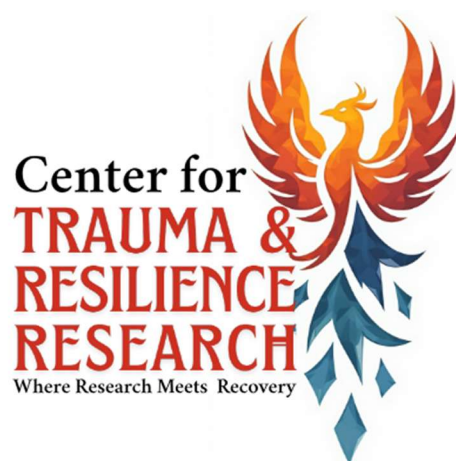


Comparison of Physical Body and Emotional Healing

Dr. Meg Robertson

June 15, 2025



600 1st Ave Ste 330
PMB 100974
Seattle, Washington 98104-2246 US
(541)630-3888; FAX: (360) 251-0821
Website: www.ctrinc.com
Nonsecure email: trauma.resilience.research@gmail.com
<https://orcid.org/0009-0008-0661-3461>
©2025

Author Note

Dr. Meg Robertson

I have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to

Margaret Robertson

Email: trauma.resilience.research@gmail.com

Abstract

Physical healing and emotional healing are traditionally viewed as distinct processes, yet emerging research in medicine, psychology, and neuroscience highlights significant overlaps and interactions. This essay provides a comparative analysis of how the human body heals physically and how individuals heal emotionally, examining the physiological mechanisms (such as tissue repair, neural plasticity, and psychoneuroimmunological responses) and psychological processes (such as cognitive reappraisal, trauma processing, and emotion regulation) involved in each. It reviews literature on trauma and somatic therapies, pain management, and evidence-based psychotherapeutic frameworks including cognitive reappraisal, Acceptance and Commitment

Therapy (ACT), and Dialectical Behavior Therapy (DBT). Approaches to physical healing (e.g. medical and rehabilitative care) are contrasted with approaches to emotional healing (e.g. psychotherapy and mindfulness-based interventions). Integrative models—particularly the biopsychosocial paradigm and mind-body medicine—are discussed to illustrate how emotional well-being can influence physical recovery and vice versa (Lamers et al., 2012; Gouin & Kiecolt-Glaser, 2011). Through a critical review of current literature, the paper highlights that effective healing often requires a holistic approach addressing both the body and the mind. The discussion underscores the value of interdisciplinary therapeutic frameworks that blend physiological and psychological care, and it offers insights into emerging integrative practices that facilitate comprehensive healing.

Keywords: physical healing, emotional healing, trauma, psychoneuroimmunology, mind-body medicine, ACT, DBT, cognitive reappraisal, integrative therapy

Comparison of Physical Body and Emotional Healing

Healing is a multidimensional process involving biological, psychological, and social factors. Traditionally, physical healing—such as the mending of an injury or recovery from illness—has been managed within the realm of biomedicine, whereas emotional healing—recovering from psychological trauma, loss, or mental distress—has been the focus of psychology and psychotherapy. This division stemmed in part from the mind-body dualism that dominated Western medicine for centuries, treating the body and mind as separate. In reality, growing evidence indicates that the physical and emotional aspects of healing are deeply interconnected (Lamers et al., 2012; Gouin & Kiecolt-Glaser, 2011). For instance, stress and emotional distress can slow wound healing and recovery from surgery, while positive emotional well-being can improve survival rates in physical illness. Likewise, physical pain and psychological pain share common neural pathways in the brain, blurring the distinction between bodily and emotional suffering (Eisenberger, 2012). Recognizing these overlaps, researchers and clinicians have increasingly called for integrative approaches to health. Engel's (1977) seminal work proposed the biopsychosocial model, arguing that healing must be understood within a unified framework encompassing biological processes, individual psychology, and social context.

This paper explores how physical body healing and emotional healing are each understood and facilitated, comparing their mechanisms and approaches, and examining integrative models that bridge the two. It draws on literature from trauma studies, neuroscience, psychoneuroimmunology, and mind-body medicine to highlight both the distinctive features of each healing process and their profound interconnections. The goal is to provide a critical,

analytical comparison that illuminates how treating the “whole person” — both body and mind — can enhance recovery and well-being.

