ISSN 2475-529X

Short Article

Journal of Nursing & Healthcare

Awareness of the Body in Mental Health Care

Willem Fonteijn

Clinical Psychologist, GGZgroup, Amsterdam, Netherlands

*Corresponding author
Willem Fonteijn, Clinical Psychologist, GGZgroup, Amsterdam, Netherlands, E-mail: willemfonteijn@gmail.com

Submitted: 24 Nov 2018; **Accepted**: 30 Nov 2018; **Published**: 06 Dec 2018

Summary

In mental health care, the body takes an undeserved, modest place. It is precisely the body that you can use you to test the beliefs of patients on functionality. Dysfunctional beliefs lead to dysfunctional emotions and corresponding response representations in the body. This is entirely in line with the therapeutic elaboration of Lang's emotion theory. That is, linking existing stimulus representations to incompatible response and meaning representations. This practical paper introduces readers to body-oriented counter conditioning techniques and how to apply the principles of counter conditioning in various anxiety and mood disorders. A report is done from a short mindfulness group training for cardiology patients with anxiety and mood complaints.

Introduction

Whenever your patient is entering your office, his or her body is there too. Not just as a package for dysfunctional thoughts and dysfunctional emotions. No, the body enters as a rich source of information for you and the patient. Observe the body, see the posture and how it moves, see the mimic on the face. Keep on observing their body and your body as well. Your body will unavoidably resonate and respond on the body of your patient. You can learn from these responses. They will reveal the hidden message and show a way to a solution for the end of suffering of your patient. *There is more wisdom in your body than in your deepest philosophy*, thus said Friedrich Nietzsche, the famous philosopher. We are in good company if we decide to pay attention to the body.

In cognitive psychotherapy, we learn to explore dysfunctional thoughts and replace them for functional thoughts. Indeed good work that needs to be done and is proven to be effective for the benefit of our patients. Dysfunctional thoughts are strongly related to dysfunctional emotions. If we change those thoughts, dysfunctional emotions will disappear and be replaced with functional emotions. patients become more at ease with who they are and learn to live a more comfortable life. So why this appeal for more attention to the body. Cognitive psychotherapy is already effective just by focusing on the thoughts instead of emotions. Cognitive psychotherapy demonstrates the victory of reason over emotion. Emotions distract the individual from clear thinking. Emotions are intimately connected to the body. The body, as well as emotions, only aim for a short-term solution. Cognitive psychotherapy practice learns us that we need the reason to provoke long-term beneficial therapeutic effect. Let this be true. Still, I like to pleat for a more prominent place for the body in cognitive psychotherapy. As another famous philosopher, Ludwig Wittgenstein said: *The human body is the best picture of the human soul*. And by this suggesting that there is indeed a lot of hidden wisdom available in the human body.

A very old insight in meditation practice is this: *All stimuli have this quality: pleasant*, *unpleasant or neutral*. The validation of stimuli is not a quality of the stimuli itself but an immediate result of the interaction between stimuli an organism or individual. This counts as well for a one cell organism as for us as human beings. *What a smell is for the nose is a thought for thinking*. The body is inescapable bound to react on stimuli. As the body will react on a sound, a smell, or other sensory impressions, the body will react on a thought. Pleasant stimuli will result in approach behavior, unpleasant stimuli result in escape behavior. With neutral stimuli, the body just continues with whatever it is busy with. Knowing this, it is an easy step to conclude that we can use the body as a neutral reference for stimuli, that we can use the body as a neutral reference for thoughts.

Let's take a closer look at the connection between the body, thoughts, and emotions. Lang (1979) formulated the following emotional network theory. Information about meaningful events is stored in the Long Term memory in the form of stimuli representations, response representations, and meaning representations. These representations form cognitive networks that function as a mall for recognition of meaningful events. Emotions organize behavior as a response to meaningful events. External and internal stimuli activate different emotional networks. Emotions make the behavioral options flexible. Behavior is driven on the basis of direct experience and on the basis of self-generated language. Emotional memories function as an abstract information-enhancing system in which the remembered material is constantly being reconstructed. So a stimulus representation provokes an emotion. Meaning is added to the emotion and a behavioral response will follow. For example, the panic patient visits a supermarket. An anxiety response companied with hyperventilation is provoked. Catastrophic meaning is added and the decision is made to visit the Emergency Room in the hospital.

How can we translate this theory into psychotherapeutic interventions? It is here that we introduce the concept of counter conditioning. With counter conditioning, we link a new response and meaning representation to a stimulus representation. A new response that is incompatible with the formerly conditioned response to the emotion generating stimulus representation. For instance, replace a bent posture and a dragging step combined with self-destructive thoughts and gloomy feelings through cheerful hopping. Automatically new feelings and thoughts will emerge. It is hard to stay in a low mood when you are cheerful hopping. In doing so we link new behavioral incompatibilities with the old behavior to the existing emotional network, resulting in a change in the emotional meaning. Notice that changes in motor reactions, body posture, and facial expressions are the most important corrective elements in counter conditioning. Bodily sensations, emotions, and thoughts constantly influence each other, are cause for each other. For example in the case of depression; self-destructive thoughts, low mood, and a passive attitude. Self-destructive thoughts initiate a low mood and lead to passivity. A bent posture activates negative thoughts and gloomy feelings.
With counter conditioning, we train the opposite emotion.

