

Clinical Psychotherapists Will Acquire Macro Biophysical Neurophysiological Tools to Eliminate Chronic Mental Disorders

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Abstract

Clinical psychotherapists should be professionally aware that they play an independent medical role in protecting and treating mentally ill chronic patients, who are in fact overly physical and proactively direct them through strategies, tools and techniques that block pathological factors.

The latter are blocked by an internal distress that requires the release of mental processes to a unified body-brain and mind. Basic medical intervention requires identification of the cause of the underlying pathology and the means to be used therapeutically to prevent, neutralize, and eliminate the chronic sources and replace them with long-term internal balance. In this view, clinical psychotherapists already contain the core means of a psychotherapy alliance that no other medical experts have, but they must carefully examine how to identify the most malignant external and internal stressors that have a strong effect on abnormal neuronal loop operation (ANLO) that feeds the mental chronic conditions. They should know that by repeatedly discussing past traumatic experiences during dynamic psychotherapy analysis, the patient is actually 'ventilating' the symptoms of previous traumatic sensations to continually strengthen ANLO driving the traumatic body's operating ranges (BOR) stage of activity and thus sharpen the patients' hyper-vulnerability.

There is a need to remind clinical psychotherapists that the past cannot be corrected, but rather recognize such events involving significant sources of stress that feed the inherited or acquired ANLO- chronic and are irrelevant to the individual's present life. In contemporary living conditions clinical psychotherapists should be aware of proactively activating psychotherapeutic guidelines, which require leading patients to adopt stress-free encounters and interactions in the present. Why? Because eternal stress-free orientation leads to the establishment of an internal state of balance (homeostasis) that will be felt and experienced as peace in the body that is rewarded with a pleasantly positive biological emotion and conscious cognitive well-being.

Thus, the main purpose of the given article is three folded.

1. Highlighting the foundation of mental health as contrasted with the cause of chronic mental disorder.
2. Emphasizing on the basic needs of clinical psychotherapists to be proactive by using psychotherapeutic strategies, tools and techniques able to reduce the chronic mental state and urging the patients to reach an internal balance.
3. Introducing the hallmarks of the 10-session workshop that equips clinical psychotherapists with essential tools to overcome mental chronicity in an innovative balanced inner state.

Background

The main point here is that clinical psychotherapists must re-evaluate their psychodynamic approach while relying on over a hundred years of Freud's psychoanalytic theory and practice, who have consistently dealt with chronic mental illness but do not dismiss such processes [1]. Why? The key point here is that the psychodynamic process has failed to rely primarily on a medical-based approach that recognizes that all morbid entities, including mental disorders, have specific etiological factors and pathogens, leading to different types of clinical manifestations, treatment plans, prognosis, and prevention [2]. The central point here is that current clinical psychotherapists are primarily concerned with psychodynamic or cognitive-behavioral therapy (CBT) or so-called alternative approaches, but they do not touch on the background condition to correct the internal mechanisms that sustain chronic mental disorders [3]. Thus, each of these has temporary advantages and disadvantages that leave the chronic mental disorders in an ongoing process. The critical point here is that clinical psychotherapists have not themselves acquired a medical approach that requires them to internalize their duty and responsibility to train their chronic mental patients with therapeutic measures with an emphasis on weakening and ultimately continuing to eliminate chronic processes. Here are presented the main positive professional qualities the clinical psychotherapists possess.

- a. Deep empathy that strengthens patients' intelligent healthy capacities.
- b. Mutual trust in relationships and treatments.
- c. Keeping personal privacy.
- d. Preserving personal and environmental value.

- e. Persistent avoiding from prejudging patients behavior
- f. Providing positive interpretations of each patient's effort to use an assertive approach.
- g. Providing a positive insight to patient's negative behavior or expressions.
- i. Recruiting nuclear or extended family members serving as a 'safety belt' for a patient.
- j. Encouraging the achievement of health components and improving the quality of personal life without knowledge is required for those involved in adjusting homeostasis.

What Are the Main Determinants for Keeping Health as Contrasted with the Existence of Chronical Mental Disorders?

I. The basic point here is that clinical psychotherapists should be taught how to internally activate the healthy homeostatic background, as opposed to the unhealthy one. Clinical psychotherapists must tangibly understand how the union of body, brain, and mind works in a state of balance defined as homeostasis that will help them understand a point of reference that deregulates its nature leading to the inner imbalance. In the state of health the following conditions are met.

