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Cognitive disorders and mental health: Neural correlates in contemplative therapy

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Writing in 2006, on the occasion of the 100th anniversary of Alloys Alzheimer's first description of Alzheimer's Dementia (AD), Dr K Jellinger of the Institute of Clinical Neurobiology, Vienna noted 'that despite considerable progress in the clinical diagnosis, neuroimaging, genetics, molecular biology, neuropathology, defining risk factors, and treatment, the etology of the disease is still unknown and, therefore, a causal treatment of AD will not be available in the near future.' Similar absences mark studies of other notable cognitive diseases, like schizophrenia, suggesting that current models and experimental studies may be directed to non-etological features of the diseases. Significantly, cognitive diseases display both mental and physical symptomatic signatures. Hence, new conceptions on what is being progressively impaired in these diseases are needed to underwrite therapeutic advances both for the restoration of mental as well as physical health. Such inferences are likely to come from studies on the brain's global regulation since a key symptom of these diseases is a pathological progression in the loss of self-perception. Existing studies reveal, for example, that a fundamental brain network needed for the self construct, the default mode network (DMN), which is critical to monitoring the external environment, bodily states, and even emotions, is impaired in AD. Furthermore, functional MRI shows that activity in the posterior cingulate and right inferior temporal cortex and that in the bilateral inferior parietal cortex, are differentially affected, reflecting a weakening of causally influential relations amongst the DMN principal nuclei. Schizophrenia patients, on the other hand, display an inability to identify self-initiated actions, which is likely due to a failure to link self-representations to the body, that may originate in the DMN and premotor cortices. Therapeutic strategies that enhance the neural underpinning of self-representation may, therefore, delay symptomatic progression in these diseases. Increasing evidence suggests that practices that enhance self-integration, like contemplation, may assist in strengthening these features. This talk will discuss current research on the impact of these cognitive diseases on the neural representation of the self, and the potential use of the contemplative practice in strengthening the self-representation and delaying the symptomatic onset.

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