

THE HEALTH IN MENTAL HEALTH: EXPLORING INDIVIDUALIZED HOLISTIC
HEALTH PRACTICES AS A PROCESS TO TRANSFORM MENTAL HEALTH

By

Craig Keaton, LMSW

DISSERTATION

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Supervising Committee:

Regina Praetorius, Ph.D., LMSW-AP

Ceil Flores, Ph.D., R.N., C.N.E.

Deana Furr, Ph.D., R.N.

Larry Nelson, Ph.D.

Christine Rochester, Ed.D.

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Introduction

*“If we value the pursuit of knowledge, we must be free to follow
wherever that search may lead us.” -Adlai Stevenson*

Preface

My hypothesis was simple: time in nature, as defined by the individual, would be enough to direct people, to connect them to the essential elements of health and life that they needed and were missing, to move them to incorporate these elements in their daily lives, and, over time, to transform them. This would be the focus of my doctoral dissertation. After sharing that hypothesis and conceptual dissertation direction, Larry Nelson agreed to serve on my dissertation committee provided I use a hermeneutic phenomenological method. In short, Larry said I must “stay unbiased to the serendipitous nature of Phenomenological Hermeneutics... More specifically, you are committed to all unanticipated findings and have no preconceived themes or narratives by which to scribe to.” That was exactly what I wanted. I had a name and methodological process that matched and could guide my intuitive sense of what this work required, especially because I already had a bias and sense of where this “should” go.

During this time, I was preparing to teach, for the first time, a graduate class about stress and coping. I knew immediately where I’d start. The first assignment was to spend time in nature. At the time, I didn’t realize it, but this assignment, this class, would act as an informal pilot study. The response to time in nature was largely underwhelming. For me and my research, it felt concerning. And then, over time, with more practices, more direction, the responses I thought I would see, that I wanted to see, that were evidence of better coping and response to stress, the evidence of better mental health, were emerging. The findings were not what I expected. I was simultaneously excited and defeated. What did this mean for my work? And then

I came back to the method. The answer was revealed because of the method. Something unanticipated, something serendipitous, was happening. Therefore, my proposal and my research had to shift, to expand, to be iterated. The following dissertation is that expansion, one of many iterations that have been realized and of many more iterations that are sure to come.

Introducing the Problem

Mental health is a growing concern around the world. In the last decade, the global population has seen a 13% increase in mental health problems, and the estimated annual global economic burden related to problems with depression and anxiety is US \$1 trillion (World Health Organization [WHO], 2021). According to the National Institute for Mental Health ([NIMH], n.d.), 50 million adults and nearly 20 million children (Bimpong, 2017; NIMH, n.d.) are reported to live with mental illness. Most recently, in early 2021, the Centers for Disease Control [CDC] reported that 41.5% of the US adult population reported symptoms of anxiety or depressive disorder (Vahratian, Blumberg, Terlizzi, & Schiller, 2021). Depending on specific problem and patient population, it is estimated that somewhere between 60 and 80% of these problems go untreated (Bimpong, 2017; NIMH, n.d.). Whether reporting symptoms of a mental health problem or meeting diagnostic criteria for mental illness/disorder, the general population is nearing a tipping point where mental illness will be the norm not the exception. The tipping point has already been surpassed among college students.

Generally, the first incidence of a mental health problem is most often experienced in late adolescence and young adulthood (Pedrelli et al., 2015), which is the traditional age of college students. Like the general population, incidence of mental health problems among this population has been rising, however it seems to be even more prevalent. From 2015 to 2019 college students that felt “overwhelming anxiety” rose from 58% to 66%; college students that

felt “things were hopeless” rose from 48% to 56%; and college students that felt “so depressed that it was difficult to function” rose from 35% to 45% (Fleurimond et al., 2021). Since the COVID-19 pandemic, mental health among college students has worsened. Kim and colleagues (2022) reported that 72% of college students indicated experiencing anxiety and 54% experiencing depression. Complicating the issue is that as mental health becomes less stigmatized and more openly discussed and supported, college students may be reporting anxiety when they feel worried or depression when they feel sad (Brown, 2020). Still, if the statistics are kept to the clinically assessed, diagnosed cases of both, anxiety and depression have doubled from 2009 to 2019, and rates of suicidal ideation and attempted suicide have increased at least 50% (Brown, 2020). Reflecting the rising concern of mental health problems among college students, in a 2021 survey, 73% of university presidents reported student mental health as the most pressing issue on their campuses (Taylor et al., 2021). Finally, students of marginalized racial and ethnic status are less likely to seek help for mental health. Compared to White college students, 45% of whom seek help, only 33% of Latinx, 25% of Black, and 22% of Asian students seek mental health support (Brown, 2020). Given the statistics, a wide range of mental health support is urgently needed.

Currently, the most commonly practiced and relied upon “solutions” to mental health problems are pharmacotherapy and clinically based talk therapy (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). First, however, the pharmaceutical solution is based on a limited biomedical, biochemical, and pharmaceutical framework (Whitaker, 2010), which includes no evidence for the biochemical imbalance theory for which pharmaceuticals are most often prescribed (Lacasse & Leo, 2015; Whitaker, 2010). Furthermore, relative to talk therapy, on college campuses there is a significant shortage and availability of mental health

professionals and related mental health support (Brown, 2020). Finally, there exists a body of evidence – which will be explored in more detail in the literature review—that indicates a potentially wide spectrum of health-based practices that are equal to or better than pharmaceutical and talk therapy. Therefore, with rapidly growing numbers of people experiencing mental health problems, deterioration of people’s lived experiences, the healthcare and overall financial costs, and the limited perspective of what is mental health and how to care for it, what needs to be addressed is the treatment of and remedy to this worsening mental health issue.

A Review of the Literature

“Be careful about reading health books. You may die of a misprint.” – Mark Twain

In *Domestic Medicine* (1826), William Buchannan recognized and described the importance of a natural, health-based approach to mental health and well-being:

The patient ought to take as much exercise in the open air as he can bear... A plan of this kind, with a strict attention to diet, is a much more rational method of cure, than confining the patient within doors, and plying him with medicines. (Buchanan, Lyon, & Garrett, 1826, p.361).

Sociobiologist E.O. Wilson (2009) said, “The real problem of humanity is the following: We have Paleolithic emotions, medieval institutions and godlike technology. And it is terrifically dangerous, and it is now approaching a point of crisis overall.” Paleolithic emotions arise from paleolithic minds and bodies, which we still have, but our modern lifestyle is taking us dangerously out of touch with who we are and what we need, and there are consequences. Our modern world, which is rife with mental health problems like never before, is saturated with that which takes us away from our bodies and union with the natural world and natural processes of life. Artificial light and technological distractions keep us awake, connected to anything but ourselves, and see us literally dying for a good night’s sleep (Wiley & Formby, 2001). *Netflix* says its biggest competitor is sleep (Harris, 2021). Our modern environment requires (1) little to no physical movement – sitting is the new smoking (van der Ploeg, et al., 2012), (2) has too much hyperpalatable, processed “food” that, compared to whole foods, is pathologically costly, (Hall et al., 2019), and (3) while technologically connected, we are more physically, mentally, and emotionally isolated than ever before (Putnam, 2000) – a problem with health consequences

greater than obesity and equal to smoking and alcoholism (Holt-Lunstad, 2015). This isn't conjecture.

Lifestyle medicine specialists, Hyman, Ornish, and Roizen (2009), are clear reporting that 78% of healthcare costs are caused by modern living, including, poor diet, sedentary living, chronic stress, and unhealthy environments. Supporting this position, the most recent and in-depth analysis of exercise related to health finds physical exercise to be the most potent therapeutic prescription for at least 26 different chronic health conditions, including: neurological, cardiovascular, pulmonary, metabolic, musculo-skeletal, and mental health diseases, such as depression, anxiety, and stress-related mental health challenges (Pederson & Saltin, 2015). Our physical lives, physical environments, physical experiences, and physical health are directly connected to mental health. While mental health problems are reportedly affecting close to 50% of the US population, “more than 50% will be diagnosed with a mental illness or disorder at some point in their lifetime” (CDC, 2021, para. 5), and nearly half of all Americans (133 million) are living with at least one chronic disease such as cancer, cardiovascular, cerebrovascular, and metabolic diseases, and that number of people is growing (Raghupathi & Raghupathi, 2018). The relationship is clear and bidirectional: untreated mental health problems lead to and exacerbate physical health problems, and physical health problems lead to and exacerbate mental health problems (Canadian Mental Health Association, n.d.; CDC, 2021; NIH, 2015). Certainly, a critical contribution to the betterment of mental health is to be found in health.

The Health Functions

Chek (2018) describes 6 foundational functions of the human body for human health. Those functions are breathing, sleeping, hydrating, eating, moving, and thinking. Of course, the

more newly evolved function of thinking can be further extrapolated into psychological, social, and environmental functions (Cherry, 2020), and these – such as making art, journaling, connecting socially, alongside a general reconnecting with and spending time in nature - will be explored in more detail below. Therefore, a further breakdown of the essential health functions for this review will include breathing, sleeping, hydrating, nutrient eating, physically moving, emoting, thinking, and expressing, interpersonally relating, and being connected with and spending time in nature, all as they relate to mental health. For the more physiologically based functions, a review will proceed in order of importance to physiologic survival (Body Functions & Life Process, n.d.). For example, the human body cannot go more than a few minutes without breathing, so this will be addressed first. Please note, for any health practice discussed in this review that was used in the present study, an explanation of that practice is detailed in Appendix B.

Breathing. The act of breathing is important. Quick or shallow breathing and hypersensitivity to breathing pattern can induce anxiety, avoidant behavior, and other mood disturbances, as well as make individuals more attuned to fear (Bullock, 2019; Paulus, 2013). As well, it has been reported that 75% of people who have anxiety problems have dysfunctional breathing patterns (Courtney, 2016). Given these and similar findings, breathwork has been studied as an intervention to improve mood, decrease stress, and to relieve mental health problems like depression and anxiety. Sepala et al. (2020) and Goldstein, Lewin, and Allen (2020) used a breathing and meditation curriculum with college students and demonstrated greater positive outcomes for depression, anxiety, stress, general mental health, mindfulness, positive affect, social connectedness, and life satisfaction compared to mindfulness-based stress reduction and education-based interventions. In a sample of people with post-traumatic stress

disorder (PTSD), the breathing curriculum evidenced clinically significant reductions in anxiety symptoms at both one month and one year follow up (Sepala et al., 2014).

A problem with the aforementioned studies is that it may be hard to differentiate between the benefits derived from breathing versus that of mindfulness and meditation and their combined effect. Therefore, Niazi and colleagues (2022) conducted electroencephalograph readings during right and left nostril yogic breathing and found that brain and autonomic nervous system activity were appropriately managed via these breathing practices. Right nostril breathing stimulated both hemispheres of the brain creating an energized and aroused brain and body state which the researchers say supports reports of this practice as a treatment for depression. Also, left nostril breathing stimulated the right hemisphere which activated parasympathetic activity, induced calm and relaxation, and supports reports of left nostril breathing as an important intervention for the treatment of anxiety. In a fascinating case study from University of California at San Diego, Shannahoff-Khalsa and Golshan (2015) analyzed, over the course of nearly three years, the breathing pattern of a young adult woman with schizophrenia. She was left nostril dominant in her breathing, chronically activating the right, creative brain hemisphere, most commonly during schizophrenic hallucinations. The researchers believed her breathing pattern was facilitating brain activity that was inducing or contributing to her hallucinations. She self-discovered and taught herself (an important finding that will be explored in the findings of this research study) right nostril breathing, began activating the left hemispheres more often, and ultimately significantly reduced her schizophrenic hallucinations, severity, and duration. As the subject reported, the breathing protocol “quicken the recovery from my hallucinatory state and took away the sense of dread that accompanied the hallucinations” (Shannahoff-Khalsa & Golshan, 2015, p. 291).

Ultimately, our psychology arises from the body and body functions. Therefore, the evidence demonstrates that the body functions that are most critical to our survival are also critical for our psychology and mental health. To this point, there are studies that demonstrate combined effects of physiologic improvement and the potential impact on mental health. For example, Henderson (2022) reported a novel 5-minute breathing exercise to improve fitness capacity and exercise tolerance. As will be explored below in the Movement and Exercise section, physical movement and exercise are one of the most established health behaviors that improves mental health. Similarly, breathing exercises have been found to improve sleep quality (Alkan et al., 2017), which may have a profound influence on mental health. Interestingly, and pointing to combined effects of breathing, sleep, and mental health, it has been found that obstructive sleep apnea—a breathing condition—is more common in people with psychiatric conditions (Knechtle et al., 2019). In their sample, 72% of people with a psychiatric condition evidenced obstructive sleep apnea, implicating breathing as a cause or facilitator of mental health problems. Furthermore, early sleep studies found that between 40 and 50% of people with obstructive sleep apnea met criteria for major depressive disorder and other psychological disorders (Millman, Fogel, McNamara, & Carlisle, 1989; Reynolds et al., 1984). These findings suggest that both breathing and sleep are relevant to mental health.

Sleep. While sleep has long been considered a consequence of mental health problems, a growing body of evidence is emerging that demonstrates sleep, or lack thereof, influences, or is the causal factor in, mental health and mental health problems (Scott, Webb, & Rowse, 2017). In a review of multiple human and rodent studies of sleep restriction, sleep disruption, and sleep loss, sleep has been found to have a profound influence related to neurophysiological states that heighten experiences and incidence of depression, anxiety, and other mood disturbances (Meerlo,

Sgoifo, & Suchecki, 2008). In humans, early analyses found that people with disturbed sleep – problems with sleep onset, frequent awakenings, or early morning awakenings – were 5.4 to 7.6 times more likely to develop major depressive disorder in the following year (Eaton, Badawi, & Melton, 1995; Weismann et al., 1997). A recent systematic review confirmed these early studies finding that there is strong evidence that disturbed sleep is a major factor in the development of depression, as well as bipolar disorder, suicidality, and anxiety (Pigeon, Bishop, & Krueger, 2017). Similarly, in an experimental study, participants who experienced a single night of sleep deprivation showed heightened activity in the amygdala and anterior insula (brain regions associated with anxiety), suggesting sleep disturbance as a major contributor to anxiety disorder (Goldstein et al., 2013). Moving in the inverse direction, Bishop and colleagues (2016) report on the benefits of improving sleep through non-pharmacological measures – such as practicing tai-chi to aid sleep – and improved sleep's impact on clinically significant remission of major depressive disorder and reductions in suicidal ideation.

Combining perturbations in health-related behaviors, as an example, enforcing sedentary activity – reducing steps to less than 5,000 per day for one week – produced significant decreases in sleep quality and then mental health (Edwards & Loprinzi, 2017). Combining technology – screen time – with alterations of physical activity and sleep, too, evidences more mental health problems, with both increased screen time and decreased physical activity negatively impacting sleep, anxiety, depression, and other psychopathological symptoms (Wu et al., 2015). Finally, indirect evidence of sleep and its impact on mental health may be seen with the metabolic effects from sleep loss, restriction, and short sleep. Spiegel and colleagues (1999) found that sleep restriction over just a six-day period created a metabolic profile (measured by blood glucose and insulin) of a person with Type II diabetes. Similarly, Mander et al. (2001) found that, compared

to normal sleepers, short sleepers (those who slept less than 6.5 hours per night) had 50% higher insulin secretion and 40% lower insulin sensitivity in response to glucose tolerance tests. As will be explored in the following section, the highlighted metabolic conditions in a person, which may be exacerbated by consuming highly processed and high glycemic diet, can lead to increases in mental health problems.

Eating and Hydrating. Diet may be another factor. Observational studies often find associations between the intake of highly processed, hyperpalatable, and high glycemic foods and increased incidence of mental health problems like depression and anxiety. Based on food frequency questionnaires, Gangswich et al. (2015), in a sample of nearly 90,000 people, found that a high glycemic diet was associated with increased odds of depression. In the other direction, the authors found that consumption of whole foods – such as dairy, fruit, and vegetables – was associated with a lower incidence of risk of depression. Similarly, Jacka and colleagues (2010) found that eating a “traditional” diet – one consisting of fruit, vegetables, meat, dairy, eggs, and whole grains – reduced odds of major depression by 35% and anxiety disorders by 32%. Problematically, and often called for by researchers, is that these findings are based on recall and don’t explain causation. In other words, questions remain about what, how much, and how often the people were actually eating and if what they ate was creating the mental health problem or a result of feeling anxious, stressed, or depressed. Therefore, randomized control trials (RCT) are needed.

Related to mental health and diet, the research is scant. In one RCT, people eating a high glycemic load diet saw significant increases in fatigue, depression, and total mood disturbance in just 28 days. More concerning, for people overweight and obese in this study, their depression increased 40% more than their healthy weight counterparts (Brey Meyer, Lampe, McGregor, &

Neuhouser, 2016). Another RCT on high versus low glycemic diet, which was conducted over a 6-month period, also found a high glycemic diet led to increases in total mood disturbance and feeling depressed, where those on a low glycemic diet experienced reductions in tension, depression, anger, fatigue and total mood disturbance (Cheatham et al., 2009).

As water is an essential nutrient for the human body (Harvard, n.d.), this review will consider hydration a corresponding aspect of the nutrient acquisition function of eating. Haghghatdoost and colleagues (2018) found that drinking plain water was associated with decreased incidence of depression and anxiety in adults, where those that drank less than two glasses of water a day increased their risk of depression by up to 73%. Given that it is common for people to replace water with sugar-sweetened drinks, sugar and processed foods, impact on metabolism, weight, and obesity, and the combined role of those dysfunctions, as previously mentioned, on mental health, could indicate that water hydration's biggest impact is indirect through improving diet, metabolism, and body composition. Finally, as water may replace high glycemic and other unhealthy food and drink, and improve body composition and metabolism, water, especially in conjunction with a more whole foods-based diet, may play a role in reducing a variety of factors in systemic inflammation, which is associated with worse and worsening mental health outcomes (Kiecolt-Glaser, 2010). It should be noted that one common characteristics of the aforementioned functions is that these all are facilitated by movement. Therefore, physical movement matters, and may be of most significance.

Physical Movement and Exercise. Clearly, there is evidence that human physiologic functions—especially ones generally accepted as important health practices, like exercise—have profound influence over mental health. Josefsson and colleagues (2014) conducted a meta-analysis and systematic review that found exercise—specifically aerobic exercise—to have a

significantly large effect on and to be a better treatment for depression compared to “usual care.” It is important to note that the author explained that the details of “usual care” are rarely discussed in these clinical trials given the variation of treatment administered, but the patients in the control “usual care” group in these studies all received medical treatment. In a similar meta-analysis, Cooney et al. (2013) found aerobic exercise to have a moderate clinical effect and mixed exercise (resistance training and aerobic exercise) and resistance training to have a large clinical effect on the treatment of depression. Interestingly, this review found non-statistical differences overall between exercise and both talk therapy and pharmacological interventions. However, adherence and long-term follow up, potential for side effects, and the impact of choice in exercise and treatment in general may be all be important factors when considering the best course of treatment (Herman et al., 2002; Knuben et al., 2007; Sapolsky, 2004; Svenson et al., 2016).

Considering the most rigorous experimental studies, in a study conducted at Duke University on the difference in outcomes for treating depression, participants were divided into three groups: depression treatment with Zoloft, Zoloft plus exercise, or exercise only. Six months after the pharmacotherapy intervention, 70% of exercise only participants were still asymptomatic compared to just 45% for Zoloft plus exercise and 48% for Zoloft only (Babyak et al., 2000). Therefore, pharmacotherapy, with or without exercise, was clearly not as effective at treating depression as exercise alone. More importantly, pharmacotherapy appeared to negate the positive benefits of exercise. This exercise-based study again highlights that health might be the foundation to better mental health. In a follow up study, Bloomenthal and colleagues (2007) again tested exercise, antidepressant medication (Zoloft), and combined interventions (exercise plus Zoloft). At four months of intervention, the rate of remission for major depressive disorder

was almost identical in the exercise group (45%) compared to the medication group (47%). However, at one year follow up, those who reported exercising between post-treatment and follow up evidenced lower depression scores and greater likelihood of improved depressive status compared to medication only and placebo groups (Hoffman et al., 2011). Additionally, analyses found that there was an inverse relationship with time of exercise (peaking at 180 minutes per week) and depression symptom severity; the more a person exercised up to 3 hours per week, the more they reduced feeling depressed. Of note, 31% of participants in the medication group reported side effects of the treatment compared to 15% of the participants in the exercise group—with exercise side effects usually being simply related to muscle soreness, tightness, and fatigue (Knubenn et al., 2007). Therefore, even if considering equivalent short-term outcomes of exercise versus medication, depression remission is at least as likely with exercise compared to medication with a much greater reduction in potential for unwanted and more serious side effects.

Similar outcomes have been evidenced in trials of exercise as a treatment for anxiety. Wegner et al. (2014) conducted a synthesis of meta-analyses and found that, overall, the most rigorous RCTs of exercise for anxiety produced moderate anxiety reducing effects. Additionally, the authors reported that the effect appeared to be greater for those with non-clinical anxiety. In a systematic review and meta-analysis, Aylett, Small, and Bower (2018) examined multiple modes of exercise – low intensity and high intensity exercise interventions—and found a large effect size for exercise as an anti-anxiolytic. Additionally, the researchers found (1) the effect to be greater for higher intensity exercise, (2) higher intensity exercise was associated with long-term improvements in anxiety, sometimes months after treatment, (3) that there was no difference in

effect for non-clinical and clinical anxiety, and that (4) based on their findings exercise should be considered an important method of care in general medical health practice.

Further highlighting the impact of exercise on mental health conditions, among a sample of more than 3,000 college age young adults, previously active young adults pre-COVID 19 restrictions demonstrated, compared to age matched peers that stayed physically active, statistically significant decreases in physical activity and increases in sitting and screen time (Meyer et al., 2020). This reduction in physical activity was associated with statistically significant worsening of depression, loneliness, stress, and reductions in positive mental health scores. Supporting physical activity as a driver to this mental health decline, in a clinical trial reducing moderately active peoples' activity to less than 6,000 steps per day, 88% of participants reported significant increases in feelings of depression, anxiety, and hostility in just two weeks, with a decline in life satisfaction present in the first week (Edwards & Laprinzi, 2016; Edwards & Laprinzi, 2017). Related to step count and considering how much exercise might be needed for maintenance of better mental health, data now suggests that it's not 10,000 steps a day that is most associated with overall better physical health, but 6,000 to 8,000 steps (Pauluch et al., 2022). Interestingly, this general health finding aligns with the aforementioned findings that a step count below 6,000 steps evidenced a reduction in mental health. Additionally, on average, 6,000 steps equal approximately 2.5 miles walked. The average walking speed is 3 to 4 miles per hour. So, the average person would walk 2.5 miles per hour in approximately 30 minutes. And 30 minutes a day, most days of the week, gets the average person to 180 minutes or 3 hours of exercise per week, which previously cited, was the peak for physical activity to improve mental health. Therefore, for better health or mental health, we must move our body, on average, some every day.

Finally, exploring what might underlie the great mental health benefits of exercise, researchers have discovered that our muscles act as endocrine organs (Steensberg, et al., 2000), a finding that some researchers describe as one of the greatest recent breakthroughs in human biology (McGonigal, 2019). To date, researchers have identified more than 650 myokines that are produced and released when our muscles are used and have important roles in cognition, emotion regulation, brain health and growth (including regrowth), regulation of glucose and lipid metabolism, appetite control, regulation of digestion, cardio protection, inflammation reduction, immune enhancement, and even cancer protection (Severinsen & Pedersen, 2020). Specifically focusing on mental health, Whitham et al. (2018) found 35 different myokines released just by the quadriceps in one hour of cycling. Included in these myokines are vascular endothelial growth factor (VEGF) and brain-derived neurotrophic factor (BDNF), both of which protect the brain – including hippocampus and prefrontal cortex—aid hippocampal, neuronal, and synaptic growth, and facilitate healthy genetic expression related to mood, emotion, and mental health (Satterfield, 2013; Siteneski, 2018; Whitham et al., 2018). McGonigal (2019) points out that these two myokines (VEGF and BDNF) are biochemicals whose levels are also increased in every evidence-based pharmacotherapeutic medical intervention applied to depression. Additionally, other myokines that act in the brain are anti-inflammatory, while others metabolize stress hormones before they reach and damage the brain and protect against stress-induced depression (Agudelo et al., 2016). Finally, there are a growing number of myokines that have been identified—like PGC-1alpha and Irisin—that are released every time one exercises and, that based on their potent anti-depressant and anti-anxiety effects, are known as “hope molecules” (Phillips & Salehi, 2016). McGonigal (2019, p. 193) writes,

Hope can begin in your muscles. Every time you take a single step, you contract over two hundred myokine releasing muscles. The very same muscles that propel your body forward also send proteins to your brain that stimulate the neurochemistry of resilience. Therefore, our muscles, when active through all forms of exercise, produce and secrete an endogenous pharmacy of biochemicals – known as the myokinome (Severinsen & Pedersen, 2020)—that beneficially affect every major system and function in the body, including our psychological and mental health and well-being, supporting great resilience to depression and anxiety.

