

Transforming Distressing Mind-Body-States

from Negative Ruminations towards Well-Being

This paper (B11) is linked to the themes discussed in B10, and is based on a paper by Dobbin & Ross¹.
It is suggested that B10 is read first

I. Introduction

Stress has been described as a “physiological whole-body-state” (Elissa Epel²). Schultz, in describing the “psycho-physiological shift” brought about by Autogenic Training, is also implying a (positive) physiological whole-body state. Mind and body inter-are; they are not separate.

When we are calm we are able to think logically and analytically, and this can be of great value to us. However, when we become stressed, we develop a Negative Mind-Body-State (that is, a negative physiological whole body state³). This results in us no longer being able to think in a rational way; our thoughts become distorted and we tend to get lost in negative ruminations.

This is an unwholesome state to be in and can be associated with (recurrent) depression and Medically Unexplained Symptoms (MUS; see B10 and Dobbin & Ross¹ 2011). Studies suggest that between 30% and 50% of patients referred to neurology, cardiology, and gastro-intestinal clinics have no formal medical diagnosis made; and thus come under MUS⁴. This is a problem for the patient, the general practitioner, and the health service as a whole. The patient may well end up feeling rejected and misunderstood; as she or he feels unwell in this distressed / negative Mind-Body-State. This may be exacerbated in some cultures as a result of certain persistent and inappropriate attitudes / assumptions. Edith Rom, in a recent essay about Autogenic Training (AT) and Acupuncture, comments:

Stetter & Kupper (2002) in their meta-analysis of all controlled trials of AT published between 1952 and 1999 emphasise that all of the conditions investigated have a “psychosomatic” element. The authors are from the German speaking culture and therefore would use the word “psychosomatic” as an expression of the view that the body (soma) and the soul / mind (Psyche / Geist) are different expressions of the same phenomena. In a similar way as we can see the illuminated side of the moon and know that the non-illuminated side of the moon is not only present but also just a different view of the ‘same thing’. Psychosomatic therefore does not mean, as often understood in the English-speaking world, “it is all in the patient’s mind”.the uniting factor of all of these conditions according to one possible interpretation would be that the brain, as a representative of the mind and the body, is regulated by the ANS⁵ and a Dysregulation of the ANS is the root of so-called psychosomatic illness. Modern neuroscience increasingly supports this notion of disease as a whole person process.....

Rom, 2011; pp 6-7

Edith Rom’s sentence “the brain, as a representative of the mind and the body, is regulated by the ANS and a Dysregulation of the ANS is the root of so-called psychosomatic illness ” is significant. It is a mistake to assume that the problems of stress and hyper-vigilance are solely in the domain of the *Sympathetic* Nervous System. Stress also can involve the

¹ No relation to Ian Ross

² BBC Radio 4: Wednesday, 6th July 2011 (Frontiers); see also: Epel 2009

³ In the linked paper, B10, this is described as the hyper-vigilant body-mind state (e.g. Figure 3 of B10, referring to the work of Dobbin & Ross¹ 2011)

⁴ which in the English speaking world is probably a more neutral term than that of “psycho-somatic” disorders

⁵ ANS: Autonomic Nervous System

Parasympathetic Nervous System (see for example A7 relating to the Polyvagal Theory of Porges).