Literature Review

Physical Healing: Biological Mechanisms and Influences

Physical healing generally refers to the body’s process of repairing damage and restoring physiological integrity. This includes processes such as tissue regeneration, immune responses to infection, and neurochemical stabilization. For example, in wound healing the body orchestrates a complex cascade: an inflammatory phase to prevent infection, a proliferative phase to rebuild tissue, and a remodeling phase to strengthen the new tissue. These processes are governed by cellular and molecular mechanisms (e.g. cytokine signaling, collagen deposition) largely studied by biomedical science. However, research in psychoneuroimmunology reveals that these physical healing processes are not isolated from emotional and neural influences.

Psychological stress has been shown to significantly modulate wound healing. In a review of experimental and clinical studies, Gouin and Kiecolt-Glaser (2011). found that higher stress levels correlate with slower wound repair, with a meta-analysis indicating an average correlation of -0.42 between stress and healing speed. Stress triggers elevated cortisol and inflammatory dysregulation, which can impair the immune functions necessary for efficient physical recovery. Conversely, emotional support and relaxation can boost immune functioning. In a meta-analytic study of patients with chronic illness, Lamers et al. observed that emotional well-being is a small but significant predictor of improved long-term prognosis and survival. Patients with higher positive affect and life satisfaction showed better recovery outcomes in diseases ranging from heart disease to cancer, suggesting that positive emotions exert a

protective biological effect. These findings underscore that physical healing is not purely biomedical; it is also biopsychosocial, affected by the patient's mental state and environment. Pain management provides another lens on the interface between physical and emotional healing. Pain has both sensory and emotional components, and chronic pain in particular often involves a feedback loop between tissue signals and psychological interpretation.

Research in neuroscience has demonstrated an overlap in brain regions processing physical pain and social or emotional pain. Eisenberger's review of social pain noted that experiences of social rejection activate pain-related neural circuits (including the dorsal anterior cingulate cortex and anterior insula), and that factors altering physical pain (such as analgesics) can also alter emotional pain. This supports the idea that the brain utilizes a common "alarm system" for physical injury and emotional distress (2012).

Clinically, this means techniques that help manage physical pain often have emotional benefits, and vice versa. For instance, cognitive-behavioral therapy (CBT) techniques that encourage patients to reinterpret or reappraise pain sensations can reduce not only the subjective intensity of pain but also the anxiety and depression that accompany chronic pain. In fact, psychological interventions are now a staple of interdisciplinary pain rehabilitation programs, acknowledging that soothing the mind can modulate pain perception and foster physical healing.

Emotional Healing: Psychological Mechanisms and Somatic Dimensions

Emotional healing refers to the process of recovering from psychological trauma, stress, or loss, and restoring mental well-being. It involves changes in emotion regulation, cognition, and often one's sense of meaning or identity. A substantial body of literature indicates that emotional healing is facilitated by both "top-down" cognitive processes and "bottom-up" somatic or visceral processes. Cognitive reappraisal, for example, is a top-down strategy where

an individual reframes the meaning of a distressing situation or memory in a way that alters its emotional impact. Studies have shown that cognitive reappraisal can significantly reduce negative emotions and increase positive emotions in the short term (Troy et al., 2018).

In one laboratory experiment, participants instructed in reappraisal experienced less sadness and more positive affect in response to upsetting film clips, compared to those using no strategy. This strategy also had measurable effects on physiology: reappraisal was associated with a different pattern of autonomic arousal (e.g. skin conductance) compared to mere acceptance of emotions. Over time, the habitual use of reappraisal is linked to better psychological health outcomes, including lower depression and greater life satisfaction (Troy et al., 2018). These findings highlight how altering thought patterns can initiate emotional healing by transforming one's internal narrative and stress response.

In addition to cognitive approaches, emotional healing often requires processing experiences that are stored not just in explicit memory but in the body's implicit memory and nervous system. Trauma research, in particular, has illuminated the somatic dimension of emotional healing. Traumatic experiences can become “stuck” in the body and nervous system, leading to symptoms like hyperarousal, dissociation, or somatic pain with no clear medical cause.