The aforementioned studies are simply new evidence with more nuanced explanation of a phenomenon that has been known and accepted as an evidence-based practice for centuries: for mental health, health matters. But what is health? And once clearly defined, what is mental health?

Redefining Health

The most common definition of health is *the state of being free from illness or injury or the absence of disease or infirmity*. This definition is lacking in terms of (a) what health is, (b) how, in its positive sense, it is experienced, (c) its placement of health, or its absence, as solely determined by a source external to the individual in question, and (d) as only an “objective” phenomenon (Sartorius, 2006). What if there are no objective markers but the person feels that they are ill? If the individual’s value and aim is to be free from injury, illness, disease or infirmity, what markers count and what do not? What is to be done with an ever-increasing ability to detect and manage even smaller and more transient states in the body? What, then, is injury? What is illness? What is disease? What is disorder? And, most importantly, what is health? An apparently more nuanced definition of health, from the World Health Organization

(n.d., para. 1), is “*a state of complete physical, mental and social well-being.*” This definition, again, brings up more questions than answers. What is well-being? How is it experienced? How is it acquired and when and according to what or who? It’s been said that the clarity with which we define a term or concept determines its usefulness. To pursue anything related to health, a better, clearer definition is essential.

The 1986 Ottawa Charter for Health Promotion (para. 1) defined health as follows: “*Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing personal and social resources as well as physical capacities.*” There seem to be a few key elements to this definition: (1) health is a resource for living, not the reason for living making it imperative to explore the reason, the purpose, the aim of the individual’s life; (2) each person’s aim may be different, unique so the health-related resources and methods for attaining them must be individualized and resist a manualized therapy; (3) health is a positive concept resembling a strengths-based approach in which the pursuit of health resources may be best rooted in utilizing one’s existing strengths and building strength in other areas related to one’s objectives for living; (4) health emphasizes personal and social resources so intra- (within and about the individual) and interpersonal (that which is only created and experienced between individuals) factors must be explored and maximally exploited; (5) physical capacities are included as resources for better living—capacity for both functional abilities and the amount of or degree to which one is able to functionally access and express those abilities—meaning increasing physical capacity for strength, endurance, flexibility, power, and body transformation may allow for these qualities to manifest mentally as well; and (6) health is holistic, and is, and will only be, recognized by caring for the whole person.

Now, what happens when this definition of health is rooted in our concept and practices for mental health? The whole-person orientation towards health is also reflective of humanism and humanistic psychology, which also informs our understanding and pursuit of health and mental health. As Sutich (1962, p. 22) explains, the focus and foundation of humanism

is primarily concerned with those human capacities and potentialities that have little or no systematic place, either in positivist or behaviorist theory or in classical psychoanalytic theory: e.g., love, creativity, self, growth, organism, basic need-gratification, self-actualization, higher values, being, becoming, spontaneity, play, humor, affection, naturalness, warmth, ego transcendence, objectivity, autonomy, responsibility, meaning, fair play, transcendental experience, psychological health, and related concepts.

Clearly, humanism helps to articulate and highlight other essential characteristics and practices for health beyond the aforementioned 6 foundational functions of human health, including connection with oneself and their ideal self, each other, and all of nature. The pursuit of health is experienced through more than just physical means, but it does not exclude physical health practices either; these are interrelated. Health, its management, and its practices are holistic and need integration. Breath, exercise, movement, diet, nutrition, and sleep are among essential practices for health, but these are both supported by and reinforced, for potentially greater effect, when coupled with nature, solitude, abstract and concrete exploration and expression—like art and writing—and through social connection, relationships, and an array of other psychologically-based practices that promote grounding, connection, authenticity, psychological flexibility, adaptability, and resilience, all based on individually prioritized values-based living. Therefore, these practices, or ones that bring these out, must be included in the pursuit of health for mental health. These practices include: making art and writing/journaling as

a means of self-exploration and expression, social connection, and time in and connection with nature.

Expansion of Health Practices

Art. According to the World Health Organization (Arts and Health, n.d.), related to art and health, art can play a key role in positive clinical outcomes including prevention of illness and dis-ease, healing and recovery, and emotionally managing and navigating an array of experiences related to illness and recovery, all for patients, providers, families, and the greater community. Reflecting this position, many scholars have used art in education for helping professionals. Ardelt and colleagues (2018) advocate an arts-based education to expand to any practice or approach that embodies and nurtures self-awareness, reflection, and subjectivity. As well, Wehbi et al. (2017) found that art in social work transcended the personal. Art with social work students' positively influenced connection with what they were learning, their peers, their educators and the curriculum. Art helped students make deeper connections with the subjects they were engaging in and find common ground with others; art also pushed educators to be more intentional and create assignments that connected to more aspects of the curriculum. In terms of more health-oriented outcomes through the application of art, Sinding, Warren, and Paton (2014) describe how art, especially in an educational, clinical, or self-focused context, allows people to get in, get at, and get out feelings, thoughts, and many forms of expressions and understanding. Leonard, Hafford-Letchfield, and Couchman (2018) found that making even a single image allowed social work students to access new self-knowledge and behavior that would benefit their educational and professional stress. Beddoe, Davys, and Adamson (2013) discovered that art allowed social work students to realize and express resilience. Sinding,

Warren, and Paton (2014) found that a social work arts-based education allowed students to tap into inner strength and mobilize personal healing.

Based on a comprehensive review of art-based interventions and their impact on individual health and well-being, Stuckey and Nobel (2010) categorized the evidence-based healing arts into 4 major areas: music, visual arts, movement-based creative expression, and expressive writing. Looking at the arts applied in the social work classroom and remaining open to interpretation and application, that which has been most influential includes intentionally engaging with music and the visual arts, making art, sculpting, painting, drawing, body-based artistic expression, acting, drama, and expressive writing, particularly poetry, journaling, and storytelling. Several of these practices fit into the 6 foundational health functions and the expanded humanistic-based approach to health. Despite this evidence, applying the arts has not become common practice in education or therapy.

Writing/Journaling. While art may be considered a more abstract process of thinking, processing, expressing, and understanding, writing and journaling can exist on a spectrum from more abstract to concrete and has many similar benefits as art to health and mental health (Esterling et al., 1999). The power of journaling for health benefits was first scientifically recognized by Pennebaker and Beall (1986). In their landmark study, the researchers wanted to explore potential health benefits of exploring and expressing personal content that people may not feel comfortable sharing with others. To do so, writing was used. Participants were asked to write for 15 minutes on 4 consecutive days about either any daily life experience (control) or about past trauma (experimental) - some focusing on the emotions of the trauma, some on the facts and narrative of the trauma, and others on a combination of emotions and facts. Four months following the writing intervention, it was found that those who had written about

emotional content (emotion only or combination) had significantly better health than those in the other conditions. Furthermore, participants were reporting better understanding of themselves, their emotions, and having found a new resource for helping them process their life. Following this, a series of similar studies have continued to evidence the positive health benefits of writing about emotional content related to traumatic events. Pennebaker et al. (1988) tested immune function and found significantly improved immune function immediately following and up to 6 weeks post-writing. Donnelly and Murray (1991) found that writing about trauma was as effective as individual psychotherapy sessions. L'Abate et al. (1992) found that a 10-week program of writing significantly lowered clinical depression. L'Abate and Baggett (1997) showed that a similar writing protocol significantly improved anxiety 6 months after the intervention.

More recently, researchers have assessed implications about writing about positive emotional content and in helping professional education. For example, King (2001) and Harrist and colleagues (2007) found that university students writing about fulfilling one's life goals experienced positive impacts on short-term mood and subjective well-being (a finding not found in trauma writing experiments) and long-term writing led to significant improvements in health and illness prevention. Related to helping professional students, Remen and Rabow (2005) developed a writing protocol, the 3 Question Journal, that helped medical students reduce compassion fatigue and burnout. As well, follow-ups with the curriculum that utilized this writing protocol found that, altogether, this helped medical students with self-awareness, self-care, professional identity and professionalism, resilience and wellness, and social connection and bonding with peers, faculty, and patients (Geary, McKee, Sierpina, & Kreitzer, 2009; Meyer-Parson, Van Etten, & Shaw, 2017).

Social Connection. In *Bowling Alone: The Collapse and Revival of American Community* (2000), Sociologist Robert Putnam, reporting on decades of scientific evidence, explicitly demonstrates that social connection is foundational to human health and mental health. Evidence for social connection and health was first highlighted through Stewart Wolf's study of the Italian immigrant town of Roseto, Pennsylvania (Gladwell, 2008). Stewart, a physician, studied this population after a local medical professional asked him about the oddly low rates of heart disease he saw in patients. After careful evaluation of biological and environmental factors, the only possible factor for the town's exceptional health was social connectedness (Bruhn & Wolf, 1979). In a 50-year follow up (Egolf et al., 1992), researchers wondered if heart disease and other health problems might increase once a new, more socially disconnected generation of towns people aged into adulthood. That is what was found. As the researchers note, "following a period of erosion of traditionally cohesive family and community relationships" levels of heart disease rose to match general US trends (Egolf et al., 1992, p. 1089). Putnam (2000) notes that the socially integrated person is less likely to experience illness, dis-ease, and premature death from a wide array of causes beyond cardio and cerebrovascular, ranging from cancer to depression.

To discern association or causation, in isolation studies of animals, social isolation is the cause of atherosclerosis and cardiovascular disease, impairing immune function, and facilitating a stress-based systemic state of inflammation that creates and accelerates dis-ease and death (Berkman, 1988). Importantly, it has been made clear in human studies that social isolation and disconnect is an antecedent to and cause of illness, not the other way around, with disconnected people being anywhere from two to five times as likely to die prematurely from all causes compared to those who are connected to family, friends, and the community (Berkman & Glass,

2000). This is a trend that is still present, even more so, today. Holt-Lunstad and colleagues (2015), in a meta-analytic review of 70 studies with 3.5 million participants followed for an average of 7 years, found that social isolation and loneliness were greater risk to premature death than obesity and equal to that of smoking 15 cigarettes per day or being an alcoholic. A more recent meta-analytic review, based on social connection concerns during the COVID-19 pandemic, found a strong association with lack of social connection and increased risk of a great number of health problems, disease, and all-cause mortality and significant increases in clinical depression and anxiety for children, adolescents and adults (Morina et al., 2021).

Conversely, social connection with an emphasis in serving others negates the mortality risk from significant stressful life events (Poulin et al., 2013). Interestingly, when people who are genetically predisposed to be least sensitive to oxytocin—the cardioprotective biochemical released in response to social connection—they receive the greatest benefits of this biochemical and protective effects when they are prosocial and connecting (Poulin & Holman, 2013). Additionally, not only is social connection important in the prevention of dis-ease, it has also been found to speed up and facilitate greater recovery and healing (Putnam, 2000), which are key concepts in mental health therapy. As it relates to university students, researchers at Case Western University, simulating advising with a college advisor, found that when asked about bigger-than-self-goals, the work they wanted to do, and who they wanted to connect with and serve, college students felt connected, heard, understood, cared for, and inspired (Jack et al., 2013). As well, neuroimaging evidenced increased brain activity that is associated with being resilient to stress and in line with receiving the physiologic benefits of social connection. Related to the brain, as relationships are now known to be so biologically necessary for our well-being, researchers now refer to the brain as a ‘relational organ’ (Stuart-Smith, 2020). Finally, Satterfield

and Becerra (2010) found peer connection to be the most important source of support and prevention for burnout in medical graduate training. Learning about, practicing, and applying connection is imperative to better health and mental health for all populations (McGonigal, 2015).

Nature connection. The power, utilization, and importance of nature for health and healing have been described for centuries. Earliest western records could be the accounts of St. Bernard, who wrote in the 11th century,

the sick man sits upon the green lawn... for the comfort of his pain, all kinds of grass are fragrant in his nostrils. The lovely green of herb and tree nourishes his eyes... The choir of painted birds caresses his ears... the earth breathes with fruitfulness, and the invalid himself with eyes, ears, and nostrils, drinks in the delights of colors, songs, and perfumes. (Stuart-Smith, 2020, p. 28)

Following in the 12th century, abbess St. Hildegard von Bingen described this power as *viriditas* (Viriditas, n.d.). Viriditas, which literally means green truth, was explained by St. Hildegard as the vital, mysterious, and divine healing power of greenness and nature. More recently, depth psychologist Carl Jung explained “we all need nourishment for our psyche. It is impossible to find such nourishment in urban tenements without a patch of green or a blossoming tree. We need a relationship with nature” (Jung, 1950, p. 202).

The need for reconnection with nature may be more important now than ever. Americans are reported to spend 93% of their time indoors or in an enclosed vehicle (Environmental Protection Agency, 1989). The average child spends less time outside than a maximum security prisoner (Stuart-Smith, 2020). George Miller Beard described this disease of civilization as neurasthenia, which, brought on by urban living, affects both physical and mental health,

producing among many symptoms, insomnia, anxiety, and depression (Gijswijt-Hofstra & Porter, 2001). Compared to rural settings, depression and anxiety are up to 40% higher in urban areas (McManus et al., 2009). Importantly, time in nature can reverse these outcomes.

Today, the healing power of nature and green space has been scientifically validated. White and colleagues (2019) found that, among nearly 20,000 participants, recreationally being in nature for at least 120 minutes in a week was associated with a statistically significant increase in reporting health and well-being. Problematically, this was a recall survey and association-based study. Other data suggest that nature's impact may appear much sooner. In a recent experimental study, Hunter, Gillespie, and Chen (2019) found that 20 minutes, 3 times a week, in a nature setting of one's choosing, statistically significantly reduced important measures related to dis-ease and stress, including blood pressure and cortisol. Finally, studying the stress response using heart, skin, and muscle, Ulrich (1981) found clinically significant improvements in the body, cardiovascular system, and stress response within just minutes of simply viewing images of nature. Similarly, Ulrich (1984) found that post-surgical hospital patients who had a view of green space and trees, compared to those with a view of a brick wall, recovered more quickly and easily, with statistically significantly shorter hospital stays and less pain medication required.

As previously mentioned with many of the 6 foundational health practices, combining nature with other practices can be even more effective. For example, green exercise—exercising outdoors in nature—has been found to be more effective than exercising in a gym for lowering stress, bettering mood and increasing self-esteem (Barton & Pretty, 2010); all factors that could lead to more participation in exercise and other foundational health practices. Mitchell (2013) found that people exercising in nature were half as likely to evidence poor mental health. Spending time outdoors increases exposure to sunlight which begets healthier levels of Vitamin

D which is associated with many positive health outcomes, including antioxidant and anti-inflammatory effects—two biochemical health benefits also evidenced in a whole-foods-based diet, all of which are associated with significant improvements in mental health (Ceolin et al., 2021). Exposure to sunlight and Vitamin D also increases and regulates serotonin production which influences regulation of mood, improves sense of well-being, and promotes empathy (Sabir et al., 2018)—a key driver of social connection. Finally, considering nature, sun, and sleep, sunlight—especially early day bright light—significantly reduces cortisol, regulating circadian rhythm, and aiding better sleep (Jung et al., 2010).

Beyond time in nature, just the color green has great benefits on human health. In a systematic review of color schemes in work offices, green has been found to be the most popular color, elicits the most positive emotional responses, and is associated with relaxation, happiness, and a positive sense of well-being (Savavibool et al., 2018). National Institute of Mental Health neuroimmunologist, E.M. Sternberg (2009), describes, like St. Hildegard in the 12th century, the vital, mysterious, and divine green truth. According to Sternberg, why green is so pleasing and healing for the body is: (1) green colors were the first to evolve in human vision, (2) the color green requires no adjustment by the eye and nervous system, and therefore, (3) facilitates a calmer, lower level of central nervous system arousal. Based on these findings, Sternberg describes the color green as the default mode for our brains. Ultimately, time in nature, green space, and the greenness of life is restorative, healing, and has so much to teach us. Time in nature, art, writing, in endless combination with the 6 foundational functions, again demonstrates much of what humanism says it means and is needed to be human, healthy, and thriving: naturalness; spontaneity; warmth; affection; humor; creativity; basic need-gratification; self-growth; higher values; being; becoming; self-actualization; ego transcendence; transcendental

experience; responsibility; meaning; fair, responsible, and cooperative play; and psychological health and well-being (Sutich, 1962).

Humanistic Education. Returning to humanism and humanistic psychology, Carl Rogers, considered a humanistic psychologist, saw his professional foundation develop from a person-centered approach to therapy and healing to a student/person-centered approach to education (Patterson, 1977; Rychlak, 1973). During his clinical work and while educating counseling students, Rogers would grow quite critical of education as he worked in several prominent universities. While working at the University of Wisconsin, Rogers' confidence in education was destroyed by what he saw as an overly restrictive and punishing graduate curriculum and a process that prized immersion in and memorization of minutiae and the abandonment of creativity and open-mindedness (Rychlak, 1973). In Rogers' view, there were two poles on the spectrum of learning. At one end is the meaningless memorization learning. Rogers found this learning experience to be burdensome, most often not conducive to long-term learning or positive change, and negatively influencing a person's awareness and self-concept. Therefore, anything that the individual perceived to be threatening would stifle learning and create resistance towards learning, growth, and development (Patterson, 1977, Rogers, 1969). In this context, threats include rigid curriculum, pressure, shame, or judgment from the institution, faculty, peers, or other important relationships; or an environment that doesn't encourage individual interests or provide space, flexibility, and the freedom to explore and experientially learn. In contrast, supportive, meaningful, relevant, and experiential learning would proceed effortlessly, naturally, and produce important and lasting changes for the individual. This was the ground of Rogers' theory of Humanistic Education, and that which was applied to the creation and execution of curriculum in the present study.

Humanistic Education questions and repositions all aspects of education—the role of the teacher, the student, and the institution (Rogers, 1969). First, the student is the center. Reflecting Rogers' person or client-centered approach, humanistic education is adaptable and may take many forms. Additionally, adult education prioritizes the development of the whole-person (Walsh & Leech, 2012), which is relevant to our expanded view of health and mental health. Therefore, the educational process would require a focus on and encourage cognitive, emotional, behavioral, whole-body learning and development. As well, the practice of student evaluation shifts in a student-centered classroom. Grades may impart more threat than motivation. Therefore, grades are likely best for the student to assess if they are developing in ways that are important to them, and for the teacher to determine if their facilitation is successful. More still, partnering with the teacher, the student in the humanistic classroom sets meaningful goals and evaluations and assesses themselves using their sense of relevant development (Walsh & Leech, 2012). This makes evaluation, in part, the responsibility of the student, which again, was a characteristic of the present study. Furthermore, the institution's job is to support the student. Therefore, the primary aims of the institution are not institutional goals but the student's; and the environments they build and maintain are anything that supports the student's holistic developmental aims (Ancis, 1998). Finally, the teacher reorients away from being the class' sole perspective and provider of knowledge. The effective professor's duty is not to profess. As Rogers posited, anything taught to another did little to impact learning and behavior because learning must be self-directed (Rogers, 1969). Thus, Rogers described the teacher as the facilitator of learning. The teacher facilitates by creating a community of learning. This is accomplished by providing opportunities for meaningful self-directed learning through student choice and control, which would all be made possible through the teacher's interest in and

expression of genuineness, empathy, relationship, and prizing and trusting the student (Patterson, 1977, Rogers, 1969), all of which were foundational to and employed in the present study.

Finally, according to arts-based educator Sir Ken Robinson (2006), the problem with the modern school system is that over the course of a person's education the focus moves up and out of the body and into the head, eventually just to the left, analytic side. However, we don't think, process, learn and act in life with just our heads. Lago-Rodriguez and colleagues (2014) clearly demonstrate that it is through the motor learning and mirror neuron system that we learn and develop more fully. Through simple action and visually witnessing action in others, the nervous system and body move, learn to move, and transform our perception of ourselves, others, and our environments. Clearly, this makes using the body, movement, and working together with other people essential educational practices. Therefore, like the expanded, whole-person-centered-approach to health, a return to a richer, more diverse, inclusive, whole-body education is needed; a concept that was applied in the present study.

Problem Statement

What I was learning through doing: my first finding. Coming back to the class in the present study—the informal pilot study—what started, slowly and reluctantly, as spending time in nature was so much more. They were actively engaging in a variety of health practices. Many walked. Two biked. Some made art. Some internally processed thoughts and emotions. Others rested. One slept. And others focused on their breath. They were in nature, yes, but there was more. Interestingly, after one class outdoors to specifically practice breathing and movement/exercise, the students unanimously chose to not go inside for class for two months afterwards. One student said that having class outside was like a continuous dose of grounding and earthing that allowed her to stay present in class, with herself, and with others. The was class

was growing, obviously, closer, more social, more supportive. The class became its own being, and it was healing to be a part of it and in its presence. Nature had its place and impact. Nature was at work. But there seemed to be more to it. One student shared that she had been told for 5 years about the importance of health and about practices like breathing, exercise, and self-care, but that this was the first time that she had ever been instructed on how to do it, practiced it as a class exercise, and was asked to keep working on it and incorporating it into her daily life. She loved it and acted transformed by it. She was more open - physically, emotionally, mentally, and socially. There were so many like her. It was exhilarating. The individual and collective pursuit of a holistic health journey was powerful, empowering, and transformative.

The Problem. Health is a human right, and it is the foundation for mental health. However, the concept of health and its holistic, positive, strengths-based, and individualized approach is in direct conflict with the one-size-fits-all model of pathology, disorder, and illness. In general, there is a lack of connection, messaging, healthcare, programming and counseling explicitly directed at health for better mental health. Additionally, the positive concept of health and biology, especially the physical capacities (Edenborn & Bell, 2014), as well as more whole-person-centered functions including expression through art and writing, social connection, and reconnection with nature, are not well-understood, taught, nor practiced in Social Work. This poses a significant threat to mental health care in the US, as Social Workers are the majority mental health provider in the United States, with more than twice the number of clinical social workers providing mental health care compared to psychologists, marriage and family therapists, psychiatrists, and advanced practice psychiatric nurses (Heisler, 2018). Therefore, what happens when we teach social work students more about health and practice health practices? How does this impact their views of mental health and mental health care? As well, what innovation in

mental health care practice might this provide? And what impact does this have on social work student health and mental health, and how might that impact their future work in mental health care?

Research Question: How does getting students in a course focused on exploring personal and social resources and physical capacities influence their conceptions, understanding, and experience of health and mental health, and what does that mean for innovation in and the future of the provision of mental health care? What does it look like to put health in mental health?

Methods

“Quantification is seductive, because it organizes and simplifies knowledge. It offers numerical information that allows for easy comparison among people and institutions. But that simplification may lead to distortion, since making things comparable often means that they are stripped of their context, history, and meaning. The result is that the information appears more certain and authoritative than is actually the case; the caveats, the ambiguities, and uncertainties are peeled away, and nothing does more to create the appearance of certain knowledge than expressing it in numerical form.” – Jerry Z. Muller, The Tyranny of Metrics

Justification of Methodology

Hermeneutic phenomenology was the methodology used for this study. Goble (2014, para. 1) explains the foundational premise of hermeneutic phenomenology is that “our most fundamental and basic experience of the world is already full of meaning,” and that the purpose of the method is to bring to light, reflect upon, and communicate these human experiences and their meanings. Laverty (2003) supports this position describing the phenomenological insistence that human issues, psychology, and mental health, cannot be fully understood and explained by the objective methods of the natural sciences. Additionally, Goble (2014) describes that this method can be applied to any human experience but must remain flexible and adaptable based on each unique experience studied. As the aim of the research question asks about the experience of being in a class and with activities and practices devoted to the diverse but interrelated aspects of health, mental health, and psychology, hermeneutic phenomenology was ideal for this study. Ultimately, the application of hermeneutic phenomenology for this study aligns with Goble’s (2014) and Laverty’s (2003) descriptions of this research method as it directly relates to: (1) unique experience—a key characteristic of initial findings related to this study, (2) the need to

understand meaning—which helps to answer the research questions related to what is health, mental health, why does it matter, and how are these experienced, (3) meaning and experience are interpretively discovered and must include the historical contexts of the researcher, participant, and their interactions and co-construction of findings—which became the central process for understanding and communicating the experiences and meanings discovered, (4) intention to “return [to] and re-examine...taken for granted experiences and perhaps uncover new and/or forgotten meanings (p.22),”—which is necessary for this study given the researcher’s history with and objective knowledge about the subjects of health, mental health, and well-being, and (5) the method’s open, flexible, and adaptable nature—which is essential, again, based on the unique experiences of all potential participants, the view of health that it is individually determined based on one’s objectives for living, and to have an adaptable means to communicate and share the experiences of all involved in this study.

Instrumentation

In qualitative research, especially hermeneutic phenomenology, the researcher is the main instrument of measurement. Therefore, in the final presentation of data analysis, reflexive statements from me, the researcher, are provided to describe qualifications, experience, perception of, and perspectives to the study, and any potential bias.