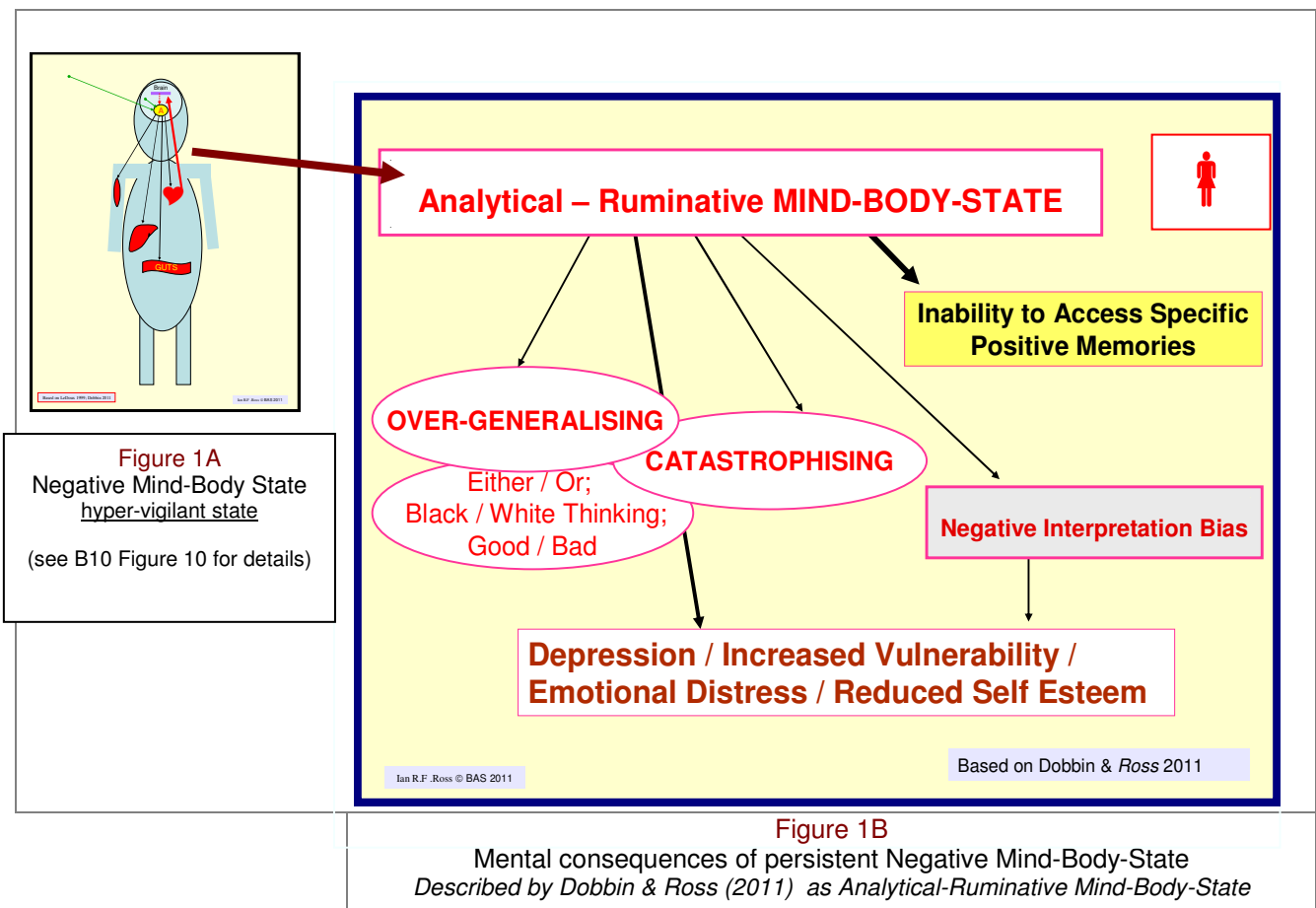
2. Negative Mind-Body-States



Unresolved stressors, whether external or internal, can lead to the negative Mind-Body-State (depicted in Figure 3 of B10). Such negative states are associated with:

- Negative ruminations in which we tend to go over and over again the same things / events / worries / disturbing emotions without benefit (depicted as “Analytical-Ruminative Mind-Body-State” in Figure 1B below).
- A downward mental spiral in which we can become more and more despondent.
- Over-generalising – in which we see everything in a negative light. In this way we catastrophise whatever happens. For example, we make a small mistake, and conclude: “I’m no good, I *always* make mistakes”.
- A negative interpretation bias (B10 Figure 2). Here we actually misread, or mis-evaluate, what is before us. For example, we interpret a neutral face as a scowling or angry face.
- An inability to access previous positive memories – this makes it far harder for us to reframe a difficult experience in a positive way.
- Depression, reduced self esteem, increased emotional distress, and an increase in feelings of vulnerability

These distressing matters are summarised in Figure 1A and 1B.