In *The Body Keeps the Score*, van der Kolk emphasizes that trauma literally reshapes brain-body connections, “compromising sufferers’ capacities for pleasure, engagement, self-control, and trust” (2015). Healing from trauma, therefore, often requires engaging the body to recalibrate these physiological stress responses. Somatic therapies such as Somatic Experiencing (SE) (developed by Peter Levine) and sensorimotor psychotherapy (Pat Ogden) work by helping individuals tune into their bodily sensations and release tension or “fight-or-flight” energy that

was locked in at the time of trauma. A scoping review by Kuhfuß et al. found preliminary evidence that Somatic Experiencing is effective in reducing post-traumatic stress symptoms and also improving affective (emotional) and somatic symptoms in trauma survivors (2021). By changing interoceptive and proprioceptive sensations associated with traumatic memories, these body-focused treatments facilitate emotional processing in ways traditional talk therapy sometimes cannot.

Similarly, practices like mindfulness meditation, yoga, and deep breathing—often incorporated into therapies for PTSD and anxiety—directly target the nervous system, activating the relaxation response and improving emotion regulation capacity. Neuroscientific studies have documented that such mind-body practices can quiet the overactive amygdala (the brain’s fear center) and strengthen prefrontal cortex regulation of emotions over time (Ho et al., 2021). These changes reflect the brain’s neuroplasticity in action: with therapeutic intervention, neural pathways associated with fear and trauma can be down-regulated while pathways for calm and executive control are reinforced. Emotional healing at the biological level thus involves restructuring neural circuits and hormonal patterns that underlie stress reactions – a process that parallels, in some respects, the way physical healing involves restructuring damaged tissue.

Therapeutic Frameworks for Healing

The literature identifies various evidence-based frameworks tailored to either physical or emotional healing, and increasingly, integrative approaches that address both. On the emotional side, several psychotherapeutic modalities have demonstrated efficacy in fostering emotional recovery. Dialectical Behavior Therapy (DBT), originally developed for chronic emotion dysregulation in borderline personality disorder, combines cognitive-behavioral change strategies with acceptance and mindfulness techniques (Chapman, 2006). Linehan, the creator of DBT,

emphasized balancing acceptance of painful emotions with efforts to change maladaptive behaviors. DBT provides clients with skills in distress tolerance, emotion regulation, interpersonal effectiveness, and mindfulness, recognizing that learning to accept and modulate intense emotions is key to healing emotional wounds. Numerous randomized controlled trials have found that DBT reduces self-injury and suicidality in borderline patients and improves overall emotional stability (Chapman, 2006).

Another modern approach, Acceptance and Commitment Therapy (ACT), similarly posits that pain and suffering are inevitable parts of life, and thus focuses on changing one's relationship to painful thoughts and feelings rather than eliminating them (Dindo et al., 2017). ACT cultivates psychological flexibility through mindfulness, acceptance of inner experience, and commitment to personal values. It has been classified as a "third wave" behavioral therapy and has accrued empirical support for a wide range of conditions.

In a broad review, Dindo et al. note that ACT is an empirically supported psychotherapy effective for both mental health disorders and chronic medical conditions, by helping individuals adapt to pain, grief, and illness with greater resilience (2017). For example, in chronic pain management, ACT teaches patients to accept persistent pain sensations to reduce the emotional struggle, thereby improving their functioning and quality of life even if the pain itself remains. Traditional Cognitive Behavioral Therapy (CBT) is also widely used for emotional healing, particularly for anxiety and depression, by targeting distorted thoughts and avoidance behaviors that maintain distress. CBT and related techniques like cognitive reappraisal (reframing thoughts) are shown to reduce emotional distress and even have secondary benefits on physical symptoms like fatigue or pain, through reducing catastrophic thinking and physiological arousal.

On the physical side, biomedical frameworks for healing include acute care (e.g. surgery, medication) and rehabilitation sciences (physical therapy, occupational therapy) that aim to restore bodily function.

Pain management in the biomedical context often involves pharmacological treatments (analgesics, anti-inflammatories) and interventions like nerve blocks or surgery. However, there is increasing acknowledgment within medicine that purely biomedical approaches may fall short, especially for chronic conditions. For instance, chronic pain syndromes, autoimmune disorders, and functional illnesses (like irritable bowel syndrome) frequently require attention to stress, coping, and emotional factors as part of the healing process.

