changed thoughts.

Step 4. Go back and look at your automatic thoughts and reevaluate your belief in them, then look at your emotional response and rate its strength. Is there relief? If not, ask yourself:

1. Have I correctly identified the upsetting event?
2. Do I want to change my negative feelings about this situation (list advantages and disadvantages of changing your feelings)
3. Have I identified my Automatic Thoughts properly?
4. Are my changed thoughts convincing, valid statements that put the lie to my automatic thoughts?



# Symptom Diary

**Full Circle Center for Integrative Medicine**

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Arcata, CA 95521-4630

707-840-4701

Fax 855-420-6321

Name \_\_\_\_\_

	Describe situation	Physical Sensation (0-10) before meds	Physical Sensation (0-10) 45 min. after meds	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Monday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Tuesday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Wednesday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____

	Describe situation	Physical Sensation (0-10)	Physical Sensation (0-10)	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Friday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Saturday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Sunday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____



**Full Circle Center for Integrative Medicine**

4641 Valley East Blvd #2

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**FEEDBACK SHEET FOR HEALING GROUP**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1) Please review your medication list and indicate any changes you have made in your medications, supplements, or over the counter meds since the last group (i.e. stopped any, increased any, decreased any, added new ones).

\_\_\_\_\_

\_\_\_\_\_

What refills do you need today? \_\_\_\_\_

2) Have you had any injuries, events in your personal life, any nerve blocks, physical therapy, other treatments, exercise, etc. since our last group that made your pain worse or better?  Yes  No

If yes, please give details. \_\_\_\_\_

\_\_\_\_\_

3) Over the past 2 weeks has your pain level:

Decreased  Stayed the Same  Increased  All over the place

What changes have you noticed? Please be as specific as you can: \_\_\_\_\_

\_\_\_\_\_

4) Rate your average pain score for the past 2 weeks:

NO PAIN    1    2    3    4    5    6    7    8    9    10    VERY SEVERE PAIN

5) Rate your pain score today:

NO PAIN    1    2    3    4    5    6    7    8    9    10    VERY SEVERE PAIN

6) Over the past 2 weeks has your emotional state:

Decreased  Stayed the Same  Increased  All over the place

What changes have you noticed? Please be as specific as you can: \_\_\_\_\_

\_\_\_\_\_

7) Rate your average mood for the past 2 weeks:

VERY SAD    1    2    3    4    5    6    7    8    9    10    VERY HAPPY

8) Do you address special nutritional needs as part of your healing plan?  Yes  No If yes, what nutritional goals are you addressing? \_\_\_\_\_

\_\_\_\_\_

9) For how long and how often did you do physical exercise in the past 2 weeks?

Aerobic                      Time \_\_\_\_\_ How often? \_\_\_\_\_  
 Stretching                    Time \_\_\_\_\_ How often? \_\_\_\_\_  
 Strengthening                Time \_\_\_\_\_ How often? \_\_\_\_\_

10) Did you meditate?  Yes  No How long? \_\_\_\_\_ How often? \_\_\_\_\_

11) Did you use other relaxation techniques or mini relaxation response exercises?  Yes  No  
What did you do? \_\_\_\_\_ How often? \_\_\_\_\_

12) What goal did you set last time? \_\_\_\_\_

Did you accomplish it?  Yes  No If no, can you come up with a plan to help you succeed by identifying the obstacle and a solution to the obstacle?

Obstacle Solution

\_\_\_\_\_

\_\_\_\_\_

**FUNCTIONAL IMPACT OF PAIN**

13) Did you miss social events, work, or other appointments this month because of your health?  
 Yes  No What did you miss and why? \_\_\_\_\_

14) Indicate the word that describes how, during the past 24 hours, pain has interfered with your:

General activity	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Mood	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Ability to work (in or out of home)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Interactions with other people	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Sleep	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Enjoyment of life	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely

15) What did you do for fun or pleasure this month? Or what gave you pleasure this month? \_\_\_\_\_

16) Have you used any recreational drugs this month? \_\_\_\_\_

17) How many drinks of alcohol did you drink this week? \_\_\_\_\_ What kind? \_\_\_\_\_

18) How many cigarettes did you smoke this week? \_\_\_\_\_

19) How much caffeine did you drink this past week? \_\_\_\_\_ What kind? \_\_\_\_\_

20) How much candy, soda, or other sweets did you eat this past week? \_\_\_\_\_

21) The following could be medication side effects or from your underlying condition. Are you feeling/experiencing:

<b>Symptom(s):</b> Check box if present	<b>Medication(s) or other condition(s) you think caused it:</b>	<b>How did you deal with it:</b>	<b>Do you want suggestions?</b>
<input type="checkbox"/> Constipation:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty sleeping:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dizzy, dopey:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nausea/vomiting:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty waking in the morning:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Loss of libido:			<input type="checkbox"/> Yes <input type="checkbox"/> No

22) Any other physical complaints or questions you'd like your physician to respond to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can this be discussed in group?  Yes  No *If no, please ask physician if you should make an appointment.*

23) Any feedback or suggestions you would like to share with the staff? \_\_\_\_\_

\_\_\_\_\_