Comments on Figure 1

- *Stressors (external and internal) lead to the Negative Mind-Body-State (hyper-aroused / hyper-vigilant state) depicted in Figure 1A.*
- *This results in our mental processes becoming distorted, with the consequences depicted in Figure 1B.*
- *In particular, the Analytical-Ruminative MIND-BODY-STATE leads to catastrophising, and a Negative Interpretation Bias.*
- *That is to say, if our organs (e.g. heart) are in a hyper-vigilant state, this will induce a negative interpretation bias and at the same time prevent us from gaining access to specific positive memories.*
- *In addition, this state is associated with negative ruminations in which we can very easily end up in a downward spiral of negativity (see Figure 1C).*
- *All of these negative events will inevitably lead to low mood and emotional distress.*

Note that when our minds are perturbed, memories that we have access to will tend to be negative / traumatic memories (Panksepp 1998 p 424 footnote 86). On the other hand, when our minds are settled / tranquil, we have access to specific positive memories and this helps us to bounce back after set-backs (see below).

If one induces negative moods in a variety of ways, people tend to retrieve negative memories, while positive moods coax people to dwell on positive memories.

Panksepp 1998 p 424 note 86

Negative Ruminations

As already indicated, negative ruminations can lead us into a downward spiral. Once we are in the negative physiological mind-body-state (Analytical – Ruminative mind-body-state) depicted in Figure 1B, we are no longer physiologically capable of rational analytical thought. Negative ruminations can of course take many forms. One such form is illustrated in Figure 1C, and this is typical in those of us who suffer from recurrent depression.

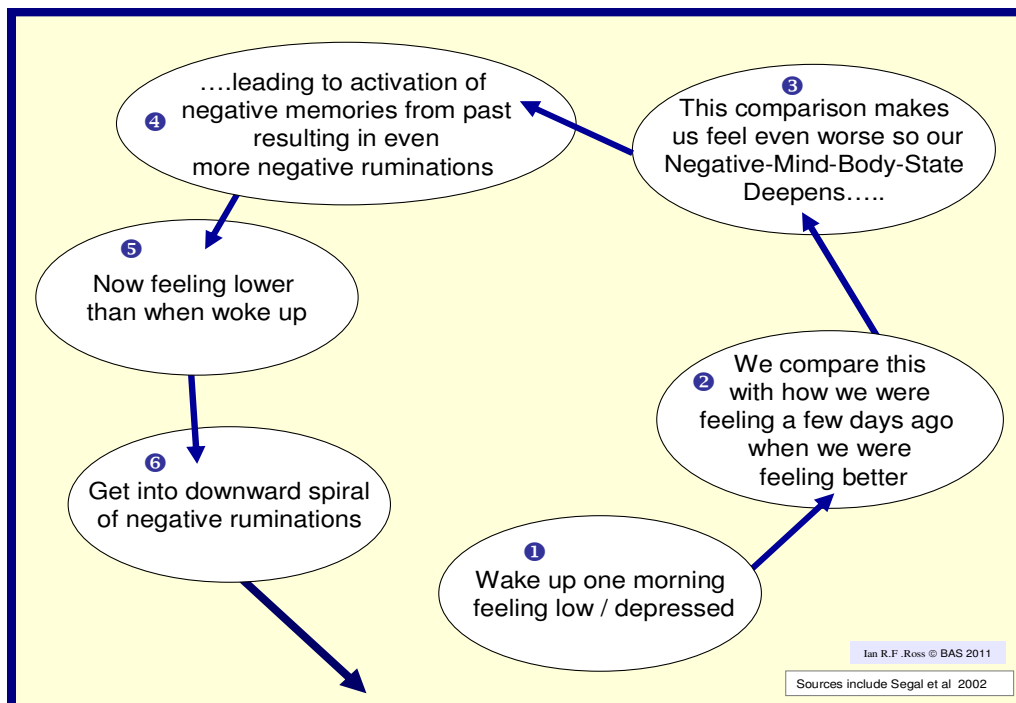


Figure 1C
The downward spiral of negative ruminations⁶

⁶ There is implicit here a double problem. The first is the waking up feeling low, and the second is our response to this. It is as though we have been hit by two arrows of suffering, the second of which is connected with our response. (Teasdale & Chaskalson 2011 esp. pp 90-94; and also see D8 in this series)

If we enter this Analytical-Ruminative Mind-Body-State, our rational thought becomes hijacked, as it were, by this dysfunctional physiological state. In order to prevent such states developing, we need to become proficient at entering the experiential present-moment state.