Multidisciplinary pain clinics integrate medical, physical, and psychological therapies, illustrating the biopsychosocial approach in practice. Techniques such as biofeedback (which teaches patients to gain awareness and control over physiological functions like muscle tension or heart rate) straddle the physical and psychological realms, enabling individuals to influence their bodily healing through mental techniques.

Importantly, the literature highlights that optimal healing—whether physical or emotional—often involves a combination of approaches. For example, in cancer care, alongside surgery, chemotherapy, or radiation, patients may receive counseling, support groups, and stress-reduction training to address the emotional toll of illness and enhance their coping skills. Similarly, someone recovering from trauma might benefit from medication (such as SSRIs) to stabilize mood alongside therapy to process the trauma and body-based treatments to alleviate somatic stress. This blending of approaches sets the stage for truly integrative models of healing.

Comparing Approaches

Physical and emotional healing share the ultimate goal of restoring health and functionality, but they are approached through different lenses and techniques. Physical healing is often monitored through observable and measurable indicators—X-rays showing bone union, blood tests showing reduced inflammation, a wound closing over time—whereas emotional healing is assessed through subjective reports, behavioral changes, and psychological tests (e.g. reduced PTSD symptoms, improved mood scales). The timeline of healing also differs: physical injuries often follow a somewhat predictable timeline (for instance, a bone fracture might heal in 6-8 weeks), whereas emotional healing has no standard timetable.

Emotional recovery can be non-linear; a person may feel better, then experience a resurgence of grief or anxiety, akin to “flare-ups,” before further progress. That said, both types of healing can face setbacks—an infection can complicate a physical recovery just as a re-traumatization or significant stressor can complicate emotional recovery. Both processes demand energy and resources: the body allocates biological resources (like proteins, immune cells) to physical healing, while emotional healing requires cognitive and emotional resources (attention, social support, time for self-care). Fatigue is common in both domains; for example, the energy the body expends in healing can cause physical fatigue, and the mental work of therapy can cause emotional fatigue.

One key distinction lies in treatment agents. In physical healing, treatments often act directly on the body: antibiotics eliminate infection, surgery repairs anatomy, physiotherapy retrains muscles. In emotional healing, treatments act on the mind/brain: psychotherapy, exposure therapy, coaching new coping skills, or psychiatric medications that adjust neurochemistry. However, this distinction is increasingly blurred. Psychotherapy can lead to

physical changes in the brain (measurable via neuroimaging) as new neural connections form and stress hormone levels drop.

Conversely, physical treatments can have profound psychological effects: think of the mood improvement that often accompanies relief from chronic pain after a successful surgery, or the sense of hope that can result from a clear medical scan. In both cases, placebo effects underscore how expectation and belief (psychological factors) can trigger real physiological healing responses; patients given placebo treatments often experience improved symptoms due to their belief in the treatment's efficacy, which can activate endogenous healing mechanisms (like endorphin release in pain relief). Thus, even within "purely physical" medical interventions, the patient's emotional state (hopeful vs. hopeless, calm vs. anxious) can modulate outcomes.

Physiological and Psychological Mechanisms

Despite differences in outward approach, physical and emotional healing share common underlying mechanisms in terms of restoring equilibrium (homeostasis) and repairing damage. In physical healing, homeostasis might mean rebalancing blood chemistry or repairing tissue integrity. In emotional healing, it might mean regaining psychological equilibrium, such as a sense of safety or self-worth after trauma. Both processes involve adaptive changes: in the body, cells regenerate or scar over; in the mind, cognitive schemas are updated or traumas integrated into one's life narrative. Notably, both physical and emotional healing can trigger inflammation and pain as part of the process. In the body, inflammation is a healing mechanism bringing immune activity to a wound, though it causes swelling and pain. In emotional healing, revisiting painful memories or emotions (as in trauma therapy) can cause a temporary increase in distress as part of the "working through" process. In both cases, some short-term discomfort is often

necessary for longer-term recovery, whether it's the itch of a healing cut or the emotional pain of confronting grief.