1. Subjects born to healthy parents inherit or acquire normal genes operating under stress-free interactions to be organized in a kind of normal neuronal loop activity (NNLA) that drives four stages of the body's operating ranges (BOR) at rest, with minimal, moderate, and maximal physical or mental loading of diurnal and nocturnal circadian cycles [4].
2. Ecological events and life event scenarios (LES) are reflected in waves of information that move with the help of physical energy through the air as optical, acoustic, fragrant, taste and touch waves and arrive to the external sensors of the individual in balance.
3. The external sensors resonate with the given physical information power to induce an equal number of metabolic energy production aimed at physically absorbing and translating them into micro biophysical neurophysiological information units.
4. The latter under two parallel pathways of cognitive neuronal networks (CNN) and emotional neuronal networks (ENN) through normal ion channels of the neuronal lipid bilayer membrane transmit them into micro biophysical neurophysiological information waves through three consecutive chains of neurons [5].
5. According to the laws of physics operating between these neurons in the chain, there are synaptic gaps that contain special neurotransmitter vesicles that activate and release an exact number of neurotransmitter chemicals to which the micro-information waves are connected and promote them in maintaining their authentic state.
6. The same micro-information waves are transmitted in parallel to the working cognitive center (WCC) for the purpose of identifying and analyzing the meaning of a given information and to the working emotional center (WEC) to integrate the sense of power or experience of the underlying BOR level in the limbic region of the brain.

7. The cognitive and emotional information units are re-processed and integrated into a unified macro biophysical neurophysiological mind program possessing its cohesive feedback that serves as an appropriate response to external behavior.
8. As part of homeostatic referrals such a feedback program is fully governed by the actions of the **conscious free will** on the cognitive, emotional and behavioral paradigms together [6].
9. The given feedback program looks like any computer program with a password whereby it is sent to a special library for inert storage of a given database as long as it stays there.
10. The contents of the stored program can be retrieved using the required password and it comes in two original channels with authentic cognitive content and emotional power and integrates with the existing BOR level under relatively stable homeostasis and does not affect the restored originality.
11. All stress-free ecology and LES without stress is expressed in homeostasis in a kind of peace in the body that rewards the subject with a minimal positive emotion that increases his strength due to minimal, medium and maximum BOR loadings respectively and with conscious cognitive well-being.
12. In homeostatic situations during waking hours of the day the inseparable mobile mind operates within the immobile brain due to a single or arbitrarily integrated ecological and social arbitrary appearance in any unit of time that can be voluntarily disconnected by placing the mind in daydreaming thoughts.
13. By approaching the evening hours a healthy person should tire his body to a moderate state and employ himself in the means of relaxation to slightly darken the light as well and get into bed around 22:30 -23: 00 PM to produce optimal conditions for a quick fall to sleep under four continual phases during night hours.
14. There are several essential hypotheses in sleep itself that in all stages of sleep the organism acts deterministically in 4 stages of sleep when in the second stage from adolescence up the REM SLEEP occurs with erotic distinct dreams that aim in day activities to strengthen intersexual orientation for special survival and in the fourth stage resynchronizes the overall organism for individual survival [7].
15. If healthy subjects are exposed to stressful ecologies or to LES, so its internal balance may change and over extended periods it may be replaced during periods with transient homeostatic resynchronization (THR) states that must use special protective measures to restore lasting balance.

The pivotal point here is that there is a fundamental difference that the clinical psychotherapist must be equipped not only with the true level of knowledge about the causes of chronic mental disorders, but also with the practical direction that will guide them against such processes and lead them to real orientation in practicing guide them into homeostasis

- 1a. Subjects born to an unhealthy parent or both inherit or acquire abnormal genes that work under stressful interactions to be organized in a kind of abnormal neuronal loop operation (ANLO) that deregulates the body's operating ranges (BOR) to two opposite states, to the maximum or to below the minimal stage.
- 2a. Ecological events and life events scenarios (LES) reflected in waves of physical information moving in the air under physical energy of optical, acoustic, fragrant, taste and touch waves damage the external biosensors and thus block many receptors to upset the internal balance disrupting the daytime and nighttime circadian cycles.

3a. External bio-sensors stop resonating with the given physical information power to cause maximum metabolic energy production or below the minimum level for partial absorption and translation of the physical information waves into fragmented micro-biophysical information units.