Two types of thinking

In the context of the present discussion, it has been suggested that there are two types or modes of thinking.

- i. The analytical mode. When we are not stressed, this can be very helpful in allowing us to use our logic and reason productively and / or to solve problems. However, if we get into an aroused / hyper-vigilant state, this can result in the negative analytical-ruminations discussed above.
- ii. Decentred or Experiential thinking. This is a mindful type of approach in which we become the mindful observer of whatever is going on within and without us. This means that we do not become attached to our thinking and feelings in the way we do when we are in the Analytical-Ruminative Mind-Body-State illustrated in Figure 1A & 1B.

Decentred and Experiential type thinking occurs when we are in the Experiential Mind-Body-State, and to this we will now turn.

3. Experiential (Present Moment) Mind-Body-State (Dobbin & Ross 2011)



There is another way of responding to stressors, and this is by remaining present in the moment; in this very moment. This means that we are aware and attuned to what is happening to us right now, moment by moment. This has been called the Experiential MIND-BODY-STATE (Dobbin & Ross 2011). The experiential state changes the whole dynamics of what is going on.

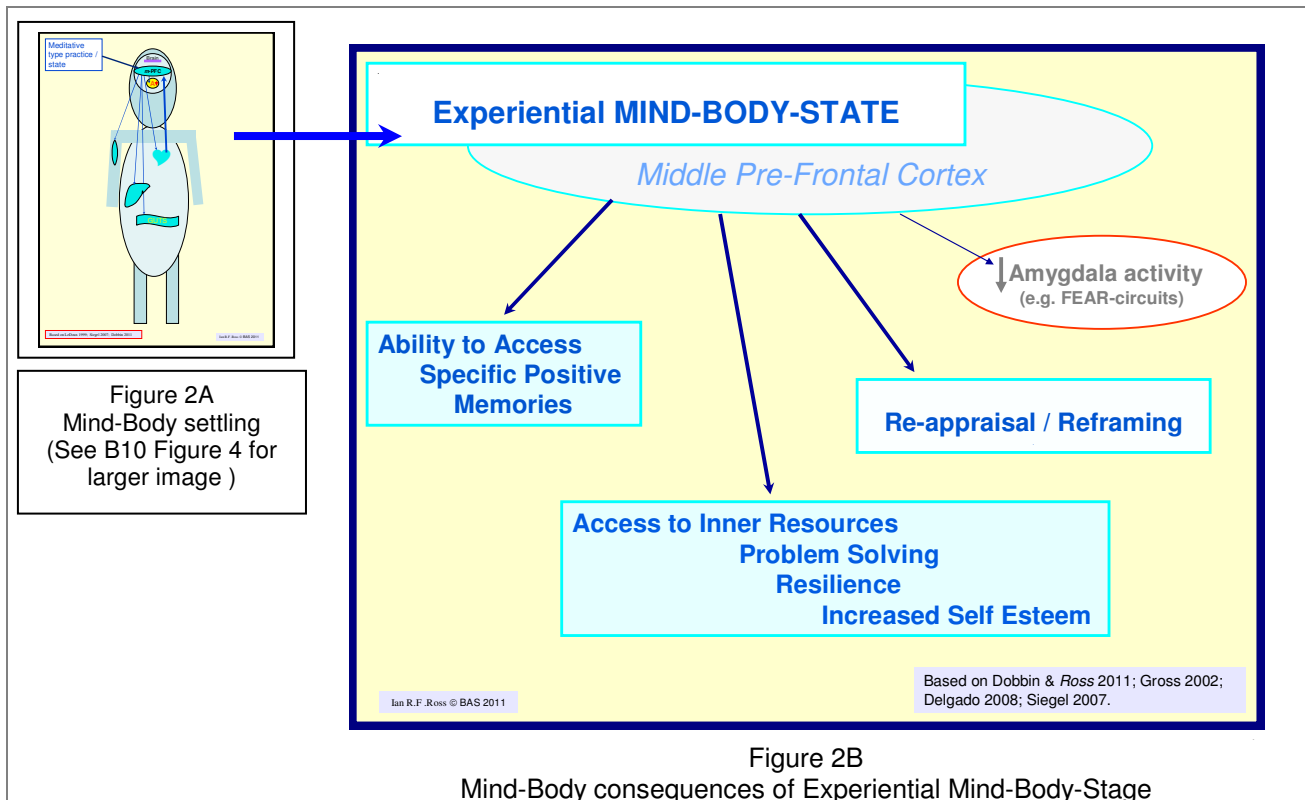
The sequence of events tends to follow the pattern depicted below:

- We become stressed.
- We recognise that we are becoming stressed.
- We then focus on the present moment feelings or sensations; in other words, we accept and experience what is happening to us right now.
- This then results in a changed physiological whole-body state – i.e. the Experiential Mind-Body-State.
- This results in various positive outcomes as depicted in Figure 2B.

Note:

- i. The Experiential Mode is linked in with the dynamics of the medial pre-frontal cortex, and a major effect of this is to damp down the amygdala activity (Siegel 2007) and its associated FEAR-response.
- ii. Meditative-type states facilitate the development of this experiential / present moment modality.

Figure 2A and 2B /



Comments on Figure 2

- The settling of the body and organs (depicted in Figure 2A) is facilitated by meditation, Positive Mental Training, and Autogenic Training.
- These meditative-type states are intimately connected with the Experiential Mind-Body-State, and this in turn leads to the changes highlighted in Figure 2B.
- Note that as the distressing inputs from the body (shown in Figure 1A) settle, and we begin to receive (unconscious and conscious) messages from the heart – and the organs in general – that “all in the periphery is quiet” (Wallnöfer), then the previous Negative Interpretation Bias will dissolve and we will increasingly gain access to Specific Positive Memories. Such specific positive memories from our past can help us deal with distressing events in the present by enabling us to reframe them. (E.g. despite the difficulties I had as a teenager I was still able to pass my exams and get to college.)
- Note also that our ability to reframe / re-appraise is greatly enhanced by meditative type practices which activate the medial-Pre-Frontal Cortex (Gross 2002; Siegel 2007; B2).

4. Experiential-Decentred thinking within a Mustard Seed

Negative-analytical ruminations can cause great distress, and lead to depression and despair. It has been suggested that resilient people find it much easier to move into the experiential and decentred type of thinking (associated of course with the experiential mind-body-state) when they encounter upsets / trauma. The loss or death of someone very close to us is one of the most difficult and upsetting things we have to face in our lives, and can easily result in a negative downward spiral similar in principle to the one depicted in Figure 1C. There is a very

moving story from the time Sakyamuni lived, which is recalled by Sogyal Rinpoche (Rinpoche 1992). He tells it so beautifully that we will quote the passage in full.

When I was a child in Tibet, I heard the story of Krisha Gotami, a young woman who had the good fortune to live at the time of the Buddha. When her firstborn child was about a year old, he fell ill and died. Grief-stricken and clutching the little body, Krisha Gotami roamed the streets, begging anyone she met for a medicine that could restore her child to life. Some ignored her, some laughed at her, and some thought she was mad, but finally she met a wise man who told her that the only person in the world who could perform the miracle she was looking for was the Buddha.

So she went to the Buddha, laid the body of her child at his feet, and told her story. The Buddha listened with infinite compassion. Then he said gently:

“There is only one way to heal your affliction. Go down to the city and bring back a mustard seed from any house in which there has never been a death.”

Krisha Gotami felt elated and set off at once for the city. She stopped at the first house and said: “I have been told by the Buddha to fetch a mustard seed from a house that has never known death”.

“Many people have died in this house,” she was told. She went on to the next house. “There have been countless deaths in our family,” they said. And so to a third and fourth house, until she had been all around the city and realised the Buddha’s condition could not be fulfilled.

She took the body of her dead child to the charnel ground and said goodbye to him for the last time, then returned to the Buddha. “Did you bring the mustard seed?” he asked.

“No,” she said. “I am beginning to understand the lesson you are trying to teach me. Grief made me blind and I thought that only I had suffered at the hands of death.”

“Why have you come back?” asked the Buddha.

“To ask you to teach me the truth,” she replied, “of what death is, what might lie behind and beyond death, and what in me, if anything, will not die.”