At a biological level, the systems governing stress and recovery play roles in both types of healing. The nervous system and endocrine system mediate between mental and physical realms. For example, chronic emotional stress can lead to prolonged activation of the hypothalamic-pituitary-adrenal (HPA) axis and elevated cortisol, which in turn suppresses immune function and impedes tissue healing (Gouin & Kiecolt-Glaser, 2011).

Psychoneuroimmunology research shows that interventions to reduce stress (like relaxation training or expressive writing) can enhance immune parameters, thus facilitating physical healing. Conversely, alleviating a physical problem can reduce stress hormone output and anxiety, aiding emotional well-being. Neurologically, healing experiences—whether the endorphin rush during physical exercise or the calm after a meditation session—involve reward circuits and parasympathetic activation, indicating overlapping pathways to a state of healing and relaxation. Neuroplasticity is fundamental to emotional healing (learning new ways to cope, extinguishing fear responses) and is also relevant in physical rehabilitation (the brain relearning movement after a stroke, for instance). Both processes rely on the capacity of cells (brain neurons or body tissues) to change and adapt in response to interventions.

Therapeutic Frameworks and Interventions

The therapeutic frameworks for physical vs. emotional healing have historically been separate, but we increasingly see integration. Conventional medicine is expanding to incorporate mind-body techniques, and psychotherapy is acknowledging the importance of the body. For physical healing, integrative medicine approaches encourage practices like mindfulness meditation, yoga, tai chi, or acupuncture alongside standard medical care. Such practices have

demonstrated benefits for conditions like chronic pain, fibromyalgia, heart disease, and cancer recovery. For instance, Dossett et al. report that randomized trials of meditation and other mind-body interventions show improved outcomes in chronic pain, anxiety, depression, and even inflammatory conditions (Dossett et al., 2021). These interventions likely work by reducing sympathetic nervous system overactivity and inflammation while enhancing immune function and emotional resilience. Similarly, in the realm of emotional healing, therapists may include somatic components such as breathing exercises to calm panic symptoms or movement exercises to help a trauma patient feel grounded in their body. The rise of trauma-informed yoga and mindfulness-based stress reduction (MBSR) programs in clinical settings exemplifies this blending—acknowledging that the body can be an ally in emotional healing.

Frameworks like ACT and DBT explicitly bridge physical and emotional aspects by addressing overall well-being and life functioning, not just symptom reduction. ACT, for example, is applied in chronic illness settings to help patients deal with both the physical pain and the emotional suffering by fostering acceptance. DBT, with its mindfulness component, teaches patients to observe their bodily sensations and emotions without judgment as a first step toward regulation (Chapman, 2006). In medical contexts, consultation-liaison psychiatry and health psychology fields have developed to attend to the emotional needs of patients undergoing medical treatments, reflecting an understanding that treating the emotional trauma of, say, a cancer diagnosis is part of comprehensive care.

Integrative Models

The convergence of physical and emotional healing is perhaps best encapsulated by integrative models like the biopsychosocial model and holistic health philosophies. Engel's biopsychosocial model (Engel, 1977) laid the groundwork by insisting that clinicians consider

psychological and social dimensions in every case of illness or recovery. Building on this, holistic medicine and integrative health movements advocate treating the patient as an interconnected whole. A practical extension of this philosophy is seen in mind-body medicine programs. For example, the Benson-Henry Institute's relaxation response program integrates mindfulness meditation into patient care; such programs have been shown to reduce blood pressure and improve anxiety, illustrating benefits for both body and mind. Mind-body interventions often deliberately target physiological stress pathways (to aid physical healing) and emotional coping skills simultaneously. The result is improved resilience: patients report not only fewer physical symptoms but also better mood and coping (Dossett et al., 2021).

Another integrative concept is how relationships facilitate healing in both domains. Social support can accelerate physical healing (e.g. married individuals tend to recover faster post-surgery, possibly due to having emotional support), and it is crucial in emotional healing (having an empathic listener or therapist). Kohrt et al. (2020) discuss the evolutionary basis of humans healing one another through empathy and interpersonal emotion regulation, noting that social connection and consolation have likely been vital for psychological healing throughout history (Kohrt et al., 2020). These interpersonal healing processes also trigger oxytocin release and parasympathetic activity, which have restorative effects on the body (such as lowering stress hormones and blood pressure). Thus, the act of caring and being cared for is inherently integrative: it soothes emotional pain and signals safety to the body, promoting physical recovery.

