When The Body Says No: Stress and The Mind/Body Unity

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The Characteristics of the Stress-Prone Personality

- 1. Difficulty saying no
- 2. Automatic and compulsive regard for the needs of others without considering one's own
- 3. Rigid and compulsive identification with duty, role and responsibility rather than with the true self
- 4. Habitual suppression or repression of healthy anger and assertion

The Medical Model

- 1. Diagnostic categories, syndromes, diseases
- 2. Individual cf. systems perspective
- 3. Narrowly physical causation: external substances or forces, or genes
- 4. Physical modalities of treatment: pharmacology, surgery
- 5. Separates mind from body

The Biopsychosocial Model

- 1. Sees disease as the endpoint of a process
- The individual as part of a system and illness in the individual as the expression of a systemic problem
- 3. Mind/body cannot be separated
- 4. Thus, illness has meaning beyond its direct effects on the person: Why this person, why this illness, why now?

The Supersystem (psychoneuroimmunoendocrinology)

- 1, The psyche: the brain centres that perceive, interpret emotional stimuli and process emotional responses
- 2, The nervous system:
 - -- "electrically" wires together the components of the supersystem
 - --two branches: voluntary and autonomic
 - --the autonomic system helps modulate blood flow, muscle tension
 - --the hypothalamus as the apex of the autonomic system (and also of the

hormonal apparatus)

- 3, The endocrine glands:
- --endocrine: an organ that secrets a substance into circulation to affect another organ: e.g., thyroid, adrenal, pituitary
 - -- the hypothalamus as the master gland

- 4, The immune system:
- -- "the floating brain": functions of learning, memory, response
- --bone marrow, thymus gland, lymph glands, white blood cells, spleen
- 5, The messenger substances

Stress

Stress is a response to any threat, or any to perception of threat—most commonly, to the perception that something the organism holds to be necessary for its well-being is going to be taken away or withheld.

The Three Components of Stress

- A. Stressor
- B. The processing system: temperament, life history, current situation
- C. The stress response

There is no uniform and universal relationship between a stressor and the stress response. Each stress event is singular and is experienced in the present, but it also has its resonance from the past: interpretation and intrinsic memory

The biology of loss:

- a., intrapartum stress
- b., early separation: rats, monkeys
- c., postpartum stress
- d., childhood abuse and adversity: ACE studies
- e. socioeconomic stress

Genes and epigenetics

Implicit Memory

- 1. Body memories
- 2. Emotional reactions
- 3. World-view
- 4. Self-view
- "...when people are influenced by past experience without any awareness that they are remembering."
- "[The] implicit effects of past experiences shape our emotional reactions, preferences, and dispositions—key elements of what we call personality...
- "...While our sense of self and identity is highly dependent on explicit memory for past episodes and autobiographical facts, our personalities may be more closely tied to implicit memory processes."

Daniel Schacter

Selye's stress triad

- a. Shrunken immune organs
- b. enlarged adrenal gland
- c. ulcerations in intestines

Psychological triggers for physiological stress response:

- a. lack of information/uncertainty
- b. loss of control (helplessness)
- c. conflict
- d. emotional isolation

Emotional Competence

- The capacity to feel our emotions, so that we are aware when we are experiencing stress.
- The ability to express our emotions effectively and thereby to assert our needs and to maintain the integrity of our emotional boundaries.

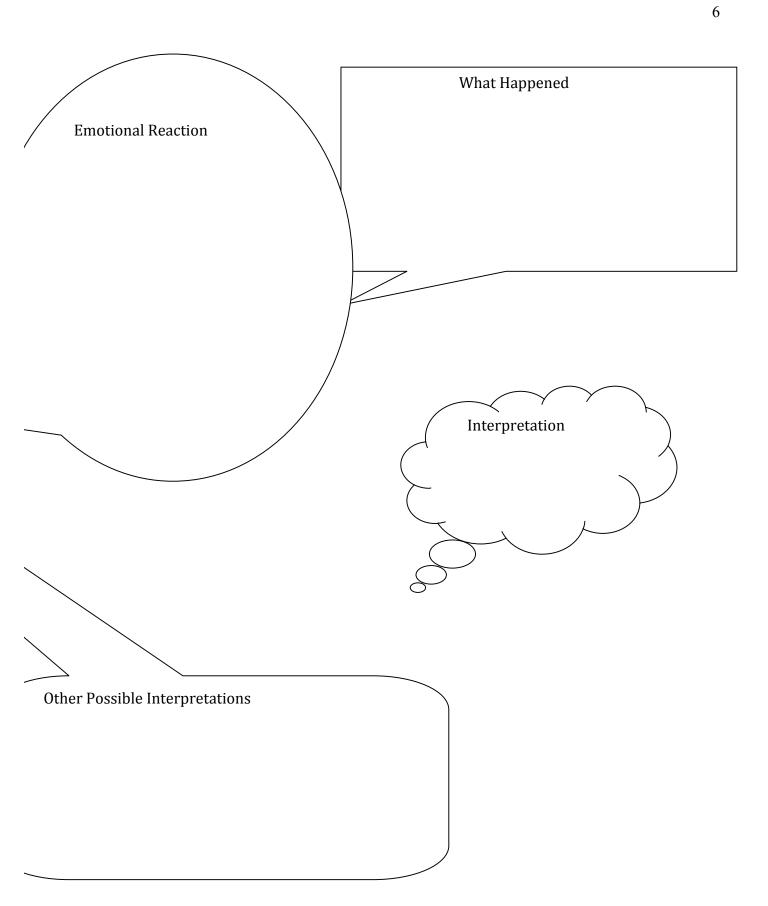
- The facility to distinguish between psychological reactions that are pertinent to the present situation and those that represent residue from the past. What we want and demand from the world needs to conform to our present needs, not to unconscious, unsatisfied needs from childhood. If distinctions between past and present blur, we will perceive loss or the threat of loss where none exists.
- The awareness of those genuine needs that do require satisfaction, rather then their repression for the sake of gaining the acceptance or approval of others.