The Buddha began to teach her:

“If you want to know the truth of life and death, you must reflect continually on this: There is only one law in the universe that never changes – that all things change, and that all things are impermanent.....”

Rinpoche 1992 pp 28-29

The Buddha’s suggestion allowed her to experience first hand, in an experiential state, the loss and grief of other families and households in her community. This experiential state seems to have dissolved her on-going negative ruminations concerning her dead child. This then enabled her to begin the path of recognition that all is impermanent – perhaps one of the most fundamental reframes that any of us can make.

Note that Sogyal Rinpoche heard this story for the first time when he himself was a child: this is significant. It indicates that in Tibetan culture the concept of impermanence and the fact of death permeates the whole society. This is not the case today in many western cultures.

If we look at nature with our eyes opened, we will see that life and death are everywhere. Flowers bloom for a short while and die; in autumn orange-yellow leaves fall to the ground that only a few months ago were lovely spring-green shoots, and we may find dead moths in our house. This awareness is within the experiential mode. Our growing awareness of the immanence of death and the impermanence of life may help to focus us on the wonder and transience of this present moment.

5. Autogenic Training and Experiential State

During an Autogenic Standard exercise session we are essentially in the experiential mode: for example, in “Heart Beat Calm and Regular” we are focusing on our experience (or otherwise) of the heart at that moment from the mindful observer perspective. The same is of course the case with the other exercises. In “My arms and legs are warm” here again we are in a present moment, experiential, modality; we are focusing on the arms and legs and whatever sensations we feel / experience.

So whatever the Standard Exercise, we keep our attention focused on the particular part of the body or physiological process (e.g. in “It Breathes Me”): and this over time will allow everything in the periphery to settle (Wallnöfer 2000; B10; including Figure 4). If our mind wanders, it will often be wandering into the analytical-ruminative domain. When this happens, we can say to ourselves: “no judgement”. As the mindful observer, once we become aware that we have moved into the Analytical-Ruminative mode, we gently return to where we were in the sequence; and thus return to the present moment.

6. Some concluding reflections

Some of us have a tendency to negative ruminations, especially in times of stress. An anti-dote to such negative mind states is to remain in the present moment – including when we are washing up (Hanh 1993). If, when we walk along a street, cross a park, or are out in the country, we become aware of the present moment, of a bird singing, of the blue sky, then this will allow us to stay in the experiential mode discussed above.

Such present moment awareness will help to prevent us slipping into the negative ruminative mode. In addition, being in this present moment will often bring about positive feelings and thus help us to reach the critical 3:1 ratio of positive to negative that Fredrickson’s research has suggested greatly facilitates Well-Being (Fredrickson 2002; 2003; 2005; 2009).

Mindfulness approaches in general will facilitate us entering the experiential / present moment mode, as will, for example, reflections on the Seven Practices of Mindfulness (D5). In keeping with the views expressed by the Dalai Lama (e.g. Dalai Lama 1998; Ekman & Dalai Lama 2008), it is suggested that to remain Mindful we need to keep up a regular (daily) meditative type practice.

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Linked themes in this Autogenic Dynamics section

A1	The Stress Response, the Relaxation Response, and the Tend and Befriend Response.
A2	Autogenic Training Meta-analysis (<i>Stetter and Kupper 2002</i>)
A5	Autogenic Training, Psychotherapy / CBT, and depression
A7	The poly-vagal theory and a more sympathetic awareness of the ANS (<i>after Porges et al</i>)
B1	Bears, Imagination, and Well-Being
B2	Reframing, Re-appraisal, and Well-Being
B3	Emotional Operating Neuro Circuits – <i>a brief introduction to Panksepp's model</i>
B4	Emotional Triggers and the Refractory Period
B9	Mental Training, the Pre-frontal cortex, Resilience and Equanimity
B10	Snakes, Conditioned Stimuli, and Equanimity.
B13	Facial Expressions, <i>Intentional Off Loading Exercises</i> , and Affective Neuro Science – <i>Approaches to Emotional Well-Being</i>
D4	Duhkha, Impermanence, and inter-relatedness – <i>Some Reflections on Sakyamuni, Inter-relatedness, and Well-Being</i>
D5	Seven Practices of Mindfulness (<i>after Thich Nhat Hanh</i>)
D8	Duhkha II

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