4a. Latter with two parallel non-specific pathways of cognitive neuronal networks (CNN) and emotional neuronal networks (ENN) through blocked normal ion channels bypasses neuronal lipid bilayer membrane to transmit the fragmented micro biophysical neurophysiological information waves via shunts and detours.

5a. Physical law between those neurons participating in the three neuronal chain with synaptic gaps splits stimulation of non-specific neurotransmitter vesicles to release a maximum number or below the minimum number of neurotransmitters to which partial micro-information waves are connected and promoted non-specific information waves.

6a. Such micro-information waves are transmitted in parallel to the non-special working cognitive center and misses the purpose of cognition in order to mistakenly analyze the meaning of a given information and to the non-specialized working emotional center and disintegrate the sense of negative power or experience of the underlying BOR.

7a. Disintegrated cognitive and emotional waves of micro-information remain disintegrated and produce a fragmented macro biophysical neuropsychological mind program with fragmented feedback that serves as an inappropriate response to external behavior.

8a. Such a fragmented feedback program is dominated by insufficiently divided actions because most of the **mind's regulatory faculties are blocked** due to the presence of **internal distress** that fragmentize cognitive, emotional, and behavioral paradigms.

9a. Clinical psychotherapists should be aware that the given feedback program lacks a password since it is fragmented and may be sent to a library that does not specialize under one of the two assumptions, which is stored in a part of a continuous operation with continuous memory about it or in a deactivated part of the brain lacking ability for retrieval thereby leading to lacking memory about the event.

10a. The content of the stored but activated program is constantly polluted by ongoing or stressful ecological situations of LES working under mixed content and BOR that installs negative emotional force to cause **hypersensitive or hyposensitive self-experiences**.

11a. Clinical psychotherapists should be aware that sustained stress-induced ecology and LES maintain sustained activation of ANLO to **nurture sustained internal distress that maintains the blockage of most mental traits with non-special mental signs and symptoms**.

12a. In morbid conditions during waking hours of the day, the BOR acts like a car '**on full fuel without movement**' or '**on fuel shortage**' to feel before it is hypersensitive or under late hyposensitivity and in both cases '**brakeless**'. In the first case the body acts on an excessive metabolic energy expenditure regime that provides a subjective sense of **psychomotor agitation**, while in the second case it works on a low metabolic energy production that provides a subjective sense of **lack of energy, exhaustion and fatigue**.

13a. Such morbid hyperkinetic BOR deregulation around the clock causes difficulties in falling asleep, a shallow sleep at night with many awakening during the night and exhausted in morning hours and during the day while the morbid hypokinetic BOR deregulates metabolic energy supply with a subjective tendency

of pulling to bed, few thoughts, unwillingness to get up and do things, lack of desire and banality in passing the time of day.

14a. Clinical psychotherapists need to know the chain of morbid events to begin reactivating ANLO by **allowing chronic mental patients** to consistently evoke past traumatic experiences full of stressful situations that **cause internal distress** with maximal BOR stage leading to continuous blockage of mind's properties to install an automatically running of a transient homeostatic deregulated (THD) condition.

At the Core of the Duty of Clinical Psychotherapists Is What Not to Do to Maintain Mental Chronical States and Instead Achieve Internal Balance

The key point here is that most mental patients suffer from continuous cycles of chronic exacerbation and remission that require the acquisition of appropriate knowledge in order to first refine for clinical psychotherapists their navigator oriented towards factors that challenge the chronic condition of patients. Such an approach obliges the clinical psychotherapists first of all not to pursue an old dynamic approach in which they are most often passive listeners of therapeutic bases and the patient is given a dominant role to express his opinions and feelings built on their internal morbidity. It is important to note that an emphasis on prolonged listening during the psychotherapeutic treatment hour allows the patient to ventilate himself in each therapeutic session that the old traumas regarding his childhood or adolescence will be re-experienced from afresh to become irrelevant to the present of an adult person. Moreover, they create lasting treading with immense reinforcement of the old stressful factors that feed the internal signs and symptoms. In fact, when a patient is given a psychopharmacological drug to reduce such symptoms the desired relief does not occur because new trivial stressors flare up in the internal disorder. When adopting a medical model that is built on the dominance of the specialist who leads the patient it has the advantage that it provides in-depth knowledge of the causes of disorders or diseases and active ways of searching strategies, tools and techniques in weakening suffering. A practice has shown that a clinical psychotherapist needs a heightened awareness of how to provide a good and reliable psychotherapeutic service to more chronic patients in a medical method that will be able to begin the process of getting out of the chronic condition. For such psychotherapy-supported needs be aware first of all that instead of giving patients about a therapeutic hour to complain about their symptoms or feelings about their experiences from the distant past it would be wise to provide each patient with a constructive half hour that weakens stressful subjects and gives them practical tasks that improve their daily quality of life. Another key point to emphasize is to remind the clinical psychotherapist that the best way is to acquire the therapeutic tools employed at least in CBT practice instead of using only the traditional dynamic practice path that can only be improved with respect to the present stressor.