My name is Craig. I am, a 43-year-old, White male. Currently, I am a doctoral student - All But Dissertation (ABD) - in my fourth year of study. From a research perspective, I am a qualitative researcher. However, from my perspective, that distinction contributes the least to who I am, personally and professionally. Professionally, I am a Licensed Master Social Worker, counselor, health coach. I have worked as a health coach, in some capacity, for 20 years. I am, and have long been, fascinated by all things biologic, especially human anatomy and physiology,

exercise physiology, nutritional biochemistry, and psychology. I have an interdisciplinary bachelor's in the biological sciences, broadly. I am also an adjunct professor of social work. I have been teaching in my university's School of Social Work for 4 years, and I love it. Of course, I love it most when I teach the curriculum that has founded this study.

More of me as a researcher: I am a doctoral student primarily focused on and being trained in qualitative research. Additionally, I have been a member of several research teams and analyzed qualitative data on five different qualitative research studies, two as a master's student and three as a doctoral student. Also, specific to this investigation, as an emerging scholar interested in the lesser explored biopsychosocial influences of human behavior, health and well-being, I believe there is a vast array of influences over human behavior and health and well-being and intend to, as best possible, allow the participants, not my preconceptions, to describe and present their experiences.

Sampling

Sampling plan. Criterion Sampling was used, as the participants had to meet predefined criteria to be included in this study. Inclusion criteria are discussed below.

Sample size. In a review of hermeneutic phenomenology methodology, it is reported that the number of participants is determined by the nature of the study, type of data being collected, and what is effective to reach a point of saturation (Laverty, 2003). De Gagne and Walters (2010) support this flexible sample size stating that adequate sample size is up to the researcher and what is predicted to be needed to allow for saturation. Moser and Korstjens (2018) state that phenomenological studies require fewer than 10 interviews. Based on these perspectives, with knowledge of the varied experiences of the participants, and given the intention to conduct group interviews as well as individual interviews, the sample size for this study was 13.

Recruitment. Participants were recruited from the UTA School of Social Work class Stress, Crisis, and Coping 5316: Sections 008 and 016. The researcher has a relationship with each student in the two class sections, explained the general nature of the study, asked for anyone interested to provide their contact information to the researcher, and then contacted each individual participant.

Inclusion criteria. Any UTA Graduate Social Work Students who are 18 years old or older and were students in Stress Crisis and Coping Section 008 or 016 during the Fall 2021 semester was eligible to participate.

Consent. Prior to the initial interview, the researcher met with the participant in-person or via phone and described the research study and the parameters of participation. All potential participants were informed that they do not have to participate, and that they can stop participating at any point during the study at no penalty to them. Those interested in participating in the study were asked to read and sign the participation consent form. Assent was not necessary as all participants had to be 18 years old or older.

Data Collection

Following recruitment and provision of informed consent, the researcher met with each participant, individually, for an in-depth interview. Eight interviews were held in-person, and 5 were conducted via online meetings using Microsoft Teams. In the interviews, the participants discussed their thoughts, feelings, understanding of and experiences with health, mental health, and well-being, as well as the experience of their most meaningful and surprising personally defined health-based activities from class or related to the class experience. Additionally, there were discussions of how these experiences inform our shared understanding of health/mental

health, and how we can use their experiences to better construct a health/healing/healers' curriculum for students in the helping professions who are interested in mental health.

Following the interviews, the researcher and participants remained in contact, often exchanging emails and text messages as they further processed their experience with class and the interviews. All interviews were audio recorded for transcription so the researcher could revisit the conversations as they happened. The researcher also kept a research journal to document the experience of and insights from the interviews and conversations.

After all individual interviews were completed and transcripts had been reviewed, the researcher conducted a follow-up focus group. The focus group was aimed at member checking and to determine if saturation had been reached. Only 4 of the 13 participants were able to attend. For further clarification following interviews and data analysis, the researcher conducted one follow-up interview and collected written responses from 3 others as additional member checks for a total of eight member checks.

Interview schedule. Scheduled questions include: How are you? I am interested in the health and mental health relationship, what comes to your mind when you hear me say this? Tell me about your health and mental health. Tell me about your experience with class. What was the most surprising class experience for you? What activity(s)/practice(s) have you chosen? Describe anything that is important to you about all of this that we haven't discussed yet.

Beyond these general questions, no other questions were predetermined, and not all the questions were always explicitly asked. Following Van Mannen (1997) and Laverly (2003), the openness of an organic conversation was prioritized over scripted questions. Additionally, priority was given to the needs of the participant such as talking about a wide range of topics that were relevant to them, taking breaks as needed, taking time to process, think, and emote—all of

which are important data and support the most discovery. Lavery (2003) asserts that the most important aspect of the interview process is the context of the relationship between interviewer and interviewee. Therefore, above all else, care for the participant and the relationship was prioritized.

Data Analysis

Lavery (2003) describes how phenomenological data analysis can be conducted in many ways. Specific to a hermeneutic approach, strict method is resisted, with priority given to and focus being on the meaning and communicative material co-constructed between researcher and participant (Lavery, 2003). Kohl (1995, p. 835) specifically states,

Hermeneutics invites participants into an ongoing conversation, but does not provide a set methodology. Understanding occurs through a fusion of horizons, which is a dialectic between the pre-understandings of the research process, the interpretive framework and the sources of information.

To accomplish this, hermeneutic data analysis is an adaptive, open-ended, and cyclical process of reading, writing, and participant and researcher review to achieve interpretations that best describe the experiences in question and related meanings (Allen, 1995; Lavery, 2003). Based on these descriptions of analysis in hermeneutic phenomenology, the researcher analyzed the data in the following general method.

First, prior to the interview the researcher made notes about each participant—who they were to him in class, researcher's perception of their class experience and health and mental health, and specific questions about their experiences. Next, during and after the interview, the researcher made notes of insights and notable interactions experienced with the participant. Then after the interview, transcriptions were printed, read on paper, and the researcher annotated the

interview with insights gleaned from the reading of the transcripts, recollections of the interview, and from the personal research journal. Any time there was a question of what was said or how it was said, the researcher listened to the audio recording of the interview and made a note of that on the paper transcript or in a working results computer document. After all transcripts were read and first analyzed, the researcher wrote about first themes emerging and questions that had arisen, then conducted a focus group to member check preliminary themes and seek answers to questions. Following the focus group, the researcher reread interviews and again wrote about insights and other themes and feelings that emerged from the next reading. Following both transcript readings and writing, the researcher met with the dissertation supervisor to discuss developing findings. After the second transcript reading and writing and following discussion with dissertation supervisor, the researcher determined the best method of reporting the data was to write the stories of each participant. Following completion of the participant story, the researcher shared the story with the participant, and the participant read the story and provided feedback to check the validity and authenticity of each participant story—another layer of member-checking. Finally, the researcher shared the member-checked story with the research supervisor for confirmation of direction and findings of the story creation process.

Rigor

Rigor was primarily accomplished through two forms of triangulation and an intention to be trustworthy, credible, and authentic. First, after finalizing the structure and description of the experience, the researcher employed individual member-checking, validating findings through the participants' review of the stories. Details about the member checking process are explained below. Second, a faculty member, who is a qualitative methodologist, provided expert review. The expert review consisted of discussion of the interviews and data analysis process and

exploration of findings, themes, and future directions of constructing the results and discussion. Additionally, the expert reviewer reviewed each participant story after member checking to check for consistency, credibility, and authenticity. Third, Laverly (2003) describes another important aspect of rigor for hermeneutic phenomenology is validity through credibility, trustworthiness, and authenticity. Beck (1993) notes that credibility occurs through the most accurate description of the experience lived. This description includes factual details as well as feelings and emotions. Altogether, this is accomplished when the outside reader of the text can feel the experience for themselves. This credible experience supports trustworthiness of the text and the process and intention of its construction. Finally, authenticity is also achieved and can be expressed in this process. It is relevant to note that authenticity is both a means of rigor for this methodology and one of the primary characteristics of the participants and researcher and their experience of their relationships – both as student and teacher and researcher and research participant. Statements and expressions of authenticity are common and often highlighted in the Results section.

Member checking. Based on the data collected, data analysis, and interpretation, the researcher wrote a participant story for each participant. After writing the story, the researcher emailed the story to the participant for them to read, review, and describe any changes that needed to be made. When necessary, this was an iterative process between researcher and participant so that the story best reflected the participant's and researcher's experience. This was an extensive and individually focused effort towards rigor through member checking. It should be noted that although 13 participants were used for this study, only 12 stories were included in the final results. All 13 were not required to reach saturation, and by the time of writeup after data analysis, the 13th participant was non-responsive to attempts to member check. Therefore, in

order to maintain a rigorous, member-checked result, only 12 stories were included in the final analysis.

Statement of Ethical Conduct of Research

First, all materials, processes and procedures, and researcher action were in accordance with the Institutional Review Board of University of Texas at Arlington. Before beginning this study, approval for the study was sought and granted by the University's Institutional Review Board. See Appendix A for the University provided IRB Approval Letter. Additionally, all materials, processes and procedures, and research were done in accord with upholding the National Association of Social Worker's Code of Ethics. Finally, the findings from this research study belong only to the participants, and the researcher will always and only act according to the participants' interests.

Results

“The telling and the hearing of a story is not a simple act. The one who tells must reach down into deeper layers of the self, reviving old feelings, reviewing the past. Whatever is retrieved is reworked into a new form, one that narrates events and gives the listener a path through these events that leads to some fragment of wisdom. The one who hears takes the story in, even to a place not visible or conscious to the mind, yet there. In this inner place a story from another life suffers a subtle change. As it enters the memory of the listener it is augmented by reflection, by other memories, and even the body hearing and responding in the moment of the telling.

By such transmissions, consciousness is woven.”

— Susan Griffin, *A Chorus of Stones: The Private Life of War*

Storytelling Not Story Analysis: Threads Not Themes

After getting to know, working with, growing with, and analyzing extensively the words, feelings, expressions, and experiences of the research participants, I resist the construction and identification of themes. Each viewer, reader, witness will see, feel, and experience different things, and those different things matter. Those different things, like the multitude of what the research participants and I experienced, must be recognized and reckoned with. What stands out, stands out for a reason. The root word for phenomenology is *phainesthai*—to appear; that which shines forth. What appears, what shines forth to each reader is most certainly integral to them, to their life, and their health. Health, well-being, and a meaningful human life transcend objective metrics and formulas. Therefore, the outcomes of this work must resist formula and any movement towards manualized “therapy.”

In lieu of themes, I invite the reader to experience what may be the two great threads that weave through and join the participants’ experiences. Those threads are authenticity and

relationship. The reader is invited to experience and extract what else shines forth. Importantly, these threads were realized in the construction and confirmation of participant stories. Therefore, what follows is the individual stories - rich with history, present experience, insight, emotion, and transformation - of each research participant. The stories exist in depth to represent the uniqueness of each person's experience and the meanings that accompany them, and to firmly communicate the necessity of individuality, flexibility, freedom, and person-centeredness that must exist, first, that must be primary, in health, healing, and therapeutic work.

The Stories

"I'm just reflecting on this semester, and like realizing how impactful it was for me... I just feel like I grew a lot. Makes me emotional to think about that, because I never thought that would happen. I didn't think it was something that needed to be done." – Kameron, participant

Martha

Martha is 43 years old. She considers herself Mexican and a US citizen through naturalization. Martha is a mother, wife, sister, and daughter. Martha works full time and is very devoted to her family. She describes a busy, chaotic life. In school, Martha sees herself as an older student, learning different, and has experienced depression and anxiety related to school and school performance. She's had experiences in higher education of professors openly demeaning her for her level of understanding or ability to keep up with her peers.

I did come across some [professors] that were just like, you should have known this already. So, you know, pointing it out in front of the class, and then the class knowing it makes it you know, feel like, what am I doing here? You know, my professors' expectations are this. My classmates' expectations are these, you know, and I'm falling

short. How am I going to be able to catch up to everybody? So, you start doubting and going into a depression state, anxiety.

This class was a different experience for Martha, a better experience. In fact, she said she loved the class. “You go from that hectic, overwhelm experience to, you know, you refocus, re-energize, and come out with a different perspective on what might have been the chaos and see it from a different point of view.” Martha repeatedly describes life as chaotic, not having time, and always rushing to get through school. Though, through this class she found better health and mental health and a slower, more present way of being by working in a few directions: walking, nature, art, grounding, and social support. When asked what all those activities have in common, she noted two important things. First, she described growing self-awareness. “You have to be knowledgeable about it, about yourselves, before anything.” Next, she articulated that through self-awareness she was surprised and consistently found “just being able to acknowledge how important it is to disconnect to help you regroup and re-center and remove yourself from a chaotic situation.” Martha elaborated, “it’s that disconnect from the chaos. I think that’s more what I’m looking for. Because once you disconnect, you’re just in a different zone with, you know, no thoughts whatsoever about anything that’s troubling you at the moment.” Martha describes feeling better, mentally, and physically, slowing down, and opening up in the “here and now” instead of the mental chaos of the “there and then”. All in all, she said this was all possible because for her in this class “You get to find ways to center yourself, to try different things. What works for one may not work for you. But you know, there’s always something you can find that will, you know, help you get there.”

Martha finished the semester by volunteering to give a presentation to the entire class on grounding exercises that have been helping her slow down and disconnect from the chaos.

Choosing to give a class presentation when she could privately write a paper seems to be wonderful progress for someone who recently was anxious to be in school, saw herself as negatively learning different, and behind her younger peers. Watching Martha slow down, reconnect with and opening up to herself and others, and turning towards not away from what she feared, evidences that Martha is finding what works for her, is intentionally participating in it, and is definitely “getting there.”

Mackenzie

Mackenzie is 25 years old, White, and female. Mackenzie is a hard worker, conscientious. In class, she’s quiet and keeps to herself, but always present and focused. She’s there to do her work and do it well. And she does. Mackenzie works full-time and has 2 part time jobs. Needless to say, she’s busy and doesn’t have much time for herself. And she feels it. She started our interview explaining that she has experience with the health-mental health relationship.

I feel that my mental health is worse when I don’t make time for my personal health...because I work a lot, if I don’t make time in the day and take, like, an actual break... I feel like by the end of the day, I’m just, like, done, and I’m in a bad mood. And I don’t want to talk to anybody, and I’m just kind of over it.

Not only does Mackenzie work almost every day of the week, but most of her work is also online and from home, and she needs a break from all of that. Currently, she finds much needed relief in the places that take her away from all of that. Her solace is at the dog park. It’s a place where she can be with her dog, her friend, other dogs, and her dog park friends. It’s a place where no one talks about work or school. “I feel like I’m most at peace there because people

aren't expecting anything of me.” Mackenzie’s other safe haven is outside in nature on a hike with her dog. A major challenge in doing this is time.

Another challenge Mackenzie’s had, is with her mental health. While she is navigating a relatively recent diagnosis of ADHD, she explained a history of troubling anxiety, and that anxiety runs in her family. Her anxiety came to surface as a teenager. She said she was feeling terrible, talked to her doctor, and was immediately medicated. She remained on meds for 2 years. After a move to a new state and life changes, she didn’t have access to medication refills and said she “felt fine” and remained medication-free until the pandemic. “I have a lot of health anxiety, like, I’m definitely a hypochondriac. It’s very bad.” After repeated panic attacks related to Covid-19 concerns that led her to the emergency room, she went back to medication. Now she feels better, but the anxiety is still there. “I feel like I’m still anxious sometimes, but not to the point where I’ve worked myself up and I’m going into like, full panic mode.” Mackenzie talks about distracting herself when her anxiety is more noticeable. She really likes cleaning but will settle for anything “mindless”. There is one other pursuit that has helped her. She went on a whole-foods-based vegan diet.

I feel like that helped a lot and I’m trying to go back into being vegan... Because I like got rid of my anxiety like I was feeling I don't remember having any like panic attacks or like anxious feelings during that time. I felt really good. My health was really good. I have eczema. My eczema was gone.

Once again, her major obstacle to implementing this way of eating, “I just don't have a lot of time at the moment.”

Though Mackenzie has limited time for herself right now, she was able to find new practices and identify ones that she is already using that are helping with her anxiety and mental

and physical health. First, Mackenzie, like so many others, gained confidence and interest in these activities through our hands-on approach.

I felt like the way you taught was very helpful. Usually, teachers will just like read off of a slide. And you know, it helps to a certain extent, but like you putting in your personal stories, and giving examples, I think helped make it more clear. And actually, like doing the things that you were telling us, it made me feel like they actually were things that you recommended, and not just like you read them in the textbook, and you're like that sounds good kind of thing.

Of all that we experimented with, full body vibration and tissue mobility really stood out to her.

I think it's called like the shaking thing. Yeah. Like I catch myself doing that, like just sitting down doing it, like just shaking my arms and things. I think that helps a lot because it I think it like distracts me from whatever I'm thinking and then I'm like more focused on doing whatever else I'm doing.

She also detailed how she related to the “art as therapy” activity even though she didn't really like it.

The drawing one was ok, but I don't really like drawing. So, and I think in a way, because I write a lot of lists, like everything. I wish you could see my desk. I have like sticky notes everywhere. Like everything, I write in a list, and I like use fancy colors and highlighters. I think that could like be related to drawing but in a less fun way. So I think things like that help, I just do them in different ways.

Not only did Mackenzie relate to the art activity, but she was also finding that she has her own way of doing things. As well, she seemed comforted to know that what works for her, is backed

by evidence and practical, personal, and professional experience, and she's not the only one that uses seemingly unique ways to respond to anxiety.

I think having all the discussions with everybody, and everybody, like, saying different things, that I related to them. Because I think it helps you realize, okay, I'm not the only person that does this. And it's not like a crazy thing. Because sometimes I do things and I'm like, oh, it's just something crazy that I do. But then you're like, okay, well, if everybody does it, it can't be crazy. It could just be like a normal coping mechanism kind of thing...It's just something that helps a lot of people.

Through our class activities and open discussions, Mackenzie connected with others, and then herself, felt less alone, more normal, more common, more human, more at peace.

The conversation moved on to failing mental health education in social work, failing mental health systems in the US, and all the misunderstandings of what mental health is, what it is not, and how we, helping professionals and society-at-large, can care for it. Mackenzie's a realist, and she seems quite comfortable being honest with herself, with me, and in sharing that. I can feel what a great strength of hers that is, and one that helps her recognize that her health and well-being, and that of others, is a process. She's in process. And she's ready and wanting to help others in that process. Like her artistic approach to all her "to-dos", that process is beautifully unfolding one day, one task, and one step at a time.

Matt

Matt is a 27-year-old White male. This was Matt's last semester in graduate school, and it shows. Matt's adept at thinking deeply and critically, synthesizing information and experience, and seemingly confident in where's he headed, even if uncertain at times. Talking with Matt, you get to know that he's got a lot of exposure to a wide range of professional knowledge. He's had

enough time with theories and theorists that he's got a good sense of what approaches align with and best represent him and the psychotherapy work he will do. This could stem from the personal relevance he finds in this work. Matt has a history of anxiety, depression, and "alcoholism."

Yeah. So brief backstory, I, I have struggled with severe anxiety, generalized anxiety disorder my entire life. Since I've been like a baby, pretty much...And that has definitely shaped a lot of things about me. That's probably why I'm, you know, that's probably why I got into social work in the first place...And then also, as of a couple of years, few years ago, I was diagnosed with clinical depression as well.

While Matt has explored a more mental health-based approach to dealing with anxiety and depression, he found a new path via physical health in our class. "One of the takeaways I got from your course was that, you know, your psychological well-being, if that's not where it needs to be, that can take its toll on your health, your physical health." From there Matt connected more deeply with his body, the feeling and experience of his mental health challenges, and opened up to new approaches.

Early in the semester, Matt spent some individual practice time with an array of breathing exercises and found them to be effective for him. One in particular, the Buteyko Method, stood out both practically and empirically. He learned to be mindful of not mouth breathing and breathing only through the nose.

I actually use, okay, so one in particular, really sticks out to me...so basically the premise was obviously like you breathe in and you inhale, exhale, when you're feeling stress through the nostrils only. And like he explained, like the nitty gritty science behind it, like, you know, increases like nitrogen in, like, the blood. I was like, oh my God, there's

science. That's hard science. Like this is going to work for me. It really does. That's really what stood out to me. I still use that to this day for sure.

When asked why he thought that was so useful for him, he explained how his breathing connects to his anxiety.

Yeah. So, really my big trigger lately is just like when I find that, it's so weird, but my big trigger has been when my breathing gets out of whack... just knowing that my breathing is out of whack even slightly exacerbates the possibility that it's going to get worse, because my anxiety kind of makes it worse. So when I just start, just kind of like center myself and start breathing, like in and out through the nose, and I typically will do like, different, different breathing, like, sequences. Like, I'll do, like, different seconds, amount of seconds for the inhale, and then the exhale. It really helps me to get my breath back. So I have, my breath comes back, I feel okay. And like it's bringing down, like, my body temperature. I can feel like the physiological symptoms of anxiety starting to die off when I breathe like that and do that exercise. So that's been pretty critical, pretty crucial for, like, me trying to get through this bout of anxiety attacks I've been experiencing lately.

After a reflective pause, Matt continued in an empowered voice.

It's giving control back because like when it, with anxiety, like you feel, like, a loss of control. I can't control my breath. But wait, I can control my breath. I have power over this. I can. I can have power over this. And I will exert that power by breathing this way. And then it works. And just knowing like how it works, makes me more confident that it will work, which I think in turn makes it work better.

While the breathing has been a great addition to his health toolkit, Matt described something even more important and surprising to him that he got from class.

It was the writing exercises, which I didn't think I would enjoy, or I didn't know if I would get anything out of it or not. So, I went in with an open mind. I just don't particularly love writing. But that's something that I've actually started to implement in respect, like, with respect to my own mental health...if you write something down, like as in one of those [journaling] activities, it becomes, it helps you process it. It's like you're having a conversation with something that's beyond yourself.

Through journaling, Matt began to connect and communicate to more parts of himself. Making a journaling practice his own has allowed him to even further transform his relationship to anxiety.

I don't know if it's, like, your traditional definition of journaling... When I'm having an anxiety attack, or when I feel like I'm starting to get an anxiety attack, I start, I get out my notes app in my phone, and I start writing down exactly what I'm feeling in that moment. And then I've just compiled those over, like, the span of, like, 30 anxiety attacks. And that is, like, that is, oh my god, like, I've started to be able to conquer the anxiety attacks, because I realize what thoughts are the anxiety talking, and what thoughts are just me. So, I've been able to, like, look at all these, like, this compilation of, you know, little tidbits and anecdotes I've written down in the moment and be like, and then I'll, I'll pull up that list when I'm having an anxiety attack, and I'll look at like, oh, I've already felt this before. That was anxiety. I'm good...so like I said, like, not really not technically journaling in the traditional sense, but really doing that ['journaling'] exercise really hammered home the point that writing stuff down is very valuable, and can be for mental health.

With these new practices helping with anxiety, it will be interesting to see how, over time, this could transform his relationship to alcohol. Matt described the roots of his alcohol use being related to his mental health.

The alcoholism, I know my root causes for it. It is the combination of depression, anxiety, mostly anxiety, as the kind of catalyst for my alcohol use. Because you know it in the short term, yeah, certainly not the long term, but in the short term, it feels like it helps. It feels like it slows, like the spinning, uncontrolled ruminating thoughts, slows that down.

Except now Matt has writing. Then, through our conversation, he expressed another, deeper root of his alcohol use. He explained that his alcohol has gotten better but isn't where he would like it to be. When asked what would make it better, he expressed his need for the social, people, relationships.

Honestly, like, to be completely honest, like, I, I just have a void, a big void in my life. And it's ever since I've been moving, and I've lived in Texas. It's been, you know, I didn't know anybody when I first moved here. Almost all of my friends that I've made, which are I'm very close with, are the people in my cohort that I started with a couple of years ago. But I still, I mean, I live alone. And I'm just lonely at the end of the day...

Matt went on to explain

I'm very extroverted and was always used to being around a ton of people like 24/7. So, it's just been kind of like a different phase of my life. And I feel like I have this void that needs to be filled in some way. So, I think that if anything was gonna make it better. It would probably be moving back there, or any kind of increase in social interaction.

Matt's need for socialization reflects his overall feelings of and experience in class. Matt's class experience was most greatly shaped by the people and the relational focus.

I mean, I loved the class from day one, in and of itself. For me, though, it was hard for me being with, like, you know, and this is more about just like my fellow classmates, they all seemed to be in, like, a cohort. And like, I was, like, the odd man out. So, like, everyone knew each other. And like, I was just odd man out. So, I had to, like, probably give myself a couple, couple extra pushes, still, I kind of get my words out there, into the ether, into the classroom.

But Matt did. As an observer, he seemed to settle in quickly and easily. This probably speaks to his extroversion, empathy for people, need for people, and an authentic desire to connect and grow together. And for Matt, that's how he grew. He explained that it was the open, welcoming, authentic environment in the classroom that helped him learn more about and from others.