Positive	Negative
Friendly	Angry
Curious	Afraid
Surrender	Disgust
Happy	Sad
Enthusiastic	Apathy
Self-compassion	Shame
Generous	Jealous
Respect	Contempt

During the session, we ask the patient to memorize the negative emotion and notice it in the body. Then we ask the patient to activate opposite emotion and notice it in the body. We ask the patient to become aware of the bodily sensations during experiencing the opposite emotion. So the patient can actively memorize this emotion. Emotions are felt in the body. These bodily sensations are noticed and memorized as response representations. We link these new response representations to old stimuli representations.

As noted before emotions make the behavioral response more flexible. In a way, this quality is hidden in the word emotion. An emotion evokes motion, evokes movement. An emotion evokes and prepares for change. An emotion creates change in the outside or inner world. An emotion tells us that something important is happening or about to happen. Something that needs to be given attention to. And if we don't give attention to it, the emotion will become stronger and last longer. Interesting here is that those emotions are cross-cultural found in the body. There is cross-cultural agreement on the bodily representations of emotions in the body (Nummenmaa, cs 2014) Research that supports our finding here that attention is needed for the bodily representation of emotions in the body.

To become more aware of the (often subtle) representation of the emotion in the body we need to learn the patient to focus, to train attention. We ask the patient during the session whenever an emotion is there to focus on the bodily sensations in the body. We ask the patient to ignore the story. As soon as the emotion is there we don't need an explanation of its existence. The story is not needed anymore. We ask the patient to focus on the body and to notice how change occurs in the body. In short, this is how deconditioning of dysfunctional emotions works. An emotion arrives, change is about to happen. Don't get in the way of the change. So leave the story for what it is. Just keep on observing what happens in the body. As long as we give attention to the story, the body will continue to react to that story with emotion. The story in that sense hinders beneficial change to happen. Stories are made out of our convictions. In a way stories in our mind confirm the convictions we have. These stories consolidate the state we, and so too our patients are in. The stories in our mind are not looking for an opportunity for change. They are looking for confirmation. Paradoxically enough, the stories in our mind can keep us in the dysfunctional state we are in. That's why we shift the attention from stories in the patient's mind to emotions in their body. And by doing so, allowing the patient to experience a natural shift in emotion to happen.

Key ingredients in this approach are: noticing, naming and containing. We learn the patient to notice the appearance of an emotion. To name the emotion and become more aware of the existence of the emotion. And to contain the emotion. Not by trying to resist the emotion, but just by accepting the emotion as it is, rough and pure, without the story. Containing instead of explaining is what will allow beneficial change to happen. We could call this *mindfulness of emotions*: emotion regulation and emotion containment.

Just a short case story to illustrate the approach:

Corina was a woman in her mid-fifties. She joined the group after a heart attack and an angioplasty. In the group session, she had heard about this shift of attention from chest to feet. One day she visited a large fair in the city she lived in. Together with her husband, she sat down in one of the exciting attractions. Once the door was closed she suddenly began to panic. As she started to hyperventilate, her husband noticed the panic and began banging on the door to get it open and then he heard Corina saying out loud: "Feel your feed on the ground, feel your feet on the ground". Corina repeated these words several times and calmed down. Her husband was amazed at how quickly the panic dissolved and Corina came into a calm state. They stayed in the attraction and enjoyed the excitement. The last session of the group training is with partners. They both proudly told this story and gave an inspirational and encouraging example for the rest of the group about how to cope with fear.

This story of Corina comes from our work with cardiac patients in a general hospital. Here we conducted a study on the efficacy of a short mindfulness training for cardiac patients after receiving a percutaneous coronary intervention (PCI) operation. In this training, we learned the patients to follow the steps for deconditioning as described above. A four-session group training was compared with self-help. One-hundred-and-fourteen patients (mean age 55 ± 7 years, 18 % women) were randomly assigned to a 4-session mindfulness group intervention or a minimal mindfulness self-help control group that received a booklet containing identical information. Compared to self-help, the group intervention showed larger increases in psychological and social quality of life (p\.05, partial g2 = .04 and .05, respectively). We found that the group training resulted in a reduction of anxiety and depression and improved the quality of life of the participants.

Conclude: there are good arguments to give attention to the body in mental health care. Attention that will support and improve the efficacy of psychotherapy.

References

1. Fonteijn, Willem (2016) Circle of Awareness. Using the body as a mirror for thoughts, Warden Press, Amsterdam
2. Lang, P.J. (1979) A bio-informational theory of emotional imagery. Psychophysiology, vol 16, issue 6.
3. Nummenmaa, Lauri; Enrico Glerean; Riitta Hari; Jari K. Hietanen (2014) Bodily maps of emotions. PNAS January 14, 111 (2) 646-651;
4. Nyklicek, I, S.C.Dijksman, P.J.Lenders, W.A.Fonteijn, J.J.Koolen (2014) A brief mindfulness-based intervention for an increase in emotional well-being and quality of life in percutaneous coronary intervention (PCI) patients: The MindfulHeart randomized controlled trial. Journal of Behavioral Medicine; 37: 135-144.