And here comes to the aid of the clinical psychotherapist the macro biophysical neurophysiological method that explains to patients the solid reason why they fell ill and how to explain the chronic process from which came the suffering based on abnormal genes that were gained at birth or as acquired as a result of stressful floods. Suddenly they will realize that their abnormal genes are acting as part of the abnormal neuronal loop operation (ANLO) that produces the body's operating range (BOR) which accelerates it to maximum use of metabolic energy in zero tasks or slows down the BOR to minimal metabolic energy production. The maximum task-free BOR produces a sharpened internal hypersensitivity and the slow BOR contains a lack of metabolic energy production leading to hyposensitivity in both conditions characterized by voluntary

mental blockage of mind abilities. The innovative point here is that such a situation originates and intensifies the **internal distress** that leads to chaotic regulation between the organs and systems of the patient organism. Thus, those experiencing internal distress may be termed transient homeostatic deregulated (**THD**) clinical condition. These make it easier to educate clinical psychotherapists and alike that THD contains all the elements of the chronic mental disorder regardless of its intensity and temporary improvements, i.e. such a condition should be replaced with a transient homeostatic resynchronization (**THR**) mode. This type of condition requires the clinical psychotherapist to sharpen patients' awareness of their inability to recruit constructive attitudes due to blockages of their mental abilities. The main point here is that they must voluntarily use their attention vector to direct it to a neutral ecological or positive living events scenario (**LES**) that distracts and unlocks mental blockages that lead to relaxation in the body.

The macro biophysical neurophysiological approach fundamentally teaches the clinical psychotherapists and through them chronic mental patients that their pathology is of an organic nature and mainly affects the regulation of their brain, the mind and the body

This statement is central to the orientation that is passed on to all professionals in medical and clinical therapeutic psychology. Clinical psychotherapists will be armed with the core components of knowing that the physical damage to the ion channels of the neuronal lipid bilayer membrane affecting the cognitive neuronal networks (**CNN**) and concomitantly the emotional neuronal networks (**ENN**) due to stress exposure will require therapeutic needs. They will learn that there is no cognitive deficiency and there is no emotional deficiency, but rather it is a blockage of both and the body is improperly managed whose consequences are severe damage to interpersonal relationships. Certainly disturbances in interpersonal relationships are at the center of the clinical psychotherapists' occupation but these are as a result of damage to the cognitive and emotional neuronal networks together, which were also created due to the existence of the abnormal mutated genes acting within the abnormal neuronal loop operation (**ANLO**). Therefore, the specialist in psychotherapeutic treatment of mental patients who are actually physical must first repair the brain, body and finally mental activity to turn the mental potential into normal activity and only then promote all aspects of curiosity, creativity, ingenuity, innovation, invention and in all social and family interpersonal interaction. The key point here is that chronic mental patients have received almost no attention to brain, body and mind abnormalities, and are left with their persistent pathology that should be treated differently as recommended by macro biophysical neurophysiological measures. Clinical psychotherapists should begin with following statements that they will re-educate patients':

- 1b. Of how chronic mental conditions could become reversible and treatable well by patients' genuine proactive participation and cooperation.
- 2b. About how to taught them and bring their body to rest and as part of it to recommend keeping their body in physical fitness that automatically should also reinstall some fragments of mental resilience as well.
- 3b. Also of the need to be reminded that by keeping their body calm from morning hours through daytime activities to evenings, it should help them gradually re-synchronize an inner state of peace.
- 4b. Regarding the need to know that it is essential to tire their body with moderate physical exercises in the evening and not to watch annoying news or annoying events and making twilight and go to bed about 23:00 PM to have a restful sleep during the night.