I honestly really hadn't experienced a class quite like that. Ever. It was very kind of discourse based. And I think it was kind of like a student-centered type of deal, where a lot of insights I took from the class, obviously, I got many from you, obviously, but from my classmates as well...the conversations that we had in the class, they were very enlightening to me...everybody was so comfortable speaking to each other. The environment, everybody felt very comfortable speaking, like, exactly how they felt, with, you know, no holds barred, no filter...And it's given me a way better understanding of, like, what does it mean to be a social worker...You'll pose a question, and then it'll open up this discourse between me and my classmates. And I'll get to see like how they're thinking about it. And like, what different people are thinking about it. And people are very, they felt like they could be very open and expressive, and just authentic in what

they're saying. And I felt like I really was able to take all these different perspectives, and it really just kind of helped to like mold, like, my current, like, mentality as a social worker...it really just kind of has helped to shape, it's kind of guided me, like other people's words, yours and my classmates, have kind of guided me.

Overall, Matt most identified and connected with what he described as the “Rogerian” approach to the classroom. “Everything just really resonated with me. So, everything just really took hold really nicely for me.” Carl Rogers approach to therapy was person-centered. In the classroom some call it student-centered. Whatever it is, it’s relational, just like Matt.

Matt concluded our conversation by expressing that he’s ready to do work in the field. “I’m just looking forward to, like, getting started at this point.” Matt is on his way. He’s moved back home. He’s back closer to his friends. He’s preparing for his licensure exam. The possibilities are endless. There’s plenty that Matt is about to start, but there is so much that he has already started, that he’s doing. Ultimately, Matt’s approach to therapy and life are one-in-the-same: person-centered. Knowing Matt, you know that’s heart-centered. Working from that place is healing, which is exactly what Matt is and has been doing.

Zaina

Zaina is 22 years old. She is Asian. Her ethnicity is Indian. And her religious affiliation is Muslim. Zaina has an old soul. She’s kind, gentle, soft-spoken, but not afraid to stand up for and speak out against injustice. Talking about her closest friends, Zaina relays being an affectionate person and feeling cared for through physical touch. Despite being so genuinely warm and caring, you can hear how Zaina can be hard on herself. She is surely harder on herself than anyone else. Based on a class exercise, she notes, “I really do like the self-reflective moments, where you’re forcing yourself to pick out positive attributes about yourself. Because it’s easy to

do that for other people, but to do it for yourself is different.” Zaina also detailed a history of anxiety including “random bouts of anxiety”, feeling like she’s losing control of her own body, and being “angry at my body”. Self-criticism may be her parents’ voices. She notes a long history of vocalized judgment from her parents, especially about her physical appearance. This has given Zaina a sometimes adversarial relationship with, and mindset about, her body and health. Zaina notes that when growing up and feeling the need to connect with others, be supported by others, and trying to share with her mom, it “would always end up in a fight.” Throughout high school, Zaina found music, lyrics, poetry, and then writing and performing spoken word poetry as an important means of self-connection, expression, communication, and as an outlet for better mental health. She could process - mentally and emotionally - and then others would “have to listen.” Like what Zaina discovered with her performative poetry, a seemingly unconscious intention for our course was to help the individual reconnect with themselves, recognize what matters most to them, and find mindsets and practices that supported their desired direction for growth. Zaina seemed to find those through three means: (1) the body-based activities, especially breathwork, (2) the hands-on, do-it-for-yourself exploration of the various topics and practices, and (3) the discussion or seminar style of the class.

Through gentle body movement and parasympathetic-focused breathing, Zaina came to feel embodied, reconnected, grounded, and a greater sense of control. Zaina was surprised

That there were very direct ways that you could affect the way your body is feeling. That it's not all out of your control... because, you know, when growing up in biology class, we're kind of taught that there are things that we can control about our bodies, and there are things that we can't, right... so, it seems like all of these inside organs are so out of reach, even though they're in our body. But actually, now there are ways that you can at

least have some influence on the way [these organs and our body] will act...one of the things that I do remember from our class was the nostril breathing. The one nostril breathing, and I think it was the left, that activates the parasympathetic nervous system. And so that's the rest and digest part of your body. And I've actually used that now countless times and suggested it to friends too.

Zaina added that it was the hands-on, do-it-for-yourself approach that helped her synthesize so much of what we were exploring in our class and what she has learned in many others.

...through demonstration... what you did in class... It's one thing to lecture about it and say, like, hey, there are ways you can do this. But then to do it for yourself, not only does it help you, but then helps your interaction with clients, right? Because then you can recommend things and be like, hey, I have tried this myself, it is possible that it can help. And if it doesn't, there are multiple different avenues that can be taken, right. And then that's just great for the therapeutic relationship, too. It helps a client gain some trust, and you're giving them solid recommendations that aren't straight to medication, for example, because a lot of people are really hesitant about that even I was hesitant... So, it just, it helps in that way. So really relaying the information through demonstration, I think is the best.

When asked to sum up her class experience, Zaina reiterated the positive benefit of a hands-on, person-focused class, that was much more about the journey than the destination.

It was weird at first because I hadn't learned like that before... with us actually going through the movements and doing it for ourselves and then reflecting on how it felt for us as much as we did. Other classes I've been in, they'll be like, ok, take a deep breath. Now how do you feel and then move on, all within two minutes. But we would spend the

entire three hours breathing and talking about what it felt like to breathe. And in the beginning I do remember thinking 'like is this what this class is?' And by the end, it was my favorite class of last semester. So yeah. It was an experience, and I enjoyed it...

Not only did Zaina find class weird at first, but she was reluctant to share her voice and herself.

It took a second to adapt to that [our class] environment, and especially since I was coming from Research and Evaluation, where it's PowerPoints and us being lectured, that I had to kind of take a minute and be like, ok, now we're going to Craig's class. Time to discuss and prepare to participate. And I don't know if I did much participation until the end of the course... I'm not usually the one who speaks.

Over time that changed. Zaina explained that it was a combination of the "go with the flow" and "go at our own pace" class structure and being encouraged to share and discuss that changed things for her.

I would listen. I would listen to everybody... I did enjoy listening to everything people were saying... spending so much time discussing... there was, I think, a more in-depth reflection on each person's response, which I just was not used to... I started feeling more comfortable with you and the other classmates... in the beginning, it felt like I was missing out on some sort of core group experience, but I still would try to laugh at a joke, you know, just for my own sake, because if I don't try, then I'll go home and be like, Why? Why didn't you say something? But yeah, so that was in the beginning. But then as I became more comfortable and kind of acknowledging, okay, they, they might know each other. So what? Right? And then I would start thinking like that, and then participating more and saying what was on my mind.

Zaina can be reserved, quiet, and introspective, but each week she participated, she opened up, she shared herself, her thoughts, and her story more and more. She found that was important for her growth.

It's one of the things that I'm realizing about myself through talking through these interviews is just how big I think the social part of it affects me. I didn't really put it together like that before. And I've always considered myself to be someone who enjoys isolation...

Like so many other interviews, Zaina concludes by explaining how she appreciates our conversations. Through them, she has made contact with more parts of herself, which has given her access to more ways of being. I asked Zaina what, if anything, she would like to change about her health and mental health. She confidently responded,

I am going to be fully honest. I don't think I want it to change. I am very happy with how it is right now...I like my body. I'm happy with it. So, I've also been kind of on this journey of redefining what being healthy is for me.

Zaina feels and acts less anxious, and she's more connected with herself, more in control, more herself. What is noticeable is that Zaina doesn't need spoken word poetry and a stage to express herself anymore, she's doing just fine in her own body and one-on-one.

Sofia

Sofia is a 22-year-old, Latina young woman. Sofia is single, lives with a roommate, is into fashion, when not in school works at a trendy clothing boutique, and jokes that she could never have bangs or she'd look like Dora the Explorer. She's a fun person to be around and seems a perfect fit for her calling to be a counselor for kids in public schools. This vocational interest flows naturally from her warm, inviting, and sweet personality. It may also arise, in part,

from trouble she had in her own childhood and the help and support she didn't receive. She talks about coming to realize that she was anxious as a child. She is anxious as an adult, too. She's also had encounters with depression, which reached its peak following the death of her mother. With her family and therapist disconnected from her feelings, she slowly resolved her depression on her own. Things got better in college. She had several things to help: a professional calling to study, a walking path where she and her friends could walk and talk things out, and martial arts. She lost connection with those things as the busyness of school took over. It's a familiar refrain. "I felt like I had no time for anything." The anxiety returned and she's been exploring different ways to handle that anxious feeling and state ever since. Still, she describes time as her biggest barrier. It seems to be both time and priority.

Class was a practice in people being given the time to prioritize themselves, their health, and well-being. Sofia took to that. "I really liked class, just because it was a good time to just, like, chill and talk about stuff that I was, like, interested in." In class, she got the most from doing things, trying things out.

And engaging in the material like we did, with doing a few of those things that we were learning about, I thought that was really interesting to do. Because if I'm just hearing about it, I'm just writing notes about it, I'm not retaining any of that. It's actually doing it, engaging in the material, that I thought was really helpful.

The breathing exercises, which were coupled with movement – joint and tissue mobility and qigong - stood out to her most.

I think the breathing exercise to me was really interesting. I had never, like done any of that. I know you can do the deep breaths and stuff. But I never really, like, fully learned about how to do it and different techniques to do the breathing exercise... Even if I had

trouble with the breathing, and I was like kind of fighting it and stuff, I still thought it was really interesting and a cool thing that I had never really learned in school. I know we've talked about journaling and talked about, like, doing art and stuff like that. And music. We've talked about all of that. But we haven't talked about like doing something physical with clients, which I thought was pretty interesting.

Again, we didn't just talk about it, we did it. We practiced it for 2 and half hours that night. During that class session, Sofia reconnected with her body and what it means to take care of herself. "To help my mental health it may seem silly that we're just working on breathing, but it's actually like helping you, it's helping your body." From here, Sofia remembered and recalled her connection to other activities that she's found a lot of mental health help from: walking and martial arts. She notes that taking the time to do these things, helped her learn to care for herself and how she can use that experiential knowledge to help others find their way. She also noted that this care for people, including the helping professional, is not prioritized.

In our master's program, I feel like the only time we really talked about, like, our mental health and stuff was in your class. And that was because we had to learn about how to fix ourselves. So, we can know how it can affect other people. But that's like, the only time you really talk about it. Of course, you'll get the occasional like, guys, make sure you're doing self-care. And self-care is important. Like, let me know if you need anything just like do your self-care. Take yourself to have coffee. It's very like, I don't know, it's never too deep. It's just, it's just quick, like, hey, make sure you're doing it. Okay, do it on your own, I'm not going to help you do it.

Sofia was reflecting how too often the health and well-being of the social worker and helping professional are not a practiced priority, it's optional. Talk is not as effective as prioritized

experience and action. The other priority in class was connection with others. This was another impactful factor for Sofia.

I think it's been really cool just, like, having this experience with my peers. I know this past semester I got really close with [a couple of my classmates]. And like, we were sharing some deep stuff like in your class...It's just good to know what my classmates are going through and being like, okay, I know what's going on. I know why you're missing class, like, I know why you're stressed out. Like, it just gives me a better understanding. It helps give me more empathy to my classmates and just understand them a little bit more. And like, these might be the people that I work with, like the rest of my life, they're gonna be my friends. Like, I'll need them at some point and stuff. And so it's just really cool. Learning about the deep stuff with them, and just not keeping it like a, like a professional setting...And it's just, like, cool having that bonding thing with them. So you don't really like address what we talked about later. We're just like, Okay, I see you. I know what you said, like, I have that in the back of my mind...it's been a really cool experience...I think it's, it's provided me like a good and safe place for me to go to when I am feeling, not my best. I know, whenever the end of the semester is coming up, where you're feeling really stressed, we were able to build this community... just always send like words of affirmation and just telling each other like, you've got this, you can do it. And just like we're helping each other out, because we know what we're going through. Like, we know that we're stressed out, we know, we might be feeling that physically, mentally. And so, we're just all kind of like there for each other, because we're all going through it together. And so, it's just been really cool to like, show that experience, and to have someone that gets it and to have someone like rooting for you to do your best.

Wrapping up, she notes that she's enjoyed the conversation. I have too. And I felt that with her all semester. Sofia is open to challenge herself and others, try new things, and learn and grow. And she's doing it. A month after our discussion, I saw her on campus. She was with friends from class. They were smiling and laughing. It's so good to see her and them. I think she's right. These are people that she's going to be positively connected to and friends with, in some way, the rest of her life. That's special. There is so much you can do for yourself, and others, with a connection like that.

Michelle

Michelle is 23 years old. Michelle is Canadian-American, single, and still lives with her family. She is a hard worker and quite passionate about supporting kids in military families. As a daughter and sister in a military family, she is serious about creating better opportunities for kids and families like hers. In class, Michelle is quiet but attentive, observant. She's not afraid to join the conversation when she feels she has something important to add. Of course, she notes that she has to feel comfortable, at ease, to do so, and that in other classes, she often doesn't. Michelle describes having always had anxiety, and that can lead to withdrawing from things that interest her, and that can lead to depression.

Michelle describes the anxiety and discomfort that's been building for her throughout college. "I'm very claustrophobic... so like being in a classroom all day, like being trapped in there, like, I just hate it. That's why I like to, like in classrooms, I noticed I sit closer to the door. I do that more than I used to... I like to sit by the window or door." Not only does she feel stuck in the classroom, but her anxiety is also worsened with unpredictable professors and class routines and just being talked at, with no opportunities to feel comfortable and to connect with others. Interestingly, that was not the experience for Michelle in our class. "With your class, it

was amazing. I loved it... I always looked forward to class.” She also sat, relaxed, open, talking with others, in the middle of the classroom when we had class indoors. When asked what helped her feel comfortable, she said, “less people...and since we talked, like, as a class, it wasn’t just you [the professor] talking all the time. It was all of us. I felt more at ease. I didn’t feel confined.” Adding to her comfort was the fact that class was held outside for 6 weeks.

I personally liked going outside and doing actual learning out there.... I did get distracted at first, but then the more we did it, the more I, like, ignored everyone else and just focused into what we were doing, especially in the architect area because of the waterfall, like, having that background noise. And then a little bit of an enclosed feeling, like, I don’t know, it offers some type of comfort.

Feeling more relaxed, Michelle described just being able to open up to the activities, to others in class, to herself, and found herself doing things new things and in new ways. Repeatedly, Michelle enthusiastically, and thoughtfully, said, “I’ve never done that before.” From movement and breath work to scribble art, she noted, “I didn’t realize, like, what I could feel like, like what my body can feel like if I just take a moment to actually focus on it. Like I didn’t realize how much I could feel from it.” Michelle was not only connecting with herself but also with her classmates. “I did feel closer to the people...the majority of us were willing to, like, participate and, like, talk to each other. And so, like, I felt more relief that I wasn’t alone.” She was slowing down, becoming present, feeling freer, connecting, and it was paying off in important ways for her.

I definitely loved, I noticed that, I performed better...I went home and, like, worked on assignments... So, just going home... I didn’t feel stressed after class really. Like

everything was kind of gone from my mind that worried me. So, like, whenever I got home, I just focused on what I needed to do.

This class wasn't just stress-relief; it helped her find and know peace.

I just felt like everything will be ok. Like everything will be fine. Like it will all work out. I won't feel as much stress. Like stress was almost gone at that point. Like everything will be ok. Like it will get done. Schoolwork will get done. Life will go on. Like, it's ok.

She went on to say that because of this experience she is contemplating more proactive life and work changes. "I need to change my mindset to more positive." With a shift in mindset, she believes she will make the time and herself a priority.

About a month after our interview, I saw Michelle in the hallway at school on her way to class. She says she's tired. I can see it. But she seems relaxed, too. She perks up when she tells me that she's figured out how to really start working to create and implement a policy that would greatly improve service to and support for military kids transitioning to a new town and school. She didn't seem as anxious or as hurried as I've seen her in the past. I think it's taking hold, her new perspective on school and life and the mindset shift that through a positive approach, things will all work out. It's worth noting, she's usually the first to come to class. I can imagine that helps one pick the seat they want or need. She's not first to class this day. In fact, she might be the last one. She's not in rush, as if she really believes, at a deeper level, that everything really will work out. And she seems perfectly fine with whatever seat she gets.

Logan

Logan in his mid-30s. He is a single, White, male and still connected to his family, specifically he talks of his mother and brother. Logan's highly intelligent, curious, very

articulate, and is always ready to contribute new perspectives to a wide range of topics. He also appreciates and seeks feedback. His defining characteristic seems to be that he wants to grow, evolve, realize optimal health, maximize “[his] ability to adapt to [his] environment”. When we meet – virtually – Logan tunes in from his mother’s house, drinking a vibrant green vegetable juice. He tells me about all the work he’s recently been doing to heal his gut and support his enteric nervous system, which he notes has really improved his mood. However, Logan’s health hasn’t always been this good. He details a long history of health and mental health-related challenges.

As a child Logan was diagnosed with several health conditions, including learning differences, auditory processing disorder, ADHD, and depression. He also had frequent ear infections and trouble with allergies from infancy. Logan described feeling like “I was just in a fog all the time.” He also related that childhood was marked with “some like emotional and mental hardships.” To address these issues, Logan describes going through “a gamut” of medications from: Focalin, Ritalin, Concerta, “all the different SSRIs”, and then Welbutrin (an NDRI – norepinephrine dopamine reuptake inhibitor). Logan followed up with “I never really stuck to any one of them. It really seemed like they never really fixed the problem, you know?” When asked what the problem was, he said it was a

Confluence of allergies, trauma, the current society we live in, you know, just the trauma of our society of not being like, not meeting your natural needs as a human... the trauma of having to go to school and no one’s vouching for your interests and all kinds of stuff... I mean, we live in a broken world, Christians would say, you know, and so that shows up in a plethora of ways that I would all term as complex developmental trauma, however major or minor...

Moving from childhood into adolescence and late teens Logan describes moving from recreational drug use, to

a lot of drugs, failure to launch, you know, trouble in high school, and failure to launch after high school. Finally, you know, went to rehab multiple times, was then finally, like, clicked and was heavily involved in 12 Step...

From this point Logan's health and healing journey began to take a more empowered turn. After some time and growth in the 12-Step community, he felt things had plateaued.

I want to continue to grow here. And so I just had more that I wanted, and I was, finally at that point, become convinced that, that health and healthy function...healthy eating and activity and everything in between, that that was going to be the way for me to feel the way I want to feel.

Logan explored – and continues to this day - a truly holistic path, diving deep into exercise, nutrition, physiology, and psychology. Logan's healing included work with shame, trauma, beliefs and belief systems, and other similar areas of emotional growth, corrective exercise, and a wide range of naturopathic interventions in close partnership with a naturopathic doctor aimed at “allergy clearing, nervous system realignment, latent pathogenic clearing, gut health, restoration of healthy immune response, and other related efforts to change my baseline experience of life.”

Needless to say, by the time Logan found himself in our class, he had amassed years of experience across a wide range of health and mental health-related domains and practices.

Therefore, he experienced class differently in many ways.

When asked about his perspective on his class experience, Logan explained it was good, but it doesn't compare to what he currently needs.

Yeah, so I thought, you know, the activities that we did, are positive. They made me feel good, but they were far inferior to some of the activities that I'm involved in on my own. Yeah, like, like mountain biking. Yeah. I mean the way I feel after mountain biking is just second to none...

During our class together, Logan was also getting certified in free diving. This process saw him practicing more advanced breathing practices and pushing his body further than what we explored in our class. Still, despite his wealth of experiential knowledge and personal practice, Logan found new things that had a positive impact. Logan was excited and positively surprised with our journaling exercise on the "Ideal Future". When asked why writing about his future from this perspective was so impactful, he described

Yeah, so why that's relevant for my health. Because I think the greatest thing that limits my health, mental health, is motivation, slash encouragement, slash persistence, slash discipline, and to re-anchor into what's important to me on a larger more macro scale. It works to counter, what for me are, the, you know, greatest constraints.

Logan believes others see him as the "growth mindset" guy. There's some truth to that. Mindset and perspective were things Logan often brought to our conversations and what was being developed with the journaling exercise.

Still curious how a class that, overwhelmingly, was elementary for Logan could keep his attention, participation, and in a positive frame of mind, we explored further his experience with others in class. Adding to the positive perception of class was his recognition of the experiential impact for others.

Um, so the experiences in class were positive. I noticed other people giving more lip service to how positive they were...awesome, you know... I think the class is very positive, more for others than them for me, but certainly positive for me.

From 12-Step to being trained and working in Wilderness Therapy, Logan has experience working with and supporting other's growth. From this lens, Logan continued talking about what he saw as important to others in class.

I liked how you did a breadth of activities. You know there was the creative writing, or the drawing, then there was the physical one, jumping around and moving around. I think it was good to do the moving around first...the physical stuff really is more different than what they've [the other students] experienced in the past. They may have never done that creative or reflective writing stuff before, but that's in the general wheelhouse of emotional wellness and self-care and things that we're going to talk about anyways.

Whereas the physical stuff, there's no P.E. in this MSW program, you know, and so to have them do that, in a way that's not so rigid P.E., but like, you know, just hey, we're just goofing around, we're just feeling loose. That was great when you did that. And the fact that that was the first one, I think that's what really brought people on board.

Logan went on to make an important connection about the importance of experiential learning.

On some level, I think a lot of people with trauma have such an uncomfortable relationship with their bodies. When they're felt sense, it's just so much more of an energetic barrier to workout, because there's so much more they've got to slog through..., you know what I mean?... it starts to get into recognition of trauma and the felt sense, and...looking at, like, I think, validating why some people have such a resistance to working out, would actually help them be more open minded to all the benefits of

working out. So I think for a lot of people, they start hearing, someone starts talking about the benefits of working out, and their mind shuts down. Like, that's not for me. It ain't me. I'm gonna have to find a different way. I'm just gonna glaze over for this part of the lecture. You know, and so I think that making that [felt sense] connection would be really helpful as a starting point. At some point, you have to make working out accessible, and I believe the core reason it is inaccessible is because of that felt sense at the trauma and stagnation level.

Logan could be right. The felt sense, the safe connection that the students were able to make in class with gentle movement and breathing could have been the initial connection they needed to feel secure to explore more topics of self, in-depth, and to do so with other people.

Logan concluded with a call to others. "Don't identify with your current state. Your state is not a trait." His growth mindset is fully embodied at this point.

...people have to be convinced of a few things. I mean, one, that it is possible. Which they first have to admit that they believe it's not possible... [two] that people need to be convinced that the way of health is the way of feeling good.

Logan believes that people can feel good, and from there, will be empowered. And it is empowerment that underlies all our potential. Without this, Logan says, "people become patients instead of participants in their healing process."

Logan is a participant, that's for sure. His participation also demonstrates that he is a lifelong learner and on the path of growth. Better yet, he is beginning to awaken to all the ways that he can support participation, learning, and growth in others. As a deeply cerebral and articulate person, Logan's work is to determine what needs to be said, rationalized, thought about, and what needs to be experienced, felt, and physically realized. Ultimately, it was great to

have Logan's wealth of experience in class. It showed how the curriculum could expand, it pushed me and others to expand, and it seemed to reaffirm for Logan that, while he is well on his way, the growth of life, health, and human potential is infinite.

Faith

Faith is a 28-year-old, Black female. At first glance, Faith seems an introvert. She's quiet, but not withdrawn. She's pensive. She's deep. She takes her time and processes when she talks. It seems to be her way of organizing her thoughts and feelings and concisely communicating them. She's also apologetic about it. She doesn't need to be. The insight that comes from her process needs no apology. She needs no apology. As we begin to talk about our class together, she immediately and carefully apologizes for what she sees as not following through. "I didn't, like, you know, fully commit to anything last semester. Though, of course, like, I tried stuff, but I, I hope I'm not wasting your time." Any time spent with Faith is not wasted.

First, Faith described the chronic depression that has been with her for several years. She talks to me about double depression, the major depressive episode she experienced in our semester together, and the complex family trauma that likely forms the basis of her depression and her unearned negative self-image and feelings of low self-worth. It came, then, as no surprise to learn that she has lupus, an autoimmune condition. A disease process that some medical experts describe as the body attacking itself. She seems to be in conflict with voices, messages, and actions from the past - the source of her hurt and dis-ease - and her great potential that she, and those currently in her orbit, comes in contact with from time to time.

We go on to talk about what Faith does that helps her with her physical and mental health. Given the right conditions, she likes yoga, journaling, being outside, and time with friends she feels she can be herself with. In all these activities, she described feeling centered,

more at peace, more present, and more connected to her higher self, which she describes as “the part of me that's not affected by any, like, hurts or past traumas or shame.” She sounds strong, resilient, hopeful. What Faith got from class wasn't so much instrumental support and specific skills, it was more emotional, relational. When asked about her class experience, she said

I really enjoyed it. Like I mentioned on the last day, like, it was just so refreshing, like, different compared to, like, you know, all of us sitting out here and you are just, you know, giving us a lecture. Like, I really liked how you would like sit in the circle and join us and, I guess, like, humble yourself in that way. And I guess even in the conversations you would have with people about, like, you were really, like, genuinely interested in us, like, getting something out of the class, you know. And just kind of, you know, you allowed people to like tailor, you know, their experiences and what they tried to like what would work for them. I appreciated that and it was just super refreshing.

