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The Biocognitive Space of Autoimmune Disorders: Autogenic Communication with Psychoneuroimmunological Profiles

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A theoretical model is presented where cognitive, affective and physical manifestations of autoimmune disorders are contextualized within Osgood's (1957) three semantic differential dimensions (evaluative, potency and activity) to define a biocognitive space of the experienced symptomatology. I suggest that the psychophysiological cues that identify autoimmune processes can be manipulated through autogenic training to affect changes in the nervous, endocrine and immunological profiles associated with pathological states (Martinez, 2001).

Psychosocial correlates of autoimmune disorders were not identified until Solomon and Moos (1965) found differential outcome in siblings with the same genetic RA markers. The biocognitive dimension of autoimmune disorders is defined as the cognitive, affective, and behavioral manifestations of the psychoneuroimmunological (PNI) profile that maintains the pathology. Clinical applications of the proposed theoretical model can illustrate how physiological expressions and psychosocial patterns associated with the biocognitive dimension of an illness can be modified. Implications for the interactive mind-body-culture variables that comprise the autoimmune biocognitive space are discussed.

Without denying the multi-causal complexity of autoimmune disorders, I propose that if the phenomenological and physiological cues that configure the biocognitive space of an illness can be modified through autogenic interventions, the associated PNI profiles could also be affected. If for example, the inflammatory PNI profile of RA manifests physically as "hot", "fatiguing", and "painful" and the cognitive-affective-behavioral profile manifests as "hopeless", "impulse-suppressive" and "unassertive", alternative semantic-sensory cues and behaviors could be infused through imagery under deep relaxation and subsequently consolidated with graduated behavioral rehearsals. Beyond the metaphorical, when the experienced space where an illness thrives is changed, the illness can no longer maintain its residence.