- 5b. With regard to their abnormal genes it is essential to teach them that in keeping the body calm for weeks, months and years their ANLO will weaken as the abnormal genes may undergo a more normal mutation and the body will remain calm.
- 6b. Concerning the advantages of half-hour therapeutic sessions patients' should briefly be able to tell what oppresses, bothers, disturbs, pains, insults, annoys, discriminates so that together we can look for the strategy, tool or technique to stop them.
- 7b. Reminding often to mention not to keep invasive thoughts, not to engage in compulsive acts and not to raise their complaints constantly but to be able to block them by personal distraction.
- 8b. With reference to their unpleasant experiences which are feed by strong stress factors to originate and maintain an ongoing internal distress with all negative feelings to be blocked.
- 9b. Directing them to initiate blocking all bad verbal experiences and negative feelings alike with a strategy of distracting with the attention vector pointed on an ecological or a live event scenario (LES) of neutral or positive experiences.
- 10b. Preparing in advance a large number of mantras that soothe the body and personally guide them how to adapt any practical mantra that will ensure an internal physical peace.
- 11b. Encouraging patients to come up with personal ideas during the treatment about calming them down and choose those that thrive on social content and thus consolidate them into inserting any tool that will always serve the essences of their toolbox leading to body relaxation.
- 12b. Stimulating in them a desire for sexual attraction as a natural tool that holds a variety of high levels of physical activity that will provide multifaceted pleasure in heterosexual relationships with supreme mutual consent and help them create optimal experiences of relaxed peace in the body.
- 13b. Using the components of yoga exercises related to controlled exhalation and use of meditation, shortened calisthenics tools in the morning, noon and evening hours and all this in changing the orientation from the heavy burden of feelings to relief of inner sensations throughout the daily life.
- 14b. Recruiting guided imagery helps patients build ecological events and life events that need to be practiced well until the patient feels physically at ease.
- 15b. Helping the patients find pleasant background music, verses from songs, arithmetic exercises or read short stories that will distract them from bothersome thoughts and unstable moods that will be replaced by neutral or positive emotions.
- 16b. Making suggestion to patients to do walking for an hour a day in the morning and evening or a running option and this should be used for gradual re-synchronization of the general body with a sense of calmness.
- 17b. Maintaining orderly swimming and cycling on a daily basis by moderate efforts that fulfill the needs of patients to strengthen their physical and mental fitness.
- 18b. Suggesting to patients to always maintain assertive relationships that ensure equality in interpersonal relationships and these may indirectly create the physical calm.
- 19b. Teaching patients to protect the personal value of family and friends because it is the foundation of reciprocity and teach them to also treat one equally and make one feel secure in a solid relaxation.

- 20b. Refraining from participating in conspiracies against others and teasing others, participating in unnecessary arguments, passing criticism on others behind their backs and blackening the names of others and all of these will give one a sense of belonging among people and physical calm.
- 21b. To avoid promoting prejudices about female promiscuous behavior in the eyes of the wrong user that should be counteracted with a real competent social message helping to provide one with an inner peace.
- 22b. Prioritizing not to enter into stubborn arguments and quarrels and instead of these one should maintain the interiors calm.
- 23b. Thinking highly of not seeking the absolute justice and instead of it use the wisdom of life that should relax one's body that acts in such direction.
- 24b. Advising keeping the right to express a personal opinion, equal to the same rights of others and obligation of both to carefully listen without disrupting each other creating a favorable inner feeling of acceptance.
- 25b. Endorsing behaviors that counteract or neutralize stress exposure to protect one from an internal distress and consciously driving one's body into relaxation.
- 26b. Reminding the person that it is better to protect him or her from all the pests and personal pressures instead of dealing with unforeseen consequences and maintaining the need to constantly drive one to an inner peace.
- 27b. Showing an example of not 'treading on the warts' or 'vulnerable points' of others and instead expecting that other people around you will treat you with the same approach giving you a good piece of calmness.
- 28b. Creating a constellation of antecedent conditions (COACs) of neutral or positive ecology and social LES and placing patients on the schedules of daily life that are supposed to be created in stress-free environments aimed at stimulating inner calm.
- 29b. Reshaping a supportive system with a strong dedication in organizing around chronic mental patients some socially acceptable personalities who are willing to contribute their efforts to create a 'safe belt' that will protect them in social encounters leading such patients' to a sense of peace in the body.
- 30b. Redesigning patients' dynamics based on current analysis to neutralize, reduce, or even eliminate ecological and living event scenarios (LES) that help them restore a person's rewarding body peace with biological emotional pleasure and cognitive awareness of well-being.