What stood out more to her was her connection to others in class. With the exercise we call Common Humanity, Faith described a warm and comforting surprise.

That one activity where everyone wrote down something... that they don't want to share with others or... some kind of struggle that you have had and still have but people wouldn't know by looking at you. Yeah, that was really like poignant for me because like there were a couple of things that I'm like oh my goodness I feel like that too but it's like looking at people you know, you can't tell who wrote it but it's like it definitely like made me feel less alone in my struggle...But yeah, it definitely touched me and like made me feel less alone and I think for other people did the same.

Finally, Faith noted the importance of the class environment.

Being able to have class outside you know, like I mentioned before, like the openness of being outside compared to like feeling constricted, I guess I felt like I learned better, or I don't know... like taking the information better, like in a more helpful way. Like by being outside, you know, with, like, the breeze and the trees and all that, and I don't know it's just like refreshing and different because all my other classes I know that I'll have to be inside you know, so I don't know I guess I enjoyed it.

From this, she started to feel differently about herself and with herself.

Once we were like outside. We were, like, doing, like, stretches and, like, trying all that kind of different stuff. And I usually, like, feel pretty, like, uncomfortable, like, in my skin or in a group or whatever. I don't know, I guess I, I wasn't then, not really. And that was surprising for me. Like a positive that, like, that I wasn't feeling, like, overly, like, worried about how I look or what I'm doing or any of that.

When asked why she thought that happened, she said, "I don't know. I don't know. I guess just some factors aligning, so that could, I don't know. It was a good thing though." Ultimately, she seemed to describe an openness and freedom to be that I witnessed slowly and gently bloom in her through the semester.

I met with Faith and a few other students about two months after our semester was over. She was so engaging, talkative, laughing, even playful. She seemed to be enjoying herself so much. I, and the others, were certainly enjoying her company. She's finding her place, her people, herself. She touches peace more often. I wonder what this stronger sense of self and being is and will do for her, the depression, and the lupus. Faith is noticeably more confident, and for good reason. She's a good person with a great future, and she seemed to know and feel that a little bit more that day than ever before.

“B”

B is a 23-year-old female. She identifies as Hispanic. B has an intimidating presence, not in a scary or cold way, but one that lets you know if you need help, if you need someone to have your back, she's got you. B is an athlete. She was a college basketball player. It shows. She moves like an athlete. She's got confidence in her body. While she has periods of inconsistency, she has a history and personal knowledge of how to eat, exercise, and physically care for herself. However, there are other parts of her that she hasn't had as much confidence with. B's not only assertive and physically strong, but she's also deep, loving, fragile, troubled, hurt, angry, grieving, and just beginning to open up to all the loss in her life. She's had no choice. There has been so much death and loss in her life, especially recently. In the last few years, her best friend from high school died by suicide, multiple family members and loved ones have died, and she suffered injuries that ended her basketball career and life as she knew it.

We started our interview talking about her health and mental health, currently. When asked specifically about her mental health, she said,

Um, I would say during the past semester, my mental health was definitely, um, I was getting drug up and down this campus for sure, because there was so much going on. And I wasn't necessarily, like, depressed or like, like, I need to go see a doctor. But like, I could feel myself, like, slipping and, like, going back to, like, drinking. I guess that's my mental health issue. I guess. Like, I like to drink. I don't know if that's a mental health issue, but, like, it's, it's not a good thing. So, it affects me mentally and stuff.

Like a turnover and fast break in basketball, B quickly changed directions and went on to describe how, through the focus of our class, she began to open up to new ways of thinking and feeling about and responding to her life and herself.

But then throughout the semester, like I figured out how to like deal with certain stuff and like, it was more of necessarily me, I guess getting in the way of things and not dealing with things when I should have.

B then jumped into two areas that have been changing how she feels and acts. She started going back to the gym, and she started journaling. The journaling is new. Under her breath, she whispers, “I’m like you’re probably gonna ask but the whole journaling thing.” I didn’t know there was “a journaling thing.”

I started, there’s this like Lady on TikTok that has, journal prompts, like for every day of the week. So, I started, like, a journal. And I go on her TikToks and, like, every day she has a different journal prompt. So, I’ve been going, not 18 days strong, 19 days strong...it’s been like a consistent two weeks. So, I definitely feel like health and mental health wise I’m a lot better, and I’ve set boundaries that I wouldn’t have set before. So, there’s definitely been a lot of adjusting.

From outside, it looks and feels like more than adjusting. There’s great awareness and growth. Seemingly not giving herself enough credit, she went deeper. Talking about how journaling has impacted her, she described what she had most recently written with this new practice.

I wrote a letter to myself for mistakes I made in 2021. I forgive myself for not protecting my energy and letting people come back into my life that did not need to be there. I forgive myself for falling completely apart and not being able to pick myself up...I forgive myself for using unhealthy coping skills to grieve and to not grieve properly. I forgive myself for pushing people away that were in my corner. I forgive myself for any hurt I caused anybody along my path. And then I forgive myself for allowing myself to become somebody I don’t recognize when I look in the mirror.

B's journaling then helped her confront death and loss.

Basically, it was like, write something that you have, like, been beating yourself up about... like, write a letter or something that is kind of like been holding you back. So I wrote Dear Death. [Dear Death,] I have been beating myself about not coping, not wanting to realize like, that person's gone. But only, like, you as a human is gone. You live on in many other ways in today.

Not only is she opening up to loss, anger, and grief, B's opening up to others, and through all of this, all her potential. "Um, so the beginning of semester, I had just like came in with my head down, because I didn't like know anybody really" And that's how B acted. She was closed off, sat like it, presented like it. She hid behind a face mask and her tough-girl persona. But an unexpected connection changed things. B went on to say,

It was like, random...somebody was walking by with like, a suitcase. And you know, Taylor's goofy, so she made a comment because I made a face when he was walking [by]...I think that's honestly how like it started. And then we started like, sitting together and then like, we just like, we became like really good friends.

Feeling connected and more comfortable, B opened up, woke up to herself, to others, and the class process. As she described, once she was awake, class took a turn that she and others needed.

So just like with your class, like, it was, like, we thought we were gonna go by the book, and then we veered off, like, to totally something totally different. But I feel like what we veered off to that was totally different is what a lot of us needed. Because we didn't get that. And it kind of like, well, for me, it, like, rewired things. Like, I can always go and read a book. But it was just, say, we [don't] ever get the chance to talk about that.

Because I honestly feel like if I didn't have these classes, I'd still be drunk all the time.

I'm not even gonna lie. Like I never, ever, ever, ever thought about journaling. Like, what the fuck do I need to write my feelings down for? What's that gonna solve? I can just go get a drink. But I don't know, I just feel like the way the class, like, took a turn was what we needed.

The last thing B said in our interview seemed to, so perfectly, sum up so much of B's life story.

I don't know if it was just like everything that was going on. Like between you and Sarah's class, everything that was happening. I don't know if y'all were just saying the right shit, and it was just matching up in my life. Or if it, like, I don't know if I met Taylor for reason, because... I was supposed to be done [graduate] last year. So, I don't know if I was supposed to be here and have these classes and like hear all this shit and have my life, like, fall apart for me to, like, pick up everything from 2016 [to now] that I never got over. Like, I don't know. I don't know what it was, but I don't know. It just, I don't know if my life was just really two shits and this was just what I needed to hear, and like, see that it actually works. And maybe I just never, like, tried it. Or maybe I never wanted to hear it because I was so, like, drinking all the time, and, like, you're gonna die, you're gonna die, you're gonna die, whatever it may be. I was always expecting it. Like I'm still expecting people to die. Like, I've had so much death. I'm kind of used to it. But now I feel like if someone was to die, I don't feel like I would resort to drinking. Because like in December, I have three deaths and I didn't get drunk... on the 6th on my cousin's two year, I didn't drink. I just like cried it all out. For Tanner's, I just cried it all out. For my grandma's, I just talked to my mom and, like, cried it all out. I don't know. But it feels good.

B said that without this class “I think I would still be stuck.” Stuck is no longer a fitting characteristic for B. She’s moving. She’s healing. She’s growing. She doesn’t keep her head down, or keep to herself, or seem so intimidating. She’s strong, and she’s gentle. She’s funny, and she’s sincere. She’s an athlete, and she’s so much more. She’s experienced tremendous loss in her life, and there is so much more for her in this life. And she seems to know this now. She also, now, lives and loves like someone who deeply understands that there is no life without death. It doesn’t make life easier; it just makes it richer. And richer is what B is today, and exactly how you feel because you know her.

Ana

Ana is a 23-year-old Hispanic female. Ana can be quiet and keep to herself, until you get to know her. She still speaks softly, but there’s a lot in what she has to say. She’s deep, soulful, sometimes dark, but not nihilistic, just real, authentic, vulnerable. Ana’s also a hard worker. She’s dependable. She often puts other people and things before herself. That’s not always a good thing. Ana has a history with health and mental health challenges. She speaks most about anxiety, depression and dissociation. Likely, in part, because of these challenges and to alleviate these challenges, Ana’s been pursuing a transformation over the last few years, sometimes not through the healthiest steps. She talked first about her weight loss and fitness journey.

I have been going on like my fitness journey for, like, a long time. In 2019, I started at, I think I was close to 300 pounds. And throughout like 2019, early 2020, like, I lost it, but not in a healthy way.

She lost 150 pounds, but there were consequences. Ana explained that she didn’t eat for a week to start her weight loss, then attempted to maintain a meager 300 calorie diet for many months. Through this time, although she was “losing weight”, her body and mind were falling apart. Her

hair fell out, her hard tissues became weak and brittle, she was fainting regularly, she lived with crippling headaches, she was barely sleeping, and she became more anxious, depressed, and dissociated from herself, her feelings, and her life. Ana was isolating herself more and more from people, friends, and family, even though she said she didn't want to. She describes this time in her life—what could be seen from the outside as health—as “self-sabotage.”

I would say no to hanging out with friends, even though I really wanted to, because I didn't know what they would say, like about what I looked like what I have done, like, you know, I just didn't want that. Like, growing up hearing all these things about your weight, and then losing it, you just don't want to hear it anymore. You just don't. Like that's why I did it. You know, I didn't want to hear any comments...that was a really low part of my life.

When asked what she was feeling during this time, with an emptiness in her eyes, she said “nothing really.” What Ana seemed to be describing was that worse than feeling bad was feeling nothing at all.

Fortunately, things wouldn't stay this bad for Ana. She met her boyfriend. He's a kinesiology major. He helped her reorient to a healthier way of eating and exercise. She felt better physically, and all of her physical ailments resolved. This improvement helped her mentally and emotionally, too.

And I feel like if I handle the physical, like, the mental health will just come right with it. I always noticed that, like, whenever my physical body feels good, whatever I'm thinking just lightens a little bit. It's there, but it lightens. It's not as heavy.

As things were changing for the better, Ana started our class. Ana would find that what we experimented with aligned greatly with her lifestyle change and renewed health and fitness

journey. In talking about her class experience, she began talking about the difference between our class and all the others she's been in. Ana expressed that in all her other social work classes, they have only talked about, very briefly, different mind and body techniques for better mental health and never practiced them.

...in different classes, especially, specifically Social Work classes, we've always talked about, like, different ways to help your mental health, different exercises, different techniques, different things...I remember one particular one was, like, go out in nature, take a walk. Enjoy the fresh air. And then there is another one that was like meditate, practice mindfulness. There was a few that was, like, exercise helps. Like, there's been studies that show that when you exercise you feel better...so there's mentions, but it's just a, it's a shared fact. And that's it. It's just a casual drop. But they never mentioned how one would use that in practice. Like, they say, yeah, you can do these, you can do that. But they don't say, in this particular instance, a client with this particular background would find that useful. They never tie it back into the material. And I think that's where the disconnect happened with our students, with like, all of us, like, really. Yeah, everyone knows that, like, walking outside can help mental health, but like, it's never tied back into it, it's never brought back around. And like, I've had plenty of classes, say like, yeah, meditate, you'll feel better, but like, without actually giving us any resources, or any information or, like, even just the basics... just meditate. No, that [practicing it] would be like the last thing...I feel like that's not what they think is an important aspect of learning.

Taking the time to practice, to learn by doing, was very important for Ana and others.

In doing all those exercises, the yoga... those breathing exercises, the stretches, the journaling, the just being outside, what I could see, just from our classmates, that it was a really positive experience. For me, myself, like, I don't think I personally would have ever done yoga, or like, any kind of breathing, especially not at like the center of our university. Like that idea just seems so scary to me. But I went out there, we did it. It felt good... that really was something that was like, I want to say it was, monumental for me... because like I said, like being at University, I never had a class outside. Never had, like, a flexibility of, like, doing, like, going out and having our whole class there. And actually participating. That's another big one for me, like actually participating, like, with an open mind, like,...I really like that everyone was willing to participate and, like, just do it...I'm really glad that we were able to participate in those things.

From these hands-on experiences, Ana has found new things that support her health and growth.

Through journaling, Ana realized a deeper connection with herself.

...it was more of like a dialogue with myself. Like, I first, I first got out all the thoughts that I had, just the surface ones, the ones that were right there, the big bold ones, got them all out. And then I was able to like go a little deeper, go a little deeper, go a little deeper. And like, really just get it all out. And I think, I've never, I don't think I've ever done anything like that. But like, I journal myself, but it's more so to keep my day organized. But that journaling with the understanding that it was something for ourselves and something that we can use as a tool changed, ultimately changed, what came out, what I wrote, and I really, I really appreciate that.

Ana then perked up and recalled how important our art as therapy practice was for her.

And also, that art one, oh my goodness, I really like that one. And now, like, I've always struggled with like, only creating things that are perfect. Always, always, always, always. Like, if it doesn't look good, then I like start over, like a blank slate, and start over. But slowly, like starting with that particular time that we like, did art as therapy, I'm okay with making things that aren't perfect.

It might have been her developing comfort with and acceptance for imperfection that allowed her to seek help when she needed it most.

Towards the end of the semester, Ana stayed late after class. She was waiting to talk to me privately. What I didn't know at the time, was that terrible feeling of nothingness had returned. As she started to talk, very anxiously and hesitantly, I sensed a deep sadness and emptiness in her, a terrible disconnect. Then I got an overwhelming feeling that I couldn't deny. There was this thing hanging in the air that had to be confronted. I asked her point blank, "are you thinking about suicide?" Tears rolled down her face. She nodded, and then she said very softly, "every day."

Ana went on to tell me that there are times each day she looks around and thinks nothing would change if she weren't here, no one would even know she was gone. Earlier that day, I had been journaling and made a list of students that I wanted to be in my study, and that I needed to make plans to talk with them. With this confession from Ana, I found myself thinking and feeling so deeply about why, of all days, would I have felt compelled to make this list. In what felt far too deep to be coincidental, I showed her the list of students in class that I wanted to talk to about being a part of my study. Ana was on that list. Next to two names, I had left an asterisk because, based on conversations we had and the work and growth I had seen in them, they were, to me, must haves in my work. Ana's name had an asterisk.

I opened my journal, told her how just before class I had made this list, that she was on it, and she was marked as one of the most special, most important to be included. Ana thought no one would notice if she were gone. She was wrong. I would. And I had the proof. I showed her. We both cried.

We talked for what could have been another hour or more about so many wonderful things, including her life. Ultimately, she wanted to live. And she accepted my invitation to check in with her the next day and the days to come. So, that's what we did. Ana and I grew closer from that and because of her and all her imperfections that resonated so deeply with me. We spoke the day I wrote this, months after her crisis. She shared the following.

Sometimes when I have a quiet moment I sit back and think of where I was when we first had that conversation and where I am now. Had it not been for that conversation we had, and the ones after, I honestly think I wouldn't be where I am now. I talk fondly of you to other students in the program, and, in doing that, I have met other students who say the same kind words about you and the impact you had on them. Thank you for the work that you're doing, it has genuinely changed the trajectory of my life for the better.

Ana is so relational. She talks about feeling a deep sense of needing to connect with other people and how to connect with other people. And since our conversation, that's exactly what she's been doing. In fact, when asked what was most surprising about the class experience, she said it was the people, the connections.

I mean, the whole class I never expected anything like that. But I think the most surprising thing that came out of that was like more connections with our classmates. Like, I connected with [so many people I've had] in classes before and I've never spoken to... And in this class, we really sat down and we talked to people and made friends. That

was so unexpected. I've always wanted to like find my people in school. And people always say like, yeah, you find your best friends in college. And I was like, where are they? Like, where are they? But like, [unlike] in other classes, like we were able to, like, build connections with our peers. And I think that was a really important part of it that I had been lacking.

Before this class Ana had times where she felt so bad, she felt nothing. Through this class, the experiences, the new practices, and the new relationships, Ana became reinvigorated to bring herself back into this work, to do this work, to help people, to be with people, to be herself, and to empower others to do the same. Ana once told me when you hug someone, your hearts touch. Just being in the same room with Ana and others, you know she wants to touch hearts with everyone around her. As I think about Ana today, I am certain of one thing: our hearts touched. And that didn't just change her life, it changed mine, too.

Taylor

Taylor is a 22-year-old, white female. When asked about her identity, she insists that it be noted that she is "absolutely hilarious." She's joking, of course, but she is. Taylor's the kind of person that people just gravitate towards. She's funny, warm, and supportive. She's good for people, and good to people. You will rarely see Taylor alone, unless she wants to be. Maybe it's the intensity with which she has experienced life that gives her an empathic connection to others. Taylor described a family history of serious depression and anxiety. For Taylor, her most significant challenge has been anxiety. She first noticed and sought help for anxiety in middle school. She's been on medication and in therapy since, even though there was a time when she was adamantly opposed to being medicated. Now, she's making peace with that. She notes that she's not anti-medication, but, like so many in this study, doesn't believe it should be the first or

only response. Taylor says medication helps her prevent panic attacks when life anxiety “is kind of like flaring up.” Life anxiety flared during our semester together.

About midway through the semester, I got a message from Taylor where she explained a bit of what she’d been going through. She explained, “This week, month, year, whatever you wanna call it...has been particularly hard for me.” Due to very complex and challenging family issues and severely strained family relationships, Taylor described how all of it “...created a great deal of challenges.” Taylor’s not one to look for a handout or an easy way out. If she says that things are hard and challenging, life, for her, in that moment, is rough. Ultimately, if this class and its practices worked, if we can transform stress and mental health using a holistic health-focus, Taylor would be a great litmus test.

The first topic and assignment of the semester was time in nature. Taylor had a hard time connecting with this. To say the least, her first attempt was unsuccessful. The next topic and assignment were solitude. Again, Taylor didn’t find a connection. The next topic was breathing and movement. Unlike nature and solitude, we were able to practice this together as a class before the students were asked to practice on their own. We had class outside that night. We laid out blankets on the lawn and practiced under the stars. Practicing together, in the right environment, seemed to provide Taylor with a better connection and entry into the topic, the practice, and to herself.

Gosh, I think about that night all the time, actually...So breath work, for me...It was something that I always did that we practice in a therapeutic setting. So whatever therapist I was with, you know, we would try the 4-7-8 breathing. We would try, you know, all the different types of breathing things, and I felt the potential. Like, I was, like, I know that these have potential to work, and these help people somewhere, but it's not

helping me...But the night that we did that activity, there was, first of all, there were no clouds in the sky. The stars were just out there shining bright, and I was like, love it. So, I was able to set out that little blanket, and just really, I intentionally connected with my breath. And I think it was kind of like, if thoughts would come... I kind of welcomed the thought and said, 'Come on in. You're welcome here. But we're also working. We're doing some busy things.' Um, so was acknowledging the thought and saying, 'Yes, we have this to do you know, like, we have a to do list, sure. And I'm always gonna perpetually have a to do list. Um, but it doesn't need to be done right now. So, in this moment, I'm gonna connect with my breath.' And so instead of just focusing on, like, you know, get the thoughts out, like, welcome them in, you know, make them feel heard and seen. And then they just kind of go away on their own, you know. And that is what really allowed me to fully embrace that activity that night. I was able, like I said, to connect my breath with my body. And also with my brain, you know. Like I said, the brain and the body are connected. And so, they're all working as one and they're, like, all on the same page, finally. And so, I think during that, I kind of described, like, with each breath, I felt like I was sinking into the ground a little bit deeper and deeper, and just, like, becoming one with the Earth. Really hippie, I know. But I, I really did feel that way. There was such a, it was such a grounding experience.

A few days after class, I received the following message from Taylor. The practice was taking hold and the effect seemed to be quite good.

I was going to wait until the next time we met in class, but that's silly to hold in my thoughts. Would you believe that I just threw on my swimsuit, grabbed a towel and went to lay on my deck in the rain?? Well believe it, buddy! Why am I telling you this? It was

so therapeutic in a way I don't think I was really expecting. As we all witnessed on Wednesday [in class], our breathing exercises really had a profound effect on me, so today I ran outside to lay in the rain [and] soak it all in. I practiced the breathing practices that I connected with on Wednesday and allowed myself to just "be." I shocked myself because I typically don't allow myself to just exist in a space...I can't put my finger on it, but rain seems healing in some way. All this to say...this class finally is teaching me how to connect my body and brain with nature. WOW!

Taylor went on to say

I think rain is now highly symbolic for me (and maybe for a lot of others). It feels like this renewal. Allowing myself to sit in the outdoors while simultaneously allowing myself to "let go" of some of the things holding me back. A nature cleansing, if you will! I couldn't pinpoint everything I was letting myself go of, but it was something! During my time in the rain, I became so mindful of the little things. I paid attention to each rain drop, the size of the droplet [and] where the droplet fell. I had the beautiful moment to actually slow down and breathe. I felt safe. What a fantastic journey!

In those few days, Taylor seemed to be unlocking and connecting so much. During the interview, Taylor recalled this time and explained further.

...actually, weeks prior [to the breathing class experience], my therapist told me, 'Taylor, I want you to go and sit next to a tree, and like leaning against a tree.' The heck is she telling me to do? I'm not gonna lean against a tree. That's weird! And then I did it after the breathing exercise. I think the day following, I found a tree, I found a really big tree in my backyard, and, like, leaned against it. And I was, like, I just feel connected with the world now.

With that connection, Taylor discovered a new sense of peace.

And there's something about the acknowledgment of one thing that I kept telling myself throughout the semester, and especially in those, like, when we did the breathing techniques, and then with the tree, I'm telling myself the phrase over and over again, 'even here, I can still know peace.' You know, like everything else in our lives is going to feel chaotic, and I don't know if there's ever going to be a moment where we fully are, like, 'everything's great, I'm feeling fully at peace, fully balanced.' But it's like, 'even here, I can still know peace.' And it's, it might not be the peace that I fully, that I'm longing for, you know, but I can still know it, and I can still identify it, and find those moments where you're like, 'I know peace.' And so that night of the breathing techniques was like, the most at peace that I'd ever been. And I almost fell asleep because I was so just tranquil. And this semester was a doozy for me. There was a lot going on. And I mean, I shocked myself during that night.

Taylor was finding great benefits in this new connection with herself and her environment. However, not every practice started as a positive one for Taylor. Some took time. With art as therapy, she had a strong emotional reaction. Her emotions were certainly welcome. They were just unexpected and hard for Taylor at first. Her classmates and I sat with her and allowed her deep response and did not expect or require anything from her. A few days afterwards, I checked on her. She was doing well and expressed what she had learned from the experience. Again, I was so inspired by her growth. I shared that, and she had this to say.

It just means a lot to know someone cares... [and] It's interesting that you mention growth because I have never allowed myself to be in solitude, but now I practice it almost every day. I kind of disliked most things that required me to feel my feelings (probably

why journaling as I know it now has made me want to vomit - before this class). Now I am so thankful to have learned new practices that allow me to sit with the discomfort and not shy away from that. It's a wonderful thing.

Thinking back on class during the interview, Taylor described art as therapy as the most surprising experience from class.

I was not expecting to have such a reaction. And that one was where I left, like, bawling my eyes out. I was not expecting to have that sort of reaction...I just felt a sudden, was, like, overcome with sadness. But it wasn't a sadness that I was trying to push away. It was a sadness that I knew I needed to feel. And I just hadn't been tapped into up until that point. It was like doing the art as therapy unlocked a whole 'nother little door or something, and just kind of brought me to a new place where it was like, that's been needing to, you know, flow out of you for a while. And so to be honest with you like that class, that specific class, really just got me crying a lot, you know? I sat in my car and cried some more. But that's what I needed. I needed that emotional release. I just didn't know how to get myself there, you know? I didn't think that drawing a picture of a duck would really get me to that point, but it surely did. And I shocked myself. And I think that's when I started noticing, like, there's still so much about yourself that needs to be felt, it needs to be appreciated, and honored, and loved. There's still so much you don't know about yourself, you know?