The Ecology of Healing

- 1. Compassionate curiosity
- 2. Mindful awareness: the impartial observer, bare attention
- 3. External conditions: supports, groups, physical environment

Four Key Questions:

1. In important areas of my life what I am not saying no to (i.e., where I feel there might be a no, but I don't express it)
Work:
Personal Relationships:
Internal Drives, Compulsions, Addictions:
2. What is the impact of my difficulty saying no in any of these areas
Physically:
Emotionally
On my relationship to others:
3. What is the hidden story behind my inability to say no
Examples:
 "I have to be strong" I can handle anything I'm not loveable if I'm angry I'm responsible for how others feel I'm responsible for how things go If people knew how I really felt or thought, they wouldn't like me
4. What Do I Believe About My Work Environment? (My colleagues, my superiors, the system)
How Do I Respond To Those Beliefs?
a., emotionally
b., in action/inaction



The 7 A's of Healing

1. Acceptance

Acceptance is simply the willingness to recognize and accept how things are. It is the courage to permit "negative thinking" to inform our understanding, without allowing it to define our approach to the future.

Compassionate curiosity about the self, means that we look at ourselves with the same non-judgmental acceptance we would wish to accord anyone else who suffered and who needed help.

2. Awareness

Full awareness means that we regain our lost capacity to perceive emotional reality and that we are ready to let go of the paralyzing belief that we are not strong enough to face the truth about our lives.

Awareness also means learning what the signs of stress are in our own bodies, how our bodies telegraph us when our minds have missed the cues.

3. Anger

Anger is a physiological process to be experienced. In addition, it has cognitive value – it provides essential information. Depending on circumstances, we may choose to manifest the anger, let go of it or simply contemplate what may have triggered it. The key is to not *suppress* the experience of anger.

The repression of anger and the unregulated acting-out of it are both examples of the abnormal release of emotions that is at the root of disease. Both repression and rage represent a fear of the genuine experience of anger.

Healthy anger leaves the individual, not the unbridled emotion, in charge.

When healthy anger is *experienced*, nothing overly dramatic happens. What does happen is a decrease of all muscle tension.

4. Autonomy

Boundaries and autonomy are essential for health

We experience life through our bodies. If we are not able to articulate our life experience, our bodies speak what our minds and mouths cannot.

A personal boundary is an energetic experience of one's self or the other person. We not only communicate boundaries verbally, but we have an energetic expression that is non-verbal.

"Boundaries are invisible, the result of a conscious, internal felt sense defining who I am. Asking yourself, 'In my life and relationships, what do I desire, want more of, or less of, or what don't I want, what are my stated

Autonomy is the development of that internal center of control.

limits?' begins the process.... In this self-definition, we define what we value and what in life at this particular time from a place of internal self-reference; the locus of control is from inside ourselves."

- Dr. Joann Peterson: Anger, Boundaries, and Safety.

5. Attachment

Attachment is our connection with the world. Connection is also vital to healing. We sometimes find it easier to feel bitterness or rage than to allow ourselves to experience that aching desire

for contact. Behind all our anger truly intimate contact. Healing regaining the vulnerability that the first place. We are no longer no longer need to fear emotional ourselves to honour the universally connection and to challenge the

Seeking connections is a necessity for healing.

lies a deeply frustrated need for both requires and implies made us shut down emotionally in helplessly dependent children; we vulnerability. We can permit reciprocal human need for ingrained belief that unconsciously

burdens so many people with chronic illness: that we are not lovable.

6. Assertion

Assertion is the declaration to ourselves and to the world that we are and that we are who we are.

In our fear we falsely equate reality with tumult, being with activity, meaning with achievement. It is the statement of our being, a positive valuation of ourselves independent of our history, personality, abilities or the world's perceptions of us. Assertion challenges the core belief that we must somehow justify our existence.

7. Affirmation

When we affirm, we make a positive statement; we move toward something of value. Everyone has an urge to create, and we must honour this urge. To do so is healing for ourselves and for others; not to do so deadens our bodies and our spirits. The second great affirmation is of the universe itself – our connection with all that is. Health rests on three pillars: the body, the psyche and the spiritual connection. To ignore any one of them is to invite imbalance and dis-ease.

What is in us must out, otherwise we may explode at the wrong places or become hopelessly hemmed in by frustrations.