Clinical Psychotherapists Must Acquire Innovative Macro Biophysical Neurophysiological Therapeutic Means and Skills through 10 Workshop Sessions

Session 1.

Clinical psychotherapists need to be aware that their dynamic psychoanalytic approach for over a century has failed to eradicate chronic mental disorders.

Respectively, these facts require to really emphasize the macro biophysical neurophysiological factors participating in the nature of these disorders and the direct linear way based on a medical psychotherapeutic

model of intervention for explicit weakening and long-term elimination of chronicity. Clinical psychotherapists should be familiar with the chronicity due to the true medical model of etiological factors to influence the abnormal mutation genes that have been inherited or acquired to cause the pathogenesis of abnormal neuronal loop operation (**ANLO**) and to create the bouquet of clinical symptom manifestations with prognosis of ups and downs. The main key here is that the ANLO produces an excessively increasing metabolic energy production and thus the body's operating range (**BOR**) to one of two opposite extremes, either within the maximum BOR stage or below the minimum metabolic energy production with its corresponding BOR stage. In the case of maximal BOR stage expression, the chronic mental patient will subjectively experience psychomotor shaking with **hypersensitivity** to ecological scenarios and live events scenarios (**LES**) that stimulate ordinary stress encounters. In contrast to the below minimal BOR such patients will subjectively feel **hyposensitivity with lack of energy and severe fatigue**, they too have a **slow thinking process** and are unable to perform any productive task. In the two opposing expressions the **basic emotions will be represented by a negative tonality and often covered by suicidal tendencies**. Another important point emphasizes that those opposite BOR stages rely on **internal distress level** that were constantly felt as a subjective problem as anxiety with depression at different levels appropriate to the BOR stages. The macro biophysical neurophysiological mechanism teaches the clinical psychotherapists the novelty about chronic mental patients' pathology to be of organic nature causing deregulation in their brain, the mind and the body.

Session 2

Context: 'The Healthy Mind In the Healthy Body' or 'in the Healthy Body There Is a Healthy Mind'.

From here and throughout all psychotherapeutic sessions the materials are presented in question marks defining concrete issues in light of the circumstances that are essential **to clarify to clinical psychotherapists** and in this way, they will practice the strategies, tools and technique for treatment success.

1. How do I understand a paragraph of the 'healthy mind in a healthy body'?
2. How do may we by **Free Will synchronize the macro biophysical neurophysiological activity** of neuronal webs connectivity with normal loops in a healthy 'body-brain-mind' union?
3. How do we conduct macro biophysical neurophysiological homeostatic actions under deep and sustained growth and development from birth throughout the life span?
4. What is the macro biophysical neurophysiological balance called the homeostasis, and how does it nourish the individual from a cognitive-emotional-behavioral angle?
5. How do we feel brain alpha rhythmic waves, beta rhythms with light exertion, and gamma rhythms with medium and high effort with voluntary navigation of macro biophysical neurophysiological activity with calmness in the body, pleasant emotions and cognitive well-being?
6. How do we recruit strategies that neutralize personal stress and at the same time use tools with a placebo effect that nourishes relaxation in the body.

Session 3. 'The Unhealthy Mind In the Unhealthy Body'.

1. How is neuronal network connectivity impaired as a result of **distress in stressful situations** and deregulates the macro biophysical neurophysiological body's operating ranges (**BOR**)?
2. How does the automatic deregulation of macro biophysical neurophysiological activity sustain the BORs abnormal diurnal and nocturnal circadian cycles?
3. How do brain waves at deregulated rhythms in the circadian cycles come with stimulation and inhibition of macro biophysical neurophysiological actions that interfere with daytime and nighttime malfunctioning?
4. How did **hypersensitivity** create '**automatic control**' to raise the BOR to a maximum regimen that implements '**internal brake loss**'?
5. How did **hyposensitivity** created '**automatic control**' over the **tiny amounts of metabolic energy production** and thus lowered the BOR below the minimized level and caused feelings of '**lack of energy, severe fatigue and loss of functional ability.**'

Session 4. What Is the Definition of Macro Biophysical Neurophysiological Psychotherapy?