Taylor kept connecting, going deeper, connecting more, forging her own path, and transforming through being open to, exploring, and integrating so many different practices and parts of herself. Taylor would go on to describe another activity that she has found to be important for her and the insights that have come from consistent practice.

Well, when I go on a walk, I feel 10 times better... there's this like liberation that comes with it, of, you know, just allowing myself to be in a space, and there's no agenda... I'm just going on a walk, and I'm gonna see where this little path takes me. There's a lot of liberation in that... freedom of choice, and the freedom to just exist... And so allowing yourself to just like be in the place that you are, I don't know, it just like is such a freeing feeling.

She went on to explain how walking, for her, is like therapy but better, more personal, more adaptive, filled with more potential.

It's surrendering to the unknown... So to relate it back to therapy, when I walk into therapy, I'm not walking in with meeting notes, and saying, like, okay, I want to cover this topic, this topic, this topic. It's like, I might have an idea of, you know, something that happened that week. And that might take me somewhere completely different in our conversation, you know? We might start processing something that happened when I was five. I didn't come in with that on my meeting notes... And so the same comes, you know, for me with walking... when the thoughts start coming, instead of saying, like, I'm on a walk right now, leave me alone. It's, let's process this while moving, you know? We're just gonna keep walking down this path and keep thinking the thoughts that we're having, you know? And sometimes they are, like, really hard thoughts to come by, you know, and they might feel challenging. But I used to push them away. I used to push all those really challenging thoughts away. And now there's the approach to, like I said earlier, welcoming them, and leaning into them more, and allowing them to exist in the space that they're in, and thinking them through, and while I'm walking, you know?

Taylor continued and described how her practice is transforming her view of traditional counseling practice, both the process of therapy and the therapeutic space.

We always hear, you know, therapists, clinicians, whoever, say, like, you have to sit with the discomfort. And what if I change the verb to you have to walk with the discomfort, you know? Because sometimes for people like sitting is annoying, like we do it so much, you know? And so instead, is it, you know, walking, and does that help you process it? For me, it does, because I'm moving my body, and I'm just kind of like, taking stock of the things around me. And sometimes I'll look at a tree. And I'll be like, well, that reminds me of that time in Colorado, and then it'll take me to all these different things. And just different, I don't know, just different ways of processing.

Connecting with herself and her family history, Taylor kept processing,

You know, I think another thing that's been really big for me in this processing and moving and walking with nature was when I was younger, my family, we would travel all the time, you know, we would go up to the mountains and things like that. We love to go on hikes, and all that kind of stuff. So, when I'm moving [walking] through nature, I'm almost like, taken back to some of those places. And then I'm processing the things that have happened with my family or that have happened, you know, in family dynamics and relationships, that I might not process in therapy, because I don't have that reminder, you know? And instead, I see it in nature. But I don't, it's not like it makes me mad then when I see the tree, and I'm like, you remind me of that crisis, you know? It's like, no, like, glad to have you and glad that I can process this openly and freely.

Taylor concluded by explaining how these personal practices can empower individuals beyond the clinic.

And there's also this liberating feeling of like independence, too, because I think a lot of people are like, well, I don't want to go to therapy forever, you know, and be relying on somebody else. And being out [in] nature has really empowered me and reminded myself that like, no, I'm capable of like, processing these things. You know, therapy is super helpful for me, but it's not the cure all either. Like, the work comes with you, as well as an individual doing it on your own, right? Because one hour a week just is not going to solve all my problems. And so, finding those times to connect with nature, on my own, and just letting whatever comes enter in. It's like, okay, welcome.

Not only did this transform her mindset about and relationship with herself and therapy, but it changed her perspective on education, especially for health and mental health professionals.

...in the same way that we sit in our classes, and we say, your clients are all complex, they all have different stories. It's like, okay, sure. So then why are we still using, you know, the standard model of therapy, as you're sitting across the table or across the chair from someone talking about it? You know? Why can't we, you know, why can't we empower our clinicians to see you don't have to just sit there. You guys can go on a frickin' walk. You can draw a picture, and maybe you don't talk the whole time until you're done with the picture, and then they talk about it. And then see what comes from that. Listening to a song... I've been connecting with, like, poems a lot more recently. What comes from that? You know? Talking doesn't work for everybody.

Taylor went on to say

[Social Work] needs more hippies...it needs more people to point out the beauty in the eclectic approaches...and having classes and education that is free to think outside the box, you know, and free to just really come up with how you want to be as a social

worker...where is the room for me to discover who I am as a practitioner before I get into the practice?...There's so much about social work, that is self-discovery. And it's a lot of things, at least, or my education that I've learned that like, people just can't, you can't, it's not that you can't teach it to somebody, you just can't teach it to somebody in the standard way that we've learned and been told how to teach, you know? So, the lecture style of this, I don't really see that working. I see it more in the practical approaches, and really practicing....it just means learning more about others around us, you know, and having that immersion into a community. Because we learn all about it in these classes and through textbooks. And it's like, these textbooks aren't humans...I think classes that focus more on us as social workers talking about our own life experiences, and practicing vulnerability is huge. Because this was the first semester that I learned well, I mean, I always knew this, but that I was, became aware of just how hard vulnerability is for me. And then, you know, being with it in really saying, gosh, I don't like this, but I'm just gonna feel whatever, whatever comes up, you know? I think we just need more classes that don't require a textbook.

Taylor re-found herself that semester. Beyond specific practices and activities, Taylor described that much of her transformation has been possible due to the freedom and flexibility in the class.

This class was probably the only class that I was free and welcome to explore my own ideas... you acknowledg[ed] that this is not a one size fits all...this was the first class where it really felt like if this doesn't work for you, that's okay. And if this works for you, great! Tap into that, and then come back and tell me what works, and what you did that worked, you know, and keep exploring. I think what was really empowering

for myself was be curious, you know, and have an open mind about it, even with journaling. I told you at the beginning that I hated journaling, and with all my passion, you know? I still did it during that one class, and I actually really enjoyed it that day, you know? And I shocked myself in that. And I, I think it reminded me that in the same way that I am a lifelong learner in the world of social work. I'm a lifelong learner about myself. You know, that's what this class did for me.

As she noted several times in our interview, “this past semester was kind of like reintroducing myself to myself, and really taking a look at what I enjoy doing.” She found what she enjoyed, what brings her joy, what holds her when life is rough, sharp, hard. She noted that breath, art, movement, nature, rest, solitude, these are, as she described “my own little remedies...my prescriptions...I can't even compare to medication...[a] wave of calm that comes over me is, like, I'm living my life, and I'm, like, actually embracing the space that I'm in.”

Towards the end of the semester, I got this note from Taylor.

Happy Friday!!! I was going to wait until the end of the semester, but what the hell that feels like years away. Anyways! I just wanted to say a personal thank you. Thank you for guiding me through this semester with such compassion and empathy. Throughout this semester, I have felt so overwhelmingly alone, but through each class time and outside of class activity I have found a new strength within myself. It feels like this restorative peace. There has been a lot of unknowns, but in this I have found this compassion towards myself and freedom to say ‘It's okay that things are not okay right now. Nobody expects you to have all the answers.’ Thank you for extending the utmost care and grace towards my crazy self. I most likely would not have been able to survive even this far into this semester if it weren't for instructors like you. Finally, thank you for your

patience. As I have mentioned, vulnerability does not come easy to me, but it means more than I could possibly ever convey that as a professor you accepted where I was and said ‘Right where you are is a good place to start.’ I’m not sure if I’ll ever be able to find sufficient words to convey all the ways in which you have influenced both my personal and professional life. I am so grateful our paths crossed.

It’s now been a few months since class, and I still talk with Taylor from time to time. We check in about any number of things. I most recently heard from her because she was experiencing an intense period of anxiety. She wasn’t sure what to do. She asked for my help. I asked her to give herself permission to rest, then just breathe, take some time to be outside, and repeat as needed. That worked. She said it was exactly what she needed. These were her remedies, not mine. I simply reflected to her what she taught me about herself, what she had found that works for her. As Taylor found and taught me, transforming life does not mean that you don’t have challenges, you gain access to inner strength and personal resources and rise to the occasion. It doesn’t mean that you don’t feel big, tough feelings, you turn towards them, welcome them in, and let them work in you and for you. Our feelings and life experiences, when open to and accepted, are a medicine that release what we need to heal and grow. As I learned from Taylor, this is the medicine, that no matter what life is moving in us and is moving us through, even here, you and I, like Taylor, can still know peace. Taylor’s healing and growing. Even in the stress and chaos of her life right now, she is more alive and present than ever. And a life lived fully, in the present, in the here and now, is how she shares the healing, transformative medicine with me and everyone that crosses her path.

Kameron

Kameron is 22 years old. She is African American. Kameron is many things. She is an athlete. She's a country girl. She's got fight in her, for sure, but she's also kind and loving. Kameron's capable, dedicated, hardworking, bright, and intuitive. She's learning to trust that intuition of hers, which is going to make her so good in her work. Kameron seems to be all about the vibe. She comes to life around good, authentic vibes, and she always radiates them herself. Kameron has a great spirit. Around her, you can feel it. Kameron wears her heart and soul on her sleeve. Kameron, though, like so many graduate students in our School of Social Work, is busy. She works full time, goes to school full time, and has an advanced internship. As Kameron told me, "I am short on time, short on sleep and financially unstable." This leaves little time or energy for herself and is one of her biggest challenges to better health and mental health.

Being intentional daily may be a bit of a struggle for me. I need to be more intentional and allow myself permission to care for me. I usually have a hard time doing this and I just want to care for everyone else most times.

This was Kameron's first semester at a new college and in a new city. From an outsider's perspective, you would have thought she was excelling, and in some ways she was. After just our second week together, she sent me the following message about her class experience thus far. "The energy was unreal. Thank you for providing a space where we can be comfortable, confident, and, most of all, we can be ourselves. I appreciate that more than you know!" Things seemed to be going well. In Kameron terms, she was, and as a class, we were, "vibing." The class was assigned to spend time in nature. Kameron seemed to take to that quite easily. She came to class and described how therapeutic it was for her to leave her phone and other distractions behind, walk outside, take in the scenery and wildlife, and just be. She seemed so

content and peaceful when she described it. From there, our next class was breath and movement, which we did outside on the university lawn. She took to that, too.

...whenever we went met on the lawn for your class, like on that little area, courtyard, whatever it was, that was like, the first time I was like, Whoa! I felt good. Like, my shoulders weren't so tight and everything just like, flew. My body was flowing and, like, I left that night feeling good, you know? And so like, my mind was clear, like, I think, then that night I slept so good...the next day you actually feel like you actually got sleep. I don't sleep all that great, so I was like, I noticed it a lot. Like, I was, like, Whoa! The next day even I was like ready to tackle it. Hopped outta bed, made my bed up, like, yeah, let's get it going. Like, it just, I just felt like different. You know? Cuz' I don't, I just, I'm not used to that. Like, it was just a good experience...I wasn't used to it before. So now it's like, after that one time, I was like, hell yeah, I'm fixin' to dive into this. Like, I'm gonna explore this a little bit more because I like that feeling.

However, as she opened up to these new practices and got reacquainted with herself, she got in touch with other parts of herself and life that didn't, at least initially, feel so good. Kameron was still in transition and in a new phase of her life. Still relatively early in the semester, the light in Kameron's eyes, what I came to know and describe as "Kameron Vibe", was flickering on and off. I reached out to check on her. She had this to say.

Craig, I honestly just feel like [life] is having its way with me lately. Really since moving to Arlington and starting grad school. From not knowing anyone, to constantly having bumps in the road like car issues and relationship issues, I am just having an overall hard time adjusting. This past week and a half I have been feeling defeated and overwhelmed. I also have been experiencing what I think is academic burn out. I am not feeling any sort

of motivation or drive to get my assignments completed. Overall, it's been a challenge being in this area, and like I said, making the adjustments. Thank you for asking. I appreciate you noticing and asking about it.

We decided to meet to talk about things in more detail. She really opened up. Kameron was, for a moment, raw, honest, authentic, vulnerable - things that haven't always come easy to her. From that open and vulnerable place, she seemed to be reenergized and ready to keep working, go deeper, try new things, all with an open mind. Her light was coming back.

More than Kameron's mind was opened. She opened her eyes, her ears, and her heart. She described this by explaining her class experience, starting with art as therapy.

Yeah. I think the doing the art therapy was cool. That kind of opened me up a little bit cuz I'm like, I never thought about just seeing what comes whenever I just grabbed a pen and paper and... you know, sit down and, like, let it flow. That was different for me. And interesting. And, like, I was like, maybe I need to try new things, you know?...Just because, like, afterwards, we heard everybody's, like, we heard everybody, like, talk about what they drew...Like how everybody related it to something. And then it was just like, y'all really?...Like me, I'm like, what the hell am I gonna draw on this paper? Like, when I came to it, I ain't gonna lie, like I had a mental block. And I don't know if you remember that night, but like, I was like, I don't know, I'm just not feeling it. Like, I just wasn't. But regardless of me, personally, I think I took a lot from other people.

At this point Kameron was overcome with emotion. It was hard for her to talk without crying.

When I asked what she was feeling, she shared this

I think, like, maybe I'm just reflecting on this semester, and like, realizing how impactful it was, for me. Like, I didn't realize like, how much, like, listening to others, and like

indulging in being open minded, and just coming into new experiences and all that, like, how it's affecting me. Like, I've kind of like changed a lot about the way that I think and how I see things. I think it just makes me appreciate everything more, and, like, realize that. Also, it makes me realize that the way that I was doing things, or the way that I've like known to do things, like, there's a lot, like, there's more than one way to skin a cat, you know? What I mean by that is that there's just a lot, like a lot that I wasn't considering before. Like, the way that I was thinking or doing, going about things, or just anything, like I was just kind of close minded. I didn't realize that...just hearing about everybody's experiences or people openly talking about things... like, I was like, whoa, everyone's so vulnerable. Everyone's okay with being vulnerable. They seem like it at least. Oh, that wasn't there for me. So that was something that came about throughout the semester. Like, I felt more peace being vulnerable with people, around people, and sharing experiences and even thinking about experiences that I've had, that I haven't even much thought about, but being able to share them, and stuff like that. So I just feel like I grew a lot. And it makes me emotional to think about that, because I never thought it would happen.

Kameron, still so vulnerably expressing her emotions, continued,

I didn't think that it was something that needed to be done...I just never saw myself in getting like, focusing on this kind of thing, like, what, what emotions and vulnerability...Like, I've never considered that being something that I needed to do or something that was gonna happen at all! I just, you need to do this, this, this, and this. You need to go to college, go to grad school, find a good job, you know, help people, serve the communities, whatever. But never, like in that plan that I thought I had or

whatever, I never thought, like, you need to take care of you, you need to, you know, be in touch with your body, like take care of your physical, like, state and take care of your mind. Like never. That was just not part of it all. Not a part of it. Not a part of me, my plan, like what I thought I needed as a person. That was just not something that I really gave much thought to. So, this semester was like all about, it was like all about us, like all about you. Like that's what it felt like for me. Like it was about me. What do I need? Like what are my issues? What is some trauma that I've experienced?... I was like, whoa, I've never thought this much about myself and so it kinda just made me get uncomfortable, but in a good way. So yeah.

Kameron was so vulnerable, emotional, and clearly processing and connecting an important moment in her life, so I asked her what emotions she was feeling. The emotion poured out even more as she described gratitude. “Oh, there's like an overwhelming feeling of gratitude and just for being here, for being, like, where I am right now.”

Kameron went on to describe her class environment and how that allowed for vulnerability, expression, and transformation.

Just feeling safe, I think. That was a feeling that you allowed in your classroom. Like, like plenty of us said it. Like, it was just a safe space for us - as students, as first year grad students, I don't know, just as people. Like, it was safe.

Kameron elaborated.

Like, no judgement. Like, just say it kinda thing. Like the environment was just welcoming. I don't know. It just felt safe like to share there. Yeah....I think just being able to, I don't know, just talk about my experiences, or just being able to, like, voice it, and it's not even much. Like sometimes it wasn't even verbally...Like, whenever we were

able to, like, share, after we did a certain exercise or something, like it comes with a sense of, like, freedom for me, like a sense of I got it off my chest to, like, an actual human, you know? Like, that felt good to let out. And I think it's, I don't, I don't know, like how to put it into words. It just feels good to talk to people. And like, I feel like that's a healing, there's a healing power in that. Just to talk to people. And it doesn't even have to be me talking. It's just, like, other people sharing, I think, is impactful too. Because there's plenty to learn from folks...I think, like, there's, there's a lot to take from talking to others, and from listening to others.

Kameron shared an example.

...like, in class whenever we would, like whenever we did the physical like, stretches and all that stuff, and then afterwards, we shared like what [that] made us feel and like, how [that] made us feel. And the same thing with the, with the art. Like, we talked about it after we did it, and I think it was just good to, like, be able to say, like, that I didn't really vibe with it, you know? Like it just wasn't effective for me. But also listening to other people's experiences after they completed it. Like, without, you know, it was just good to hear, like, that some people took away, you know, what they took away from it, because, for me, at least, it was just like, enlightening. Like, alright, next time like I do something like this art thing, like, I need to come into, like, more of an open mind or be able to, I don't know. Like, there's something to take away from everything. Like, yeah. I think that's what it is. Like, just being there, being able to have the, the liberty to say, I didn't like it, and it'd be okay. Like, that's, that's a good feeling, you know? Like, just being able to say, like, what you honestly feel...and not have to like sugarcoat it, or beat around the

bush a little bit, or try to preserve someone's feelings. Like just say it. It was good. It was good to say that.

After getting to know Kameron, after witnessing her metamorphosis, I asked her what her advice would be for other people seeking positive change in their life. With a confident but humble tone, the kind that comes from deep personal experience and knowing, she explained

I think it looks different for everyone. But just being mindful and, like, being present with yourself and thinking about you, and not everything that's going on around you or what something is demanding of you. And just think about, you know, just take a second—I'm not saying just ignore reality, like, ignore everything—but sometimes it's just good to take some time out of your day and just listen to you and, like, pay attention to you.

And like a person who knows that all change “out there” begins “in here”, she turned this call to others to herself. She had a revelation. “Like, how the hell am I gonna sit up and talk to people and listen, when I don't even talk to myself or listen to myself?” She went on to realize that she's doing it. She's talking and listening to herself, but there's always room to grow. And that's what she's doing.

Kameron learned to pay attention and prioritize herself. In the process, she began to find and do what works for her. And like all open-minded and open-hearted people, she is still exploring. Over the course of the semester, Kameron found so much. She found new people, new perspectives, new practices, and parts of herself that were new to her, and new ways of being. With all of her health practices, she describes a liberation and freedom, as well as peace, that she touches through being present, mindful, in the moment, and being open to life just as it is. “It's just a mental thing. Like, I can just slow my mind down and just be mindful of what I have to do, what I have going on. And just like, okay, it's okay, just breathe. You're fine.” As she said she

was going to do, Kameron dove into this holistic health practice. At the time of our interview - months after her first experience with breath, movement, and nature - she catalogued her well-rounded body-based, physical practices. Kameron has found exercise, yoga, a new way of eating, walking, time outdoors, being in nature, and breath exercises to be essential practices for health - physically, mentally, and emotionally. Altogether, this has opened her up to other mental health practices. She talks about journaling and gratitude as key daily activities, most recently.

For Kameron, the mind-body connection is her new way of living. Of course, based on her affinity for physically based practices and how she experiences life, it's likely most fitting to say body-mind connection. She puts the body first, because, as she's found for herself, the mind follows. Kameron has come such a long way. As she described many times in various ways, prior to this semester, she didn't have a connection to herself, to her body, her mind, her health, her well-being, herself as a priority. That's all changed. In fact, after our interview, I followed up on a few questions that hadn't left me. I was curious what was next for someone who had seemingly experienced, learned, and grown so much. She said that her new focus was simply going to be to "better my relationship with myself." That's an incredible foundation for herself, her health, and everyone she will help.

The last thing Kameron said to me in our interview was, "I am a damn better person since I met you." Her health, her life, she herself, was made better through our relationship, just as I was. From Kameron, I learned so much about Kameron, teaching, others, myself, and life. Something I never told Kameron was the night that I taught breath and movement to our class, I was nervous to teach because I didn't know how people of color would respond. To this day, I still wonder what that was about. I wonder what color has to do with any person's interest in one's own body, life, and health. I wonder what it was about my background and life experience

that would make feel and think this way. I wonder just how many people I am disconnected from and what things, topics, and people I am afraid of, avoid, deny, or turn away from. I was and am still nervous to say all of that. It seems, in part, to be a lack of exposure and experience with myself, my genuine self, and with others, others being genuine, too. Ultimately, my limited experience and perspective, my bias, almost limited my growth and expansion and the growth and expansion of so many people. How I am in relationship to myself affects and reflects how I am in relationship to others and that affects and reflects how, to some degree, they are in relationship to themselves. We seem to all be more connected than we ever acknowledge.

Coming back to that night of breath and movement, what I was teaching somehow felt too different to share. What I realized was it wasn't what I was teaching, it was me. I felt too different. Our class was younger than me. Our class had a different educational background than me. Our class had more color than me. Our class used different words than me. Our class was into different things than me. And that's all such a gross overgeneralization. Everyone was just in a space to express their uniqueness, and up to that point, I hadn't dared to do the same. I was afraid I wasn't and wouldn't be accepted. I felt as though I was on the outside looking in. And yet, there was one person, one face, one connection that continued to draw me back in that night and make me feel safe and able to open up and share. There was one person that gave me the gift that I had apparently given the students: safety, security, acceptance, a new experience, and a new perspective. It was Kameron.

Genuine curiosity, kindness, and acceptance bring us together and reveal how much more alike we are than we are different. I am such a better person, for myself and others, because I learned how to be more vulnerable, more authentic. Openness breeds openness. Connection leads to more connection. Change begets change. Genuineness – which seems to be participation in

and a projection of love of oneself and others - is a human drive. It feels good and heals when you know and feel the “me too” that is our common humanity. It feels good and heals when you know, even with all your uniqueness, you are not alone. Healing, health, and growth are founded in relationships with ourselves and others. Being in authentic relationship with and truly loving oneself is connecting to, sharing with, being with, and knowing and loving all. That’s what Kameron taught me. She didn’t say anything, or lecture about anything, or have me read anything. It wasn’t talk, it was action, it was being. What changed me was just in how she was and who she is. That’s the Kameron-vibe.

Discussion

“Your conflicts, all the difficult things, the problematic situations in your life are not chance or haphazard. They are actually yours. They are specifically yours, designed specifically for you by a part of you that loves you more than anything else. The part of you that loves you more than anything else has created roadblocks to lead you to yourself. You are not going in the right direction unless there is something pricking you in the side, telling you, ‘Look here! This way!’ That part of you loves you so much that it doesn’t want you to lose the chance. It will go to extreme measures to wake you up, it will make you suffer greatly if you don’t listen. What else can it do? That is its purpose.” – A.H. Almaas

Storytelling Not a Story Analysis: A Post Analysis Justification

Patton (2002, p. 542) exploring quality in qualitative analysis, states that “judging quality requires criteria.” Patton posits that the most important criteria come from a rigorous process of data collection and triangulation. For this study, there was great consistency in data collection as I conducted all interviews using the same methods for each interview. Additionally, I utilized multiples methods of triangulation. First, I analyzed the data through written text transcriptions in conjunction with field notes and re-listening to any section of the interview that I needed help to recall both what was said and how it was said. As well, I had multiple meetings with study supervisor to discuss the ongoing analysis and findings. Also, member checking was used at multiple steps throughout the study, including, and most importantly, to evaluate the authenticity of the final story. Accordingly, the results from this study are of high quality and credibility. Following these criteria, progressive qualitative researchers describe multiple pathways for sharing the results.

Bochner (2001) makes the case that the social sciences may sometimes better explore and explain important findings through storytelling, not story analysis. Similarly, when the experiences reported have a “feeling dimension that is every bit as important as the cognitive dimension” (Patton, 2002, p. 548), they may be best reported artistically and evocatively, including in story form. Therefore, the reporting of the results relied solely on storytelling. As mentioned at the beginning of Results, threads were highlighted, not themes. As this methodology relies heavily on subjectivity and adaptations that best accommodate the voices and experiences of the participants, I believe using threads instead of themes could better accomplish three things: (1) as themes are historically more analytical, themes were avoided so as not to detract from the “feeling dimension” that should be present in each of the stories, (2) themes may exclude some participants, and the threads are found in all of the participant’s stories, and (3) it is hoped that in not identifying themes the reader may be open to any and all aspects of the stories—evocative and cognitive—that are most relevant to them, which could allow these experiences to promote more insight, understanding, and growth beyond this work.

Given this understanding, a summary of the common experiences and threads are discussed below, along with an exploration of what this work means and how it may be used and expanded upon in the future. As well, as evidenced by the great depth of experience, emotion, insight, and transformation of the participants, what follows is necessarily incomplete. This discussion and conclusion are what shines forth most, now, to one person, albeit a person intimately connected, in some way, with each participant. All that will be discussed must include an asterisk to remind myself and every reader and consumer of this work, that this—like each participant and each of us—is, and must remain, a work in progress.