Critically Analyzing Differences and Synergies

While integration is ideal, it is also important to recognize the limits and differences in physical vs. emotional healing. One critical difference is that physical healing often proceeds

somewhat independently of conscious effort (a bone will mend given proper setting and rest, even if the patient is unconscious), whereas emotional healing typically requires active participation and conscious processing (one must engage with grief or trauma to heal from it; time alone is sometimes not enough). This means that neglecting emotional wounds can lead to long-lasting psychological scars that do not heal on their own, whereas the body's healing mechanisms might still heal a cut without psychological input. However, chronic stress or unresolved trauma can interfere with even the body's innate healing capacities, as discussed earlier (Gouin & Kiecolt-Glaser, 2011).

Another difference is the role of insight: emotional healing often involves gaining insight or new perspectives (for example, recognizing one's resilience or finding meaning in adversity), a factor that is less relevant to physical tissue repair. Instead, physical healing relies more on appropriate external conditions (clean environment, good nutrition, adherence to medical advice).

Yet, in practice the two types of healing constantly influence each other. Emotional turmoil can manifest as physical symptoms (headaches, stomach issues, psychosomatic pain), indicating that unresolved emotional issues may mimic or exacerbate physical illness. Likewise, chronic physical illness can lead to depression and anxiety, meaning emotional healing becomes a necessary component of dealing with a physical ailment. Modern healthcare increasingly adopts integrative care plans for chronic conditions: for example, a patient with fibromyalgia (a condition with both physical pain and emotional stress components) might have a rheumatologist, a physiotherapist, and a psychologist on their care team. This collaborative approach addresses muscle pain and fatigue while also teaching stress management and coping techniques, treating the person, not just the disease.

Critically, some scholars argue that an integrative approach should not dilute the expertise of each field but rather encourage communication between disciplines. A danger in separation is treating, say, depression purely with medications without addressing life stressors, or treating a ulcer purely with diet changes without addressing the patient's anxiety. On the other hand, a naive approach to integration might overlook the need for specialized interventions (severe infections still need antibiotics; severe trauma may need specialized therapy techniques). The key is balance: knowing when to emphasize physical interventions, when to emphasize emotional interventions, and when a combined approach is optimal.

The synergy between physical and emotional healing is well-illustrated by the treatment of trauma. Post-traumatic stress disorder (PTSD) is a psychological condition, but it has clear physiological correlates (hyperarousal, changes in brain structure/function, stress hormone alterations)(Ho et al., 2021). Effective trauma treatment, such as EMDR (Eye Movement Desensitization and Reprocessing) or somatic therapies, often results in both psychological relief (fewer nightmares, reduced fear) and physiological changes (normalized heart rate and cortisol patterns). Trauma-informed care frequently includes elements like ensuring the body feels safe and using rhythmic physical activities (dance, yoga, drumming) to help rebuild a sense of control over one's body. These methods highlight that sometimes emotional healing will not occur until the body has been engaged in the process.

As van der Kolk notes, recovery from trauma often requires activating the body's natural healing abilities through things like yoga or neurofeedback, to complement talk therapy (2015). In turn, as patients begin to feel emotionally safer and more empowered, they experience improvements in stress-related physical ailments (better sleep, less chronic pain, improved immune function).

In summary, a critical comparison of physical and emotional healing reveals that while each has unique features and frameworks, they are deeply interdependent. Physical healing tends to be more visible and structurally defined, and emotional healing more subjective and complex, but both follow a trajectory from injury to repair that can be facilitated or hindered by various factors. Understanding their differences helps tailor appropriate interventions, but appreciating their overlap leads to more holistic care. An integrative mindset does not mean every ailment is treated the same way; rather, it means being mindful of the emotional state of a patient with a physical injury and the physical state of a person with emotional trauma. The most effective healing modalities often incorporate elements of both—addressing the wound and the psyche together.

