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## HeartSpeak for Mood Disorders

By Dr. Anne Jensen



Mild fluctuations in mood are a natural part of the human experience;<sup>1</sup> however, when the intensity of these fluctuations is extreme, or prolonged, or interferes with quality of life, then intervention is necessary. The prevailing approach toward mood disorders focuses mainly on identifying distorted thinking and its ensuing behavior.<sup>2</sup> However, with the prevalence of depressive disorders growing at an alarming rate,<sup>3</sup> despite the increased use of cognitive interventions and antidepressants,<sup>4</sup> perhaps a variety of approaches is needed.

HeartSpeak is a novel method for easing mood-related disorders and stress-related diseases, and uses concepts from the field of affective science, or the science of feeling. While affective psychology is not a new concept,<sup>5</sup> it seems to have taken a back seat to the now popular cognitive approaches. In contrast, HeartSpeak uses the paradigm that there are two minds: (1) the Logical Mind, and (2) the Emotional Mind.<sup>1,6</sup> While the former mind thinks, rationalizes and explains, the latter mind simply feels. Therefore, in HeartSpeak, a patient primarily engages his Emotional Mind, feeling his way free of debilitating moods, putting his Logical Mind aside for the time being.

It is suspected that it is the separation of the two minds that is the key to HeartSpeak's clinical success. There is a growing body of research to support sensory-based processes for influencing emotional centers in the brain.<sup>7,8</sup> HeartSpeak makes use of this concept, using little dialog, and focusing on sensing the feelings fully until resolution is achieved.

Additionally, in HeartSpeak, it is recognized that emotional reactions consist of a composite of feelings, some of which can be identified as belonging to an emotional family (e.g. anger, fear), others as part of the stress response (e.g. the feelings of flight or flight), and still others belonging to no established categorization system. Anyone who can consciously evoke these feelings is a candidate for HeartSpeak. Since HeartSpeak is in its early stages of use, current evidence is limited. Until effectiveness and safety research is conducted, caution is urged about performing HeartSpeak with those who are acutely ill or psychotic. Nevertheless, the clinical evidence of HeartSpeak's wide-ranging uses is compelling, and randomized, controlled trials are underway.

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*References: 1. Goleman D. Emotional intelligence: Why it can matter more than IQ. New York: Bantam Doubleday Dell, 1995. 2. Beck JS. Cognitive behavior therapy: Basics and beyond. 2nd ed: The Guilford Press, 2011. 3. Center for Disease Control. Current depression among adults --- United States, 2006 and 2008. Morbidity and Mortality Weekly Report (MMWR) 2010;59:1229-1235. 4. Wiles N, Thomas L, Abel A, et al. Clinical effectiveness and cost-effectiveness of Cognitive Behavioural Therapy as an adjunct to pharmacotherapy for treatment-resistant depression in primary care: The CoBalT randomised controlled trial. Health Technology Assessment 2014;18:1-167. 5. Kantor JR. The psychology of feeling or affective reactions. The American Journal of Psychology 1923;34:433-63. 6. LeDoux JE. The emotional brain: The mysterious underpinnings of emotional life. New York: Touchstone, 1996. 7. Öhman A, Mineka S. Fears, phobias, and preparedness: Toward an evolved module of fear and fear learning. Psychological Review 2001;108:483-522. 8. Holmes EA, Mathews A, Mackintosh B, Dalgleish T. The causal effect of mental imagery on emotion assessed using picture-word cues. Emotion 2008;8:395-409.*