Study Summary

This study was founded upon activities that I believed belonged in the graduate social work class: Stress, Crisis, and Coping. It wasn't until after completing the course and talking with the participants, did I have a better sense of what, at sometimes an unconscious level, the intention was and was taking place. According to McGonigal (2015), stress arises when something you care about is at stake. So, when stress arises, ask yourself "what is at stake, what's going on, that I care about?" To better know this, they had to better know themselves. Therefore, many of the activities from this class were about getting to know themselves better, and knowing how to use themselves and the things (including people) in their life better. From there, the idea simmering between the intuitive, unconscious, and conscious levels was, "health is a resource for daily life, not the objective for living." Therefore, using the insights, self-knowledge, energy, and inner and outer resources that were developed with this holistic exploration, they will be able to respond to stress better, live better, the healthier they would be.

What did the students experience with this aim? They were able to slow down and get and take the time that they need to recognize, be with, and begin to address so many needs. They experienced, felt, and embodied openness, which gave rise to flexibility, which many ultimately described as freedom. They moved from the "then and there" to the "here and now". That's what Jung calls "slow time" (Sabini, 2002). Slow time is the pace of presence. In the present, they reconnected with themselves. They connected with others. And in doing so, they changed the way they saw things, felt things, and experienced things. They changed their mindset. They changed mindsets about themselves; mindsets about others; mindsets about the purpose, their passion, and their work; mindsets about stress, life, and potential; mindsets about mental health and health; mindsets about education, therapy, and healing. This mindset shift is a transformation

of perspective on stress and health, which transformed themselves, each other, the educational experience, and directions of their life journey. They connected with more parts of themselves. They found more functions. They harnessed what is strong with them and from that grew even stronger, individually and collectively. In other words, it was what's strong with them that fixed what was wrong. They moved from disconnected, dissociated, and not feeling, to turning towards healing, which came from feeling and being with the hard parts. In that, they found physical, mental, and emotional capacities. From that, even when things were seemingly at their hardest, they found peace. That was empowering for everyone involved. Curiosity, awareness, and care for self and others, led to self-realization, becoming, and transformation. What seemed to be the most common ground they had each walked before we gathered - depression and anxiety – was transformed into the vital energy and drive of purpose to pursue the life direction they discovered they were being called in. It was phenomenal. It was phenomenology embodied. It's what shined forth.

Holistic > Specific

At some, or many, points, our approach to problems, therapy, and healing are too specific. Specificity is often either more than the body can handle at that point, or specificity is simply too narrowly focused. Specificity is often about symptoms and what appears to be and feels like the problem, when it's one's needs that may be most important. A holistic, whole-person-centered vision for health sees symptoms – which in French comes from the word for truth teller – as a way to go deeper into the person and, like so many living things, nourish them at the root. As an example, a holistic approach that is founded upon the health practices – e.g., breath, physical movement and exercise, sleep, nature, and social support - either (1) resolves the issue because the issue was just a symptom of lacking health resources or (2) it provides the

health resources - the strength, power, endurance, flexibility, and resilience - to face one's problems and to overcome them. This holistic approach then provides two important points of leverage for dealing with specific problems: (1) it allows the individual to get in greater contact and connection with oneself which leads to the roots that need nourishing and care, and (2) it helps to reinforce that symptoms are often sign posts, and that a deeper, greater than symptom-only focus is required.

In this study it was expressed many times and, in many ways, that turning towards one's problems or concerns or the things that make them uncomfortable was more an outcome, at first, than an action. This highlighted that one doesn't specifically have to work on what seems to be the most challenging thing in their present experience to feel better, to heal, to grow. If you provide the right type of (1) environment, (2) support, and (3) resources (all of which in this study were found in nature, with genuine relationships and positive regard, and the holistic health practices), the individual will naturally orient themselves to more life-giving things, which includes turning towards uncomfortable feelings and facing challenges. Importantly though in this study, they did this in their own way, at their own pace, and in their own time. Therefore, potentially many of the hyper-specific aims of treatment are better left as outcomes than a focus for action, at least at first step. Focus on the health of the whole-person, first. People don't come to therapy or treatment with a problem, they come as a function of, and with, their whole life. Embedded in the immensity and complexity of that life, arises "problems" as a means of attention for action, not necessarily as specification of action. In the refrain of Osteopathy's Sir William Osler, the aim then should be to treat, care for, support the whole person and the life that has the problem, not the problem of the person. These are things one must be present for, ready for, and feel their way through.

Anything that denies the whole-person experience and their feelings is the real problem. And so many of the “therapeutic” approaches do just that, e.g., psychiatric medication (Whitaker, 2010), medical megalomania (Double, 2005), a pathologically-based clinical view of feeling and behavior (McNiff, 2004), or overly generalized and manualized approaches that don’t recognize nor support important individual nuance (Truijens et al., 2019). To heal means to correct, to put right, to become sound. That’s treating the whole person. To cure means to relieve symptoms. That’s problem-centric and limited. Based on the experience of those in this study, feeling - feeling all the feelings - through opening up to life and the whole-person, grounds, readies, and supports a person in the direction of long-term healing and growth. Whereas the prior treatments the students described trying to stop a feeling, focusing on relieving symptoms, at best, were a temporary cure. It’s simple: heal and health are one in the same. Feelings arise from and are about the whole-person. Feeling leads to healing. Healing comes from and begets health. And health, expressed holistically, removes the barriers along our innately driven path towards positive growth. Treat the whole-person. Holistic is greater than specific.

Harness the Power of Placebo; Pursue What Is Pleasing

Underpinning much of the movement towards healing and growth seemed to be an array of transformations in mindset. Principal Investigator of the Stanford Mind and Body Lab, Alia Crum, focuses her work on “how changes in subjective mindsets—the core assumptions we make about things and processes in the world—can alter objective reality through behavioral, psychological, and physiological mechanisms” (Stanford, n.d.). As the mindset effect came to into view through the interviews and story writing, I came to see how the science of mindset seemed to greatly mirror the environment, activities, aims, and experiences of this study and point to a potentially greater, more pleasing influence over the healing process.

Placebo. Mindset is a subset of a larger healing influence. According to the most current medical literature, mindset is a component of placebo, and placebo may be the most significant contributor in human healing (Zion & Crum, 2018). Importantly, the most recent and rigorous evaluations of placebo are demonstrating that it is far more than a “trick” or “sham”. Placebo – which literally means “to please”—accounts for approximately 2/3 of the healing influence in all effective treatments - in the case of medication, whether that is with an inert or biologically active substance (Crum, Leibowitz, & Verghese, 2017; Crum & Zuckerman, 2017). According to Crum and colleagues, placebo is comprised of mindset, environment and social context, and the body’s natural drive towards and capacities to heal. Based on this understanding, it appears most likely that it is the confluence of mindset - how our unconscious and conscious assumptions influence our attention, affect, and actions – and our social context and environment are the most significant facilitators of our body’s natural healing processes. And this is precisely what I saw and what the students described in their healing stories.

Environment and social context. Relative to environment, there were several factors, many of which align directly with the science of placebo. First, there was the social environment. Warmth facilitates growth and healing (Crum, Leibowitz, & Verghese, 2017; Crum & Zuckerman, 2017). The students expressed that I was warm and caring, and that they found others in class to be the same. They described the overall vibe of the classroom and class to be one of safety and unconditional support. Next, the literal environment matters. In this case, being outdoors for class made students feel relaxed and focused. Instead of being indoors, with fluorescent lights, rowed, homogenous, immobile seating, all pointed only in the direction of a single lecturer and an overly wordy, blue light saturated power point, the change of pace to an outdoors setting seemed to ready their body, mind, and spirit for a change of pace in our time

together and with our various practices. The openness of the outdoor environment quite literally opened them up to themselves, others, and an array of new activities. As well, in this nature-based environment, there was a reduction in rumination and anxiety. As Stuart-Smith (2020) describes in *The Well-Gardened Mind*, rumination while outdoors is not a good survive and thrive strategy; we must be present. Nature facilitates that presence, and consistently did so for these students. Csikzentmihayi (2002) describes that being outdoors, even for a brief period, elicits a neurophysiologic state of hypo-frontality, which facilitates the cessation of self-criticism and self-consciousness and opens one up to new parts of themselves, and even more than themselves. From here the literal environment positively influenced and helped people reap the benefits of the social context. Altogether, the environment and social context in this study was a mutual and reciprocal force. This force combined with the many mindsets seemed to be a significant driver to the healing power experienced.

Mindset. The mindset effect expressed by the students seems to have several prongs to it. One, there are those that talked of the benefits of getting to know, scientifically and from evidence, why and how the practices worked in the body and for mental health. And this aligns with the mindset science that demonstrates competence in the practice and provider (Zion & Crum, 2018). Two, it's more than knowing the science. Many people described being lectured to about different modalities and why they work, but this was different. They got to practice it. They did it themselves. They did it with others. And then we discussed it and heard about different perspectives and ways to do it. McGonigal (2015) describes a three-step approach to changing a mindset: (1) try on a new perspective, (2) practice putting that new perspective into action, and (3) share it with others. Based on our experience together, there was another important factor in their mindset transformations. They didn't just try it for themselves, they

were encouraged and got the chance to make it their own. A few of the students that evidenced the greatest changes in our time together noted how influential it was to have the support to find their own way and do what exactly works for them.

The incredible thing about mindset, especially for this group of students, is that we likely have not realized the full scope of the impact it could have on their future trajectory. Psychology researcher, Greg Walton, has consistently demonstrated that brief mindset interventions persist, sometimes over great spans of time and often unconscious to those participating (McGonigal, 2015). In work with college students, Walton and Cohen (2011) demonstrated that a single mindset intervention - helping college freshman see things differently, one time, for just a few minutes - was enough to change the trajectory of the next few years of their lives. Simply hearing a message from successful college seniors that they were not alone in feeling lonely and disconnected, and then writing for 15 minutes about what they heard and how they were feeling, was enough, evidenced four years later, to close the academic gap for African American students at an Ivy League school. What's more, these students, four years later, were better connected, had more mentors, more friends, and were in all ways more successful than those who didn't get this opportunity for a mindset shift. Maybe most importantly and interesting, 79% of these students remembered participating but only 8% remembered what the intervention was about. What's going to happen for the students in this study now having experienced a new way of seeing things, trying it on and putting it into practice, making it their own, sharing it with others, and then, through our interviews and authoring their stories, revisiting, reconnecting with, and realizing the many mindset shifts? Their new mindsets may be working in them in so many ways for so long to come.

All in all, there were many mindset shifts. As a process of the class, the environment, the activities, and the people, the students became more open-minded. They expressed the importance of being open to trying new things, both despite and still considerate of their initial impressions. They changed their minds about education. They changed their minds about learning. They changed their minds about therapy, health, and healing. They changed many negative mindsets into positive ones. Related to positivity, during Faith's interview, as she realized how she had changed her mind and herself, she keenly questioned what the social work parallel of positive psychology is. With social work, and seemingly so much of the helping and healing professions espousing a strengths-base, the positive psychology equivalent in social work, nursing, medicine, and health are essential. After all, the redefining of health explicitly states that it's a positive concept. Therefore, it should be taught and experienced as such, which it was in this class, and likely why they moved from health as a negative concept to one of health as positive. They moved from negative views of themselves to positive ones. This meant that everything they did in service to themselves, and others was now seated in positivity. One of the biggest questions in healthcare is adherence to a health prescription. Step one is to move from a negative, self-critical, self-loathing, and disgust-based view of oneself. That's a negative mindset that poisons everything associated with it. People rightly shouldn't and won't adhere to anything that serves only as a reminder and reinforcement to that which is wrong with them. The answer is positive. The answer self-acceptance. The answer is positive regard. The answer is self-love. Through all of this, they also changed their minds about others, what others are capable of, what others need, and how to know and support that. And maybe most importantly, they changed their minds about themselves. They grew to see and be more than what they were capable of when we started. And in doing so, they, themselves, changed. Their health and mental health changed.

This isn't hyperbole. Their stories clearly evidence that their lives changed. Ultimately, it seems that these mindset shifts were, like the environment and social context, movements towards alignment in and of one's life. Maybe the most inspiring mindset shift, at least for me, was that healing is not equivalent to effort. You don't heal more by trying harder. You don't have to, you can't, force healing, it's the natural inclination and direction of life. Force is equivalent to resistance. Resistance is antithetical to any healing movement. The most important healing movement then is to let go of anything and everything that's in its way. Like how Michelangelo sculpted the statue of David from one solid piece of marble – chipping away at everything that wasn't David – look for, identify, be with, give thanks to (it served you well at some point), and set free anything and everything that may no longer be serving you. When you stop fighting with things, you loosen your grip on them. They're free to go, just as you are. You can set your sights on different things, more things, new things, better for you things. Then, almost without notice, you're different, you're more you than ever before, you're better, you're healthier, you're healing. That's the positive, pleasing, and effortless flow of health, healing, and growth. It's the direction of life.

The body's natural abilities to heal. As previously defined, to heal means to make right, to correct. There was so much that these students, these people, were making right and correcting in their lives through this class, these activities, and this experience. These students were correcting for lost connections. They were correcting for too much time locked down, indoors, and isolated. They were correcting deficiencies of nature, slow, present time, and being disconnected from their physical bodies and each other. They were correcting an inadequate system of education and for the limited visions they described being indoctrinated with for helping and healing work. Educator John Taylor Gatto said the way to tell the difference between

indoctrination and education is that in education the student does most of the work. They did the work. And in doing so, they corrected visions for their future. They found their work to do. They reconnected with their calling. Mirroring nature, often actually in nature, giving them the space, the time, the flexibility, and freedom to wander, they righted their paths and got back on their way to where they want and need to go. For me this reminded me that what's more important than what you do is how you do it. Alan Watts said sometimes you must go out of your mind to come to your senses. They corrected for too much time thinking and not enough doing and being. They corrected for too much mind and not enough body, not enough spirit. What comes from this is recognizing that a great contributor to problems underlying mental health is that we have too many unnatural ways of living just in our heads and not with our whole body and life and not with each other. All in all, reinforcing holistic is greater than specific, the components of the placebo effect applied realize healing that is far greater than hyper specific focus or forceful effort. In doing all that they did, through openness, patience, and genuine care, in turning towards themselves, their lives, and each other, all throughout the high and low tides of life, they found peace. What's pleasing is synonymous with that which brings peace. As Taylor said in her interview, even here, in all that life brings me, I can still know peace. For health that's transformative, for healing that is corrective and righting, for learning and growth that will continue far beyond the classroom, harness the power of placebo; pursue what is pleasing.

The Health In Mental Health

Prioritize. What shined forth in each story, everyone that was a part of this experience grew in some noticeable and important way. However, some evidenced greater change, especially in our time together, than others. Maybe this was the right time for them. Maybe this was just the right fit. Maybe there was something particularly moving about this context and the

environment. Recognizing there is likely a unique confluence of forces at play for each individual, there was one condition that stood out, that was shared, for those who made the most progress. They prioritized physical movement.

Movement. Representing the 6 foundational functions of health, everyone found connection with their physical body, and that was transformative. But those that prioritized and developed a physical movement practice – whether that was, for example, through more traditional resistance and strength-based routines, cardiovascular and aerobic practices, or simply walking – they seemed to grow the most. Seemingly of equal value to physical movement was breathing. Those that developed a breath practice evidenced equally remarkable transformations. Interestingly, while many that prioritized movement also made beneficial changes in how they ate, prioritizing only eating was not as influential. As someone trained in nutritional biochemistry, I found this to be quite surprising. All in all, physical movement seemed to move everything more in their lives. But there was more. Many of the students would talk about the movements we practiced and call them yoga. I am used to that. It's been my experience that anything that's not traditional gym-based exercise, gets labeled as yoga. But in the case of the students in this class that had the most positive change, there was a deep truth far beyond exercise, that they didn't realize.

Nature. Yoga, most simply, means union. The students that realized the most change weren't just prioritizing physical movement, they were prioritizing the physical, including the ground of our physical reality: nature. These students were coming into union, through their bodies and in nature, with themselves, each other, and that from which we will all come. Their contact and connection with the physical world seemingly brought them back in alignment with the physical and meta-physical movements of life. And it was powerfully clarifying,

empowering, and transformative. Most powerfully to me, it was through the union I experienced with each of them and all together, that I remembered this project started with nature. What would be the impact of time in nature on mental health. Union with nature, the physical world, and being physical is our nature. For those who invested in this process, for those that practiced, this union, and their growth, came very naturally. Ultimately, reflecting the first insight with this work, it wasn't just about time in nature. It was also time *with* our nature. And that was accomplished through the holistic health functions and consistent practice.

Practice. Ultimately, the great lesson learned and to be applied: prioritize yourself. Prioritize connection with yourself. Take time for it. You're worth it, and you will be reminded of that fact every time you do. In *The Gift of Therapy* (2002, p.40), psychotherapist Irvin Yalom quipped, "What is the therapist's most valuable instrument? Answer (and no one misses this one): the therapist's own self." To do the work, you've got to do the work. You can't support someone else in caring for themselves, when you don't. What the students found, and I described, *you've got to practice before you practice*. You will reap great benefits from this practice. You will learn about yourself and others. You will learn what works for you, and why and how some other things and different things are going to be better for others. You will be better for others. You will be better for yourself. You will be an ever evolving and better version of yourself. You will discover your clinical voice, your style, your way of being. Reflecting an absolutely essential call to action to helping profession education: we need less research and more me-search. As a friend of mine used to say, research points the way, but me-search finds the way. Find and go your way and others will too. Like the layered experience of great music, there's a mysterious and masterful harmony to that. And what's the way of making great music? Practice, practice, practice. Practice before you practice.

Authentic Relationships. In clinical training, what is often prized is the “therapeutic relationship”. The problem is that it comes, in education, with technical terms and rules. That’s cold. Impersonal. And that’s not relational nor therapeutic. The “therapeutic” relationship is essentially a way of being in therapy in which you closely guard yourself, only sharing select parts of you with the patient, the client, the person seeking help. It’s not genuine. It’s not authentic. And, again, that’s not therapeutic. If we learn from each other - mirroring what we see, hear, feel, and as we move with each other in obvious and subtle ways - then how can one ever learn to be themselves, be genuine, be authentic, be in relationship with themselves and others, if they don’t also experience that when in relationship with the therapist, the helper, the person seemingly open to helping. From my time in this class and these activities and practices, through the discussions, insights, and aha moments, with all of the students, in all the ways we did this together, helping and healing work doesn’t come from the therapeutic relationship, it’s that relationships—good ones, genuine ones, authentic ones—are therapeutic. That’s what this class, these students, our relationships taught me. It’s what moved so many through such incredible breakthroughs and transformations. It may be the greatest hint to the foundation for how we put the health in mental health.

Love. The Greeks had many words for love. One of them, *philia*, meant the highest form of love. In the English language the prefix *-bio* means life and living things. From this, a term used both by psychoanalyst Erich Fromm and sociobiologist E.O. Wilson, *biophilia* literally means the highest form of love for life and living things. With this class, through this experience, in each story, this is what I saw. This is what I heard in their stories. This is what they discovered in themselves, in their lives, what they shared with each other and with me. In the longest run longitudinal study on human health and life, a study that has spanned more than 75 years, the

study's lead investigator, after more than 30 years on the project, said there is a single predictor of health and happiness. He said it's love. Full stop.

Sitting with, being with, sometimes walking with the experiences expressed in this study, the stories, the messages, the feelings, the transformations, I would think back to where this work for me started. I wondered about the mental health impact of individually led time in nature. When I informally piloted that, there was more to it. The students were telling me and showing me there was more to it. I think I thought I had the most important answers to health. But I—sometimes successful, sometimes not—have searched, explored, experimented, and tried to help, heal, and improve my own sensitive, sometimes fragile, body and health. And here I was, surprised. I was caught off guard. I didn't have all the answers. Good! My own personal experience often reminds me there's more to this that I don't know. And here it was again. I had to go with that. Ultimately, what I found was so overwhelming and unexpected and seemingly non-academic, I didn't think I could honestly, genuinely, report what I found. Thinking about my research questions, especially that central question, what does it look like to put the health in mental health, I couldn't believe what was coming to surface. I wrestled with it for a while, and I didn't realize exactly what it was until I authored this final section (this was literally the last paragraph written). What I was experiencing and trying to articulate had been so many different big and overwhelming feelings and insights and personally important experiences. I just didn't know how or if I could say it. As I drove to campus the night I finished this work - where this all started, where this all took place, and where so much of this work was authored - entering back into that environment one more time, I saw it, I realized it, I named it. It's biophilia. It's love in the highest form. Wilson's biophilia was grounded in a belief that as we come from nature, we have innate drive towards and need to be connected with nature. It's where we find, become, and

realize ourselves and our life. Therefore, what leads to states and experiences of mental dis-ease? It's when and through whatever means severs our connection with nature and with our nature.

The answer to that research question, the health in mental health, what was driving each of us, through every step, the easy ones and the hard ones, what compelled us to look, feel, and connect inward and outward, what moved and propelled each of us, in our own unique ways, was an ever growing realization of love - love of living, living things, of life; love of one's own life; love of all the life in and around us; and love for that which gives life to each of us at all times. *What does it look like to put the health in mental health?* The answer is love in its highest form for life and all living things. Full stop.

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Appendix A: IRB Approval

11/22/2021

IRB Approval of Minimal Risk (MR) Protocol

PI: James Craig Keaton

Faculty Advisor: Dr. Regina Praetorius

Department: Social Work

IRB Protocol #: 2022-0039

Study Title: *Natural Living, Natural Healing: A Phenomenological Inquiry of Social Work Student Experiences with Nature for Innovating Health and Mental Health Care*

Effective Approval: 11/20/2021

The IRB has approved the above referenced submission in accordance with applicable regulations and/or UTA's IRB Standard Operating Procedures.

Principal Investigator and Faculty Advisor Responsibilities

All personnel conducting human subject research must comply with UTA's [IRB Standard Operating Procedures](#) and [RA-PO4, Statement of Principles and Policies Regarding Human Subjects in Research](#). Important items for PIs and Faculty Advisors are as follows:

- ****Notify [Regulatory Services](#) of proposed, new, or changing funding source****
- Fulfill research oversight responsibilities, [IV.F and IV.G](#).
- Obtain approval prior to initiating changes in research or personnel, [IX.B](#).
- Report Serious Adverse Events (SAEs) and Unanticipated Problems (UPs), [IX.C](#).
- Fulfill Continuing Review requirements, if applicable, [IX.A](#).
- Protect human subject data ([XV](#).) and maintain records ([XXI.C](#)).
- Maintain [HSP](#) (3 years), [GCP](#) (3 years), and [RCR](#) (4 years) training as applicable.

Appendix B: Bibliography and Description of Activities

Nature and Solitude

Nature. Mirroring the intervention in is known as the nature pill, students were asked to spend time in nature. Nature was defined by them. Duration, frequency, and activity was also defined by them. It was recommended to not use technology: no phones, computers, apps, etc. The students were asked to spend time in nature and come back to class and share their experience.

Solitude. Kethledge (2017) defines solitude as freedom from input from other minds. Therefore, after 2 weeks of experimenting with time in nature, students were asked to practice solitude, giving themselves freedom from input from other minds, whatever that looked like for them. Similar to the nature pill, this was recommended to be accomplished at least away from technology: phones, computers, etc. After practicing solitude, students were asked to come to class and share about their experiences.

Reference. The following activities were based on the following published works:
Hunter, M. R., Gillespie, B. W., & Chen, S. Y. (2019). Urban nature experiences reduce stress in the context of daily life based on salivary biomarkers. *Frontiers in Psychology, 10*, 722.
<https://doi.org/10.3389/fpsyg.2019.00722>
Kethledge, R. & Erwin, M. (2017). *Lead yourself first: Inspiring leadership through solitude*. New York, NY. Bloomsbury.

Physical Movement: Breath and Movement

Breath. Class was held outside on a university lawn. There we practiced an array of breathing exercises, including nostril only breathing, alternate nostril breathing, left nostril breathing, 4-6-8 breathing, and slow exhale breathing. After practicing together, students were

encouraged to practice the breath work on their own for two weeks, and then come back and share their experiences with class.

Movement. During the same outdoor class as breathing, we practiced several gentle forms of movement. We emphasized, like in our breathing practice, generally parasympathetic activating movement including active joint mobility, active vibration, and qi-gong. After practicing together, students were encouraged to practice movement on their own for two weeks, and then come back and share their experiences with class.

Reference. The following activities were based on the following published works:

Chek, P. (2018). *How to move eat and be healthy*. Vista, California. Chek Institute.

Niazi, I. K., Navid, M. S., Bartley, J., Shepherd, D., Pedersen, M., Burns, G., Taylor, D.,

& White, D. E. (2022). EEG signatures change during unilateral yogi nasal

breathing. *Scientific Reports*, 12(1), 520-520. [https://doi.org/10.1038/s41598-021-](https://doi.org/10.1038/s41598-021-04461-8)

[04461-8](https://doi.org/10.1038/s41598-021-04461-8).