Conclusion

Healing is both a physical and an emotional journey. The comparative analysis in this essay demonstrates that the boundaries between healing the body and healing the mind are permeable. Physical healing involves concrete physiological processes, yet is strongly influenced by one's emotional state, mindset, and support system. Emotional healing involves intangible psychological growth and relief, yet is grounded in neurobiology and can be aided or impeded by physical conditions. A critical understanding of both types of healing underscores the necessity of integrative approaches in healthcare and psychotherapy.

Frameworks like the biopsychosocial model provide a blueprint for treating patients holistically, recognizing that a human being's recovery from any illness or trauma is rarely just biological or just emotional. Interventions ranging from surgery to psychotherapy, from meditation to medication, all find their place in a comprehensive model of care. Future research and practice are increasingly moving toward such models, as evidenced by the proliferation of

mind-body clinics, psychoneuroimmunology studies, and trauma treatments that unite body and mind. By comparing physical and emotional healing, we learn that to heal fully, one often must heal in both realms. The integration of medical science with psychological wisdom offers the most promise for helping individuals regain wholeness—restoring the body’s health while also fostering emotional resilience, meaning, and hope.

Healing, ultimately, is a return to equilibrium and vitality, and it flourishes best when we attend to the totality of the person. In light of the evidence reviewed—from the cellular level to the level of personal experience—embracing a unified approach to physical and emotional healing is not just an ideal, but a practical necessity for effective care.

References

- Chapman A. L. (2006). Dialectical behavior therapy: Current indications and unique elements. *Psychiatry (Edgmont (PA Township))*, 3(9), 62–68.
- Dindo, L., Van Liew, J. R., & Arch, J. J. (2017). Acceptance and commitment therapy: A transdiagnostic behavioral intervention for mental health and medical conditions. *Neurotherapeutics*, 14(3), 546–553. <https://doi.org/10.1007/s13311-017-0521-3>
- Dossett, M. L., Fricchione, G. L., & Benson, H. (2020). A new era for mind-body medicine. *New England Journal of Medicine*, 382(15), 1390–1391.
<https://doi.org/10.1056/NEJMp1917461>
- Eisenberger, N. I. (2012). The neural bases of social pain: Evidence for shared representations with physical pain. *Psychosomatic Medicine*, 74(2), 126–135.
<https://doi.org/10.1097/PSY.0b013e3182464dd1>
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286), 129–136. <https://doi.org/10.1126/science.847460>
- Gouin, J. P., & Kiecolt-Glaser, J. K. (2011). The impact of psychological stress on wound healing: Methods and mechanisms. *Immunology and Allergy Clinics of North America*, 31(1), 81–93. <https://doi.org/10.1016/j.iac.2010.09.010>
- Ho, J. M. C., Chan, A. S. W., Luk, C. Y., & Tang, P. M. K. (2021). Book review: The body keeps the score: Brain, mind, and body in the healing of trauma. *Frontiers in Psychology*, 12, 704974. <https://doi.org/10.3389/fpsyg.2021.704974>
- Kohrt, B. A., Ottman, K., Panter-Brick, C., Konner, M., & Patel, V. (2020). Why we heal: The evolution of psychological healing and implications for global mental health. *Clinical Psychology Review*, 82, 101920. <https://doi.org/10.1016/j.cpr.2020.101920>

- Kuhfuß, M., Maldei, T., Hetmanek, A., & Baumann, N. (2021). Somatic experiencing – effectiveness and key factors of a body-oriented trauma therapy: A scoping literature review. *European Journal of Psychotraumatology*, 12(1), 1929023.
<https://doi.org/10.1080/20008198.2021.1929023>
- Lamers, S. M. A., Bolier, L., Westerhof, G. J., Smit, F., & Bohlmeijer, E. T. (2012). The impact of emotional well-being on long-term recovery and survival in physical illness: A meta-analysis. *Journal of Behavioral Medicine*, 35(5), 538–547.
<https://doi.org/10.1007/s10865-011-9379-8>
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.
- Troy, A. S., Shallcross, A. J., Brunner, A., Friedman, R., & Jones, M. C. (2018). Cognitive reappraisal and acceptance: Effects on emotion, physiology, and perceived cognitive costs. *Emotion*, 18(1), 58–74. <https://doi.org/10.1037/emo0000371>
- van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Viking Press.