1. What is the first and critical aspect of macro biophysical neurophysiological psychotherapy that requires immediate attention to the weakening of the symptoms of the chronic mental disorder?
2. How to explain that dynamic, cognitive and other psychotherapeutic interventions do not challenge the levels of diagnosis and practice of chronic mental disorders?
3. How do the symptoms associated with the automatic activation of an abnormal neuronal loop operation (**ANLO**) strengthen the chronic neuronal web connectivity?
4. How do we **acquire tools that expand the toolbox** in maintaining an organized regime in nutrition, balanced drinks, exercise, daily routine, recreation and a balanced night's sleep?
5. How do we explain in the neuroscience that behind feelings of terror, sadness, fear, anxiety and depression there is a kind of **macro biophysical neurophysiological distress to varying degrees that needs immediate blockage?**
6. How to treat a person suffering from a severe panic attack by using a systematic approach by rapidly blocking the symptoms while directing the patient's vector attention to a neutral or positive life events scenario (LES)?

Session 5. How Do Dynamic Positive 'Here and Now' Conditions Will Influence the Macro Biophysical Neurophysiological Feedbacks?

1. How does the patient ensure the strengthening of maintaining the '**inseparable state of body serenity with pleasant emotions and cognitive well-being**'?
2. How to trace objective signs, other than subjective signs, in order to identify '**an integral state of peace in the body, pleasant emotions and cognitive well-being**'?

3. How do life event scenarios (**LES**) lead to certainty in crisis prevention or is it better to know how to treat them or both together?
4. How should the clinical psychotherapist deal with abnormal neural loop (**ANLO**) action in such a way that each patient should direct his or her attention vector to a neutral or positive LES that produces relaxation in the body?
5. How should patients be equipped with the string 'definition of consciousness' that free guidance will lead to an inseparable state of peace in the body, pleasant emotions and cognitive well-being?

Session 6. How Do to Evaluate the Internal Emotional Distress by Referring It to the Bor Level and to Fix It by Body Calm?

1. How do we estimate the severity of the **BOR's internal distress** of a macro biophysical neurophysiological disorder numbering a self-experience number of 1 to 10 (1 is the minimum and 10 is the maximum) in order to correct it?
2. Is it the duty of a clinical psychotherapist to guide the patient to improve his or her quality of life through the formula, that there is no substitute for life, no substitute for health and no substitute for the personal quality of life that everyone must promote.
3. How do we use the Gold Standard in positive conditions that define the BOR frequency and intensity that replace its negatively with a positive emotional experience?
4. Is it important to know that the macro biophysical neurophysiological protective mechanisms were mobilized by the free will of the BOR of the psychological mind in the brain?
5. Is it necessary to explain that there are no '**neuropsychological defense mechanisms**' at all, and yet there are in fact **psychological protective mechanisms** that affect the internal conditions leading to physical peace?
6. **It is mandatory to explain to patients that medications do not teach** or train patients how to avoid, neutralize or block active types of stressors using specific protective measures based on strategies, tools and techniques that produce tranquility in the body.

Session 7. Is the Clinical Psychotherapist Competent in Theory and Macro Biophysical Neurophysiological Practice Able to Train Chronical Mental Patients in This Innovative Model?

1. There is no doubt that the clinical psychotherapist undergoing macro biophysical neurophysiological training will also use his or her tools and skills to add new knowledge that will increase his or her ability to cope at a more successful level of practice.
2. Is the clinical psychotherapist aware and able to change the acquisition of personal tools and skills to an optimal degree to guide chronic mental patients to improve their health and functioning?
3. Is the clinical psychotherapist aware of raising patients' attention to reducing anxiety, depression, eating disorders and psychosomatic problems with concrete solutions thereby driving the BOR into relaxation?
4. Does the clinical psychotherapist have the skills needed to solve existing problems in application priorities to find the solution and remind chronic mental patients to keep his or her body calm?

5. Is the clinical psychotherapist aware of the core conflict that feeds patients' stress and redirects them in stress-free directions to help patients' **digest the problem** 'and prepare for the formation of' **balanced thinking** 'in providing a fair solution under his or her body's peace.
6. Is the clinical psychotherapist aware of the '**sliding ladder**' created in negative interpersonal communication in a '**closed community**' with the aim of improving stress-free communication across chronic mental patients with a mindset to maintain relaxation in the body that leads to internal balance?

Session 8. How an Existing Stress-Inducing Constellation of Antecedent Condition (Coac) Creates an Internal Distress That Feeds the Abnormal Neuronal Loop Operation (Anlo) To Be Replaced with Stress-Free Constructive Coacs.

1. Clinical psychotherapists should train patients with high anger who relate to the closeness of 'people they think has disappointed them', and the immediate need to correct by giving positive interpretations of both parties' intentions to create physical peace in the victim.
2. Clinical psychotherapists should be aware that often chronic mental patients have excessive vulnerability in relation to family members, friends and so on, be fixed in place by giving positive intentions that patients' wisdom uses and by this feels inner calm.
3. Clinical psychotherapists need to know that their patients have problematic friendships or that they have problematic pairing to be corrected instead by giving a two-way positive intention not to harm each other and reinforce it in an equal appreciation of their wisdom will prevail by feeling their body relax.
4. Clinical psychotherapists should always try to choose a calm tone and soft words in a meeting with a chronic mental patient who is too oversensitive and by this technique he or she will ensure a pleasant and relaxed therapeutic session and conversation.
5. Clinical psychotherapists need to retrain patients' values by using only the positive attitudes of a friend or spouse and not focus on his or her anger, disappointment or shortcomings, then each party to the conflict will be ready for a positive approach with peace of mind.

Session 9. How to Increase Personal Fitness Using Safe Techniques That Will Ensure the Preservation of Personal Abilities in Any Situation to Find and Adjust the Adapted Tool in Order to Feel Physical Peace Rewarding an Individual with a Pleasant Emotion and a Conscious Cognitive Well-Being.

1. How to optimize the 'safe belt' around the patient's physical peace with emotional calm and cognitive well-being in the family circle, at work, at any social gathering and in places of entertainment that are sources of stress?
2. How do you optimize a patient using 'Gold-equivalent silence', or 'University of Wisdom graduates', or 'Disconnect from an unbearable encounter'?
3. How to optimize reciprocity in advance 'to get the opinion without threatening', against the obligation to listen to the opinion of another who opposes your opinion and all this without feeling threatened?
4. How can one streamline assertive reciprocal relationships and not force on the other party final results without an early discussion of the need to maintain reciprocity from beginning to end of execution?

5. How can the patient's protection of his right to privacy be optimized and respectfully safeguard the other party's right to this right, including a total ban on forcing each other even in non-reciprocal aspects?
6. How can the reference be streamlined to avoid side effects of drugs that help lead the body-brain-mind union to a fragile balance because they do not teach crisis prevention techniques?

Session 10. Conclusion of the Macro Biophysical Neurophysiological Method Based on Normal Physiological Defense Mechanisms That Create and Maintain Personal Resilience for Each Patient Who Knows and Applies Continuously for an Indefinite Period of Time That Provides Proper Maintenance of Balance throughout the Circadian Daily Rhythms in the Body-Brain-Mind Paradigms.

1. 'Guidelines for first aid in macro biophysical neurophysiological clinical psychological mechanisms' due to family and social-environmental mental crisis situations.
2. How do patients avoid 'losing their inner brakes' by using 'mental actions that block inner distress' and protecting them with 'all the tools at their disposal'?
3. It is a pity that clinical psychotherapists still reinforce the concept of 'emotional deprivation' when most of the emphasis they place is on the amorphous mental state, rather than giving macro biophysical neurophysiological tools that guide patients to body peace with a 'biological emotional relaxation'.
4. The 'biological emotional experience is the six integrate sense' like vision, sound, smell, taste and touch and it proves that everyone feels their body from the inside differently and this is the truth' under homeostatic frames of reference.
5. 'The biological emotional feeling is the sixth sense' as one has visual, sound, smell, taste and touch and it proves that everyone 'feels their body from the inside differently and this is the truth' in a homeostatic reference'.
6. Clinical psychotherapists should incorporate the innovative practice' of basic human health knowledge and morbidity to protect their patients by proactive measures to immediately block all of their stressful situations that feed the chronic mental disorder.
7. Clinical psychotherapists should focus their attention on helping patients navigate their actions according to concrete instructions on what should not be done and what should be done in order to motivate the body to reward biological emotion and awareness of cognitive well-being.

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