Nestor, J. (2020). *Breath*. London, England: Penguin Life.

Art: Abstract Exploration and Expression

Scribble Art. Using blank paper and colored pencils or crayons, students created a scribble art drawing. To do so, the artist, not looking at their paper, makes a scribble with their non-dominant hand for a few seconds. The artist then looks at the scribble until an image appears to them. At this point, the artist, using the pencils and crayons, completed their image/drawing to their own satisfaction. After everyone's art was complete, we displayed the art and shared our experiences making the image and seeing other's work.

Reference. The following activity was based on the following published works:

McNiff, S. (2004). *Art heals: How creativity cures the soul*. Boston, MA: Shambhala.

Wood, L. & Pignatelli, E. C. (2019). The scribble story technique: An arts-based supervision process. *Journal of Creativity in Mental Health, 14*(2), 229-242.

DOI: [10.1080/15401383.2019.1566041](https://doi.org/10.1080/15401383.2019.1566041)

Writing / Journaling: Concrete Exploration and Expression

During class, we experimented with three different writing techniques and prompts. After completing the exercise, students were asked to practice using writing in their daily lives for two weeks, and then share their experiences with the class.

Morning Pages. The first exercise is a free writing practice. The core concepts are to write about anything and everything that comes to mind, not to critique while writing, the work is for “your eyes only”, and do this first thing in the morning and write for 3 complete pages. We did this at night as we had class in the evening, and we wrote without stopping for 15 minutes. For at home practice, the only caveat given to the students is that they could do this any time of day and be flexible with the length of their writing sessions.

The Ideal Future. This writing exercise consists of 8 two-minute writing prompts about different areas of one’s future, followed by a 15-minute summary writing session. Like Morning Pages, the writer is encouraged to write freely and not critique. There is a second part to this writing prompt that was shared with students to do on their own if they were interested in going further with this focus.

The 3 Question Journal. The instructions for this activity are as follows. Reviewing your day in reverse, briefly write about the first thing that comes to your mind for the following three questions. What surprised me today? What moved me or touched my heart today? What inspired me today?

After completing this exercise, students were welcomed to share about what they wrote. Following class, students were asked to practice using this or any other daily writing exercises or prompts, and then share their experiences in a future class discussion.

Reference. The following activities were based on the following published works:

Cameron, J. (2002). *The artist's way: A spiritual path to higher creativity*. Los Angeles, CA: Jeremy P. Tarcher/Perigee

Morisano, D., Hirsh, J. B., Peterson, J. B., Pihl, R. O., & Shore, B. M. (2010). Setting, elaborating, and reflecting on personal goals improves academic performance. *Journal of Applied Psychology*, 95(2), 255-264. <https://doi.org/10.1037/a0018478>

Remen, R., & Rabow, M. (2005). The healer's art: Professionalism, service, and mission. *Medical Education*, 39(11), 1167-1168. DOI: 10.1111/j.1365-2929.2005.02296.x

Social Connection

“Ice Breakers”. To create and reinforce a safe, supportive, friendly environment, we started this class with a few ice breakers that focused on the individual. First, there was the “bowl of questions”, which included questions such as “What superpower would you like to have?” “What’s the last great movie you watched?” “What’s your favorite childhood memory?” Next was “describe in one word”, which included prompts such as: Describe yourself in one word. Describe this class in word. Describe this semester in one word. Describe the work you want to do with others in one word. Students were encouraged to participate and enjoy themselves and keep in mind that this was an exercise to prepare them for sharing more intimately with each other.

Making the invisible visible. After the “ice breakers”, students were asked to participate in a more revealing exercise to nurture deeper social connection. According to McGonigal (2015) to combat social isolation, people need to do two things: (1) increase your awareness of other people’s challenges and struggles and (2) be more open about your own. To do so, students were asked to anonymously write something down that you have struggled with and continues to affect you now, but that no one would know just by looking at you. After writing, their papers were randomly passed out to other people. Then each person read their piece of paper, as if it were them who wrote it. After everyone had read their paper, we discussed what was shared and the overall experience. From here, students were asked to continue to be attentive to other’s challenges and struggles and be more open about their own.

Reference. The following activity was based on the following published works:

McGonigal, K. (2015). *The Upside of Stress*. Penguin Random House. New York, NY.

Satterfield, J., & Becerra, C. (2010). Developmental challenges, stressor, and coping strategies in medical residents: A qualitative analysis of support groups. *Medical Education*, 44(9), 908-916. DOI: 10.1111/j.1365-2923.2010.03736.x

Appendix C: Syllabus from Class in Present Study

Week	Subject
1 and 2	Introductions
3 and 4	What is Stress?
5 and 6	Nature and Solitude
7 and 8	Solitude
7 and 8	Working In – Breath and Movement
9 and 10	Abstract Exploration – Scribble Art
11 and 12	Concrete Exploration – Writing/Journaling
13 and 14	Social Connection
15 and 16	Article Reviews, Presentations, and Putting It All Together

Guiding Principles:

Digitally Declutter

Beyond the use of “live streaming” and Teams access for students not able to attend class in-person, *the use of laptops, pads, phones, and other electronic devices are strongly discouraged!* This is an experiential class. You cannot have the experience you’re stuck in an alternate, tech-based “reality”.

If you want to take notes, make notes, jot down ideas, etc... I encourage pen/pencil and paper. Let’s go old school, y’all!! Of course, if you have a learning need that some of the aforementioned tech can help you with, you are welcome to do so... (of course, I will always encourage you to experiment going without.. If you miss anything and need some help, I am always here for you! ☺)

Be Supportive

This class is not a safe space, *it’s a supportive space!* Wrestling with big ideas, hard questions, and deep, important personal health practices can be challenging; awaken to and accept the challenge, even if that is stubborn resistance. Wherever you are and whatever you’re being met with, you are supported! Let us aim to always have our actions be in support of one another!

Go with the Flow

if we’re going to have a supportive space, it also seems a good practice to *do our best to be flexible*. Whether that is in what topics we’re covering and when, due dates, revisions to our plans or work, when stuff comes up and getting to class is a challenge some time, or just working with each other to learn, grow, and challenge ourselves, may we strive to be like water...

“Nothing in the world
Is as soft and yielding as water.
Yet for dissolving the hard and inflexible,
Nothing can surpass it.”
-Lao Tzu, Tao Te Ching

Live by the 3 C's

Commit yourself to this work, be **consistent** in it, and always proactively **communicate** with me and others if you are having any trouble staying committed and consistent or need help of any kind. I am committed, am prioritizing consistency with lessons and activities and always working the activities and experiments with you, and will do my best to always communicate what's going on with me, what's going on with class, and what we can do to have a great semester.

What Else?

What have I left out? Are there any other guiding principles that may improve our experience, learning, and growth this semester?

SCC Assignments Fall 21

Assignment 1: ANNOTATED BIBLIOGRAPHY

(20% of Grade Total)

Each student is to turn in an annotated bibliography of 10 journal articles related to one, two, maybe 3 stress, crisis or coping related problems, consistent with the course description, content and textbook; focusing on just one content area is absolutely fine!!

The annotated bibliography will serve as initial work toward completion of the major course paper, if opted to complete.

Objectives for this assignment are for students to be familiar with professional literature and to develop an area of professional development (or research, if that's your thing), relative to the course, our readings, and textbook.

These articles have to be from a variety of sources. They do not have to be related to Social Work specifically, and they do not have to be peer-reviewed, “scholarly” articles. There is incredibly important information out there that is not peer-reviewed. That being said, be very careful to select reputable sources of information; we can and will discuss this further in class, and you can also review the CRAP Test from the library.

For your papers, you can consider following the outline below:

1. Author's name, year and title of the article, name of the journal, volume and page numbers.

2. Summary—to be written as if the reader has not read the article and needs to be informed of the essence of the article.
3. Critique—Intervention approaches/model's strengths and weakness, applicability and limitations especially for clients who are diverse in terms of gender, sexual orientation, racial, ethnic and economic and education background.

There is no minimum or maximum length. Write so as to help you learn more about the subject, critically analyze the work, and determine how it can be best used in progressive social work practice.

Grading criteria:

1. A broad review of established effective social work intervention approaches/modalities in working with clients who suffer from various serious losses and illnesses, or stress and crises
2. Reflects writer's ability to analyze and evaluate these approaches/modalities' appropriateness and effectiveness with specific client groups
3. Summary is clear and succinct and informs the reader of its major focus
4. Critique is thoughtful and reflects comprehensiveness of the concept of stress and coping and the contribution, or lack of it, to social work practice. Includes designated skill(s) or behavior(s)

You can work on this individually or in groups of 2 or 3.

You can turn this in in outline form if that better allows you to review the content and critically analyze and apply this to your social work interests!

This assignment is graded Pass/Fail, based on the criteria above. If you do not meet the above criteria, you will be given feedback and the opportunity to revise your work to meet a Passing grade.

Assignment 2: TREATMENT PAPER (optional)

(20% of Grade Total)

Assignment 2 is graded Pass/Fail. Satisfactory completion of this assignment, at an "A" level, in addition to Passing on Assignment 1 and the Discussions, will result in a grade of "A" in the course.

Not everyone who submits a paper is assured of an "A" or passing grade. There will be no redo of this assignment.

In the final stress, crisis and coping paper, each student will pick one or two stress, crisis or coping related problems, consistent with the course description, content and textbook. Problems MUST be discussed in the text or course and be addressed with two interventions also discussed

in the class materials. If your area(s) of interest has not been discussed or is not in the syllabus or class materials, please discuss your topic with me, the instructor.

In order to complete the paper correctly with adequate conceptual complexity:

- incorporate analysis, comparison and contrast, synthesis and application into your arguments and paper.

The format should be APA style, 10-15 pages.

If it is helpful, follow the outline as below:

1. Introduction Purpose of Paper, including: one to two Stress Crisis or Coping Problems and one to two Intervention Models
2. Description of the Problem(s)
3. Description of the Model(s) (History, Techniques, etc.)
4. Comparison and contrast of the two problems and/or models
5. Synthesize observations and analysis and an evaluative component or strategy to determine the efficacy of your interventions if applied. (See Bloom's Taxonomy).
6. Conclusions, implications and/or recommendations
7. References (Journal articles and Video electronic references (video references located in your Online course material), only 1 text book citation is permitted, with only 1 additional text citation. At least 25 references and citations are required. (15 reference count is a requirement).

Grading Matrix – Treatment Paper 20% of final grade, as a PASS, or Not Passing Assignment.

1. How well were text or course inclusive theories, skills and research knowledge included and well referenced in APA style? Was an evidence informed practice approach present, in your argument and justification? Was the theory comprehensive and substantial? Were the interventions described appropriate, for the problems selected from the course materials?
2. Did the paper identify, and discuss and support with literature sources, issues (such as professional values and ethics, diversity and social justice) from each model? How well were these discussed?
3. Did this paper demonstrate comprehensive knowledge and mastery of the professional knowledge appropriate for a graduate level paper? Was it well written, organized and presented in a professional style, no spelling or grammatical errors, with cover sheet included?

The grading criteria is as follows:

Preliminary Assessment Matches assignment:

First page is comprehensible:

Rest of Assessment:

1. Clear - Content is expressed with clarity and coherence.
2. Application - Elaborated, detailed, substantive applications from required text(s) and external sources.
3. Depth - Answers to questions, or applications are intricate; reflect depth versus superficiality; reflect comprehensiveness or pervasive detail and critical thinking.

Additional Formatting Points:

Your treatment paper should be no less than ten (10) and no more than fifteen (15) double-spaced pages (excluding references and title page). You must use one inch margins and font size no larger than 12-point; Include a brief introduction and cover page; you will be penalized if there is either no abstract or introduction. You will need to write in the (usual) third-person at all times. Documentation is required, following APA style format. A minimum of ten references will be required for this assignment, at least half of which should have been published no more than five years ago. While you are certainly allowed to use your textbooks as sources from which to draw information (they are indeed legitimate sources after all), please make every effort to use other sources instead. If you do use material from your textbook(s), you need to remember that because they are edited with several authors contributing each chapter, you need to cite the chapter, not the book. You will be penalized if this is not followed. Abstract/Introduction is included in your page count.

Other Considerations:

- You can work on this individually or in groups of 2 or 3.
- If you prefer to not write another paper, you can create an outline and PowerPoint and present your work in class.

Assignment: Discussions***(60% of Grade Total)***

This course is largely experimental, hands-on, and application-based. Most weeks we will be covering different health and coping practices, and you will be asked to explore those and experiment with these practices throughout the week on your own. When we gather as a class, we discuss our practice, experiences, questions that arise, insights gained, and what we are learning. This will take place in both large and small group discussions and in-class activities. Therefore, you must practice and attend class to participate.

Please note, I fully expect that participation will look many different ways. For some people or topics, you may have a lot to share verbally. For other people and topics, you may be in a more active state of reflection and questioning. Wherever you are, explore and share with us ☺ We will all be better for it!

If you are unable to participate consistently throughout the semester in various ways, shapes, or forms, we will implement online discussion posts so that you can participate and that your work can be documented. See below for details.

Online Sections: Discussion Posts (Addresses Competencies 4, 8, and 9.)

Students are to answer questions posted for each of the required discussion boards. These will pertain to readings and videos. Discussion posts end on Saturdays at 11:59pm. Post early enough to allow your classmates to respond.

1. These are substantive 200+ word responses to EACH question demonstrating thoughtfulness and effort.
2. Respond to at least 2 classmates' postings.
3. There will be 15 sets discussion posts, relative to the chapters of your text, or topics discussed.

Appendix D: Updated Syllabus Post-Study/Mid Data Collection and Analysis

Stress Crisis Coping Spring 2022

Week	Subject
January 24	Introductions
January 31	What is Stress?
February 7	Social Connection
February 14	Concrete Expression – Journaling
February 21	Abstract Expression – Art and Music
February 28	What is Health?
March 7	Movement – Working In vs Working Out
March 21	Breath
March 28	Relax, Rest, Sleep
April 4	Solitude
April 11	Nature
April 18	Digital Detox
April 25	Select Topics in Health and Class Interest
May 2	Looking Ahead

Note: The instructor will provide you with any relevant reading and/or video material by the end of class each week.

All dates and topics are flexible based on class need and instructor discretion.

Course Timeline Schedule Updated 3/21/22

SCC Updated Timeline

March 21	The First Half in Review: Explore the Unexplored	
March 28	Presentations and What is Health?	Major Paper #1 due by April 3 Finish watching prior to class https://www.youtube.com/watch?v=7V5qn9dkzIU
April 4	Breath	***Class Outside at UTA
April 11	Movement	***Class Outside at UTA
April 18	Nature, Solitude, and Digital Detox	***Class Outside at UTA Reflection #2 due by April 17
April 25	If You're Going to Practice, Practice: Your "Work" and Your Work: What's Yours To Do?	Presentations scheduled April 25/May 2

May 2	Presentations and The Semester in Review: Looking In, Looking Around, and Looking Ahead	Major Paper #2 due by May 2
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***We will have class outside at UTA on these days. (Note – we can have class outside on other days if desirable). On outdoor class days, we will meet at GACB 104 (next to SOCW-A) so that you may store your belongings. This is the PhD Lounge. Here you may store anything you don't want to bring with you outside – including bags, computers, etc.. This is a locked room where you things will be safe and secure...

Once outside, you may want a fold out chair, mat, blanket, water/something to drink and/or eat. Anything that helps you feel comfortable outside, please bring it! It is welcome and encouraged. I will bring a few yoga mats and outdoor blankets with me in case someone doesn't have access to something but would like to have that.

Finally, we will have class together on a grass lawn on the main campus. We must meet and walk together as we may have to find an alternative location if our first choice is occupied. If you cannot meet and walk together, please let me know beforehand so that you and I can make arrangements.***

###The timeline is subject to change at the discretion of the instructor
and to best meet the needs of the class###

This syllabus should be followed if different than any dated online material

As an advanced practice social worker, there is a body of knowledge and a range of skills that you are expected to have in order to engage in responsible and effective practice. The following assignments are intended to help you to continue to develop this knowledge and skill. These assignments should be approached professionally and seriously. All assignments must be completed to be eligible to receive a passing grade and may be offered as online or offline assignments as indicated in the syllabus.

DISCUSSIONS (Addresses CSWE competencies 4, 8, and 9.) – 56 points total

Discussions will be conducted in-person in class. Attendance and participation are critical to your growth with this material and your grade.

ATTENDANCE - Important Note: This is an experiential, hands-on-based course, competent completion of all assignments is contingent on your attendance and participation. Therefore, attendance will count towards your final grade. See Methods of Evaluation and Attendance Policy for more details.

If you are not in attendance nor participating in class and wanting grade point credit, you must write a discussion based on the material and activities from that week – which you will be responsible for working through on your own.

Discussions will pertain to required readings/videos posted by the instructor for the week and your experience of out-of-class personal stress transformation experiments. To receive points, you must turn in your written discussion by the end of the week of the class missed.

Written discussions must be at least 1 full page typed, 12-point, Times New Roman, double spaced. Depth of thought, substance, will be more important than style.

REFLECTIONS (Addresses CSWE competencies 4, 8, and 9.) – 14 points total

There will be two reflections based on a prompt focused on a specific issue or experimental stress transformation activity(s) related to your stress, crisis, and coping.

The reflections will be used as an opportunity to prepare for both “major” papers. In other words, this is an opportunity to start working on your major written assignment, get feedback if you would like it, and feel confident in how they will be graded.

Each reflection will be a minimum of 2 pages, Times New Roman, 12-point font, double-spaced. Like written discussions, depth of thought, substance, is more important than style.

QUIZZES (Addresses CSWE competencies 4 and 9.) – 0 points total

There will be no quizzes for this course. This is an advanced level graduate course, and rote memorization will not be useful in preparing you for doing meaningful work and sharing your purpose and passion in the world.

MAJOR PAPERS ASSIGNMENTS (Addresses CSWE competencies 4, 8, and 9.) – 30 points total

Major Reflection Papers

You will write two in-depth reflection papers at two different time points throughout the semester. As this class is heavily experiential and hands-on, the reflections are an opportunity to process, more deeply, your experiences and organize your feelings, thoughts and insights related to your own personal growth and/or your professional insights, interests, and aspirations.

Major reflection papers will be a minimum of 6-8 pages, Times New Roman, 12-point font, double-spaced (cover sheet and references not necessary).

Final note: This is far more than a “Dear Diary” journal entry. This is an in-depth and well-informed narrative and reflection. The writing, analysis, and application should be that of an advanced graduate. It should reflect the level of acquired background knowledge, insightful reflection, and critical and intelligent application of practices/interventions that you would expect from a qualified and accomplished licensed therapist/social worker. The word expertise comes from the word for experience. You now have experience which is building your expertise. Demonstrate your expertise in a narrative format.

As mentioned above in **Reflections**, you will be given the opportunity to start working on your major written assignment, get feedback if you would like it, and feel confident in how they will be graded through the two minor reflection assignments. More details will be provided as we approach the first minor reflection assignment.

There are 2 alternatives to this assignment:

Research Papers

You will select a stress-related or crisis-related problem and apply two coping strategies discussed in the class materials. For the paper, the required outline follows. The format should be APA style, 6-8 pages (not including cover sheet and reference page). In writing these papers, make sure to consider new mindsets about stress (McGonigal, Crum, Walton, Yeager, etc..)

1. Introduction, purpose of paper
2. Description of stress-related problem, its prevalence, and its impact
3. Description of the two coping strategies and their application
4. Strengths and limitations of each coping strategy
5. Conclusion: select the coping strategy that is best fit for the stress-related problem and provide rationale
6. References: a total of 6 references, at least 4 peer reviewed journal articles (years 2010-2021).

Research Presentations

You will give a presentation in-person covering all of the major sections of the Research Paper Outline above. Additionally,

- you will provide the class with a practical example of the proposed intervention,
- lead a discussion after presentation and practicing the intervention, and
- submit on Canvas a detailed outline of your presentation

Note: You can complete any combination of the above Major Papers Assignments – For example: 1 reflection, 1 research paper; 1 reflection, 1 presentation, 2 reflections, etc..

Methods of Evaluation

Assignments	Points
Discussions/Participation/Attendance (14 @ 4 points)	56
Reflections (2 @ 7 points)	14
Papers (2 @ 15 points)	30
Total	100

Grading Scale

Letter Grade	Points
A	89.5-100
B	79.5-89.4
C	69.5-79.4
D	59.5-69.4
F	59.4 and below

Transforming Stress: Reflections and Papers

Part 1 (First Reflection – 7 points out of 100 of total class grade)

To you, what is stress? How do you experience stress? How do you respond to stress?

Part 2 (Major Paper Reflection #1 – 15 points out of 100 of total class grade)

According to McGonigal, stress is what arises when something you care about is at stake, and Alia Crum's work suggests that there are 3 important steps to not just reducing stress, but transforming it (p.29). Those steps are:

- (1) acknowledge stress when you experience it,
- (2) welcome the stress by recognizing this is a response to something you care about, and
- (3) make use of the energy that stress gives you, instead of wasting that energy to try and “manage” stress.

Practice this. Then write a deep reflection about your previous perspective(s) and experiences with stress (Part 1) and your experiences of your stress transformation practice (Part 2).

** (You can also present and share your reflection and experiences in a class presentation)

New Mindsets: Reflections and Papers

According to McGonigal, the most effective mindset interventions have three parts (p.30):

- (1) learning a new point of view,
- (2) doing an exercise that encourages you to adopt and apply that new mindset, and
- (3) having an opportunity to share that idea with others.

Part 1 (First Reflection – 7 points out of 100 of total class grade)

What new point(s) of view/mindsets have you learned this semester? How has that challenged and changed your views on stress and your response to it?

Part 2 (Major Paper Reflection #2 – 15 points out of 100 of total class grade)

What new point(s) of view/mindsets have you learned this semester? What activities from class or your own personal work have helped you adopt and apply the(se) new mindset(s)? How has that challenged and changed your views on stress and your response to it? What methods of sharing with others did you use? What did you? Why? Describe that experience.

** (You can also present and share your reflection and experiences in a class presentation)

****For all reflection assignments, the only formatting that matters is
Times New Roman, 12 point font, double-spaced****

Major Reflection Papers

You will write two in-depth reflection papers at two different time points throughout the semester. As this class is heavily experiential and hands-on, the reflections are an opportunity to process, more deeply, your experiences and organize your feelings, thoughts and insights related to your own personal growth and/or your professional insights, interests, and aspirations.

Major reflection papers will be a minimum of 6-8 pages, Times New Roman, 12-point font, double-spaced (cover sheet and references not necessary).

Final note: This is far more than a “Dear Diary” journal entry. This is an in-depth and well-informed narrative and reflection. The writing, analysis, and application should be that of an advanced graduate. It should reflect the level of acquired background knowledge, insightful reflection, and critical and intelligent application of practices/interventions that you would expect from a qualified and accomplished licensed therapist/social worker. The word expertise comes from the word for experience. You now have experience which is building your expertise. Demonstrate your expertise in a narrative format.

As mentioned above in **Reflections**, you will be given the opportunity to start working on your major written assignment, get feedback if you would like it, and feel confident in how they will be graded through the two minor reflection assignments. More details will be provided as we approach the first minor reflection assignment.

There are 2 alternatives to this assignment:

Major Research Papers #1 and/or #2

You will select a stress-related or crisis-related problem and apply two coping strategies discussed in the class materials. For the paper, the required outline follows. The format should be APA style, 6-8 pages (not including cover sheet and reference page). In writing these papers, make sure to consider new mindsets about stress (McGonigal, Crum, Walton, Yeager, etc.)

7. Introduction, purpose of paper
8. Description of stress-related problem, its prevalence, and its impact
9. Description of the two coping strategies and their application
10. Strengths and limitations of each coping strategy
11. Conclusion: select the coping strategy that is best fit for the stress-related problem and provide rationale
12. References: a total of 6 references, at least 4 peer reviewed journal articles (years 2010-2021).

Research Presentations #1 and/or #2

You will give a presentation in-person covering all of the major sections of the Research Paper Outline above. Additionally,

- you will provide the class with a practical example of the proposed intervention,
- lead a discussion after presentation and practicing the intervention, and
- submit on Canvas a detailed outline of your presentation

Note: You can complete any combination of the above Major Papers Assignments – For example: 1 reflection, 1 research paper; 1 reflection, 1 presentation, 2 reflections, etc..

Note from Syllabus Schedule

**The second minor reflection was eliminated as the students found it repetitive and generally not helpful to have a part one and part two for the reflection assignment.

##The final assignment was amended to include writing a reflection paper or presentation to assess their use of the course materials and practices as it relates to progress towards goals, professionally and personally, that are meaningful to each student. For example, one student is writing about how to continue to prioritize the practices from class when we are no longer meeting. Another student is writing her plan for how she will take the most important practices and apply them in her future work. Another student is revising their first major reflection by answering reflection questions I, the instructor, gave them as feedback.