

TALKING POINT: BODY/MIND

Compiled by Heather Hill

Early last year, a dance therapist brought to the attention of the ADTA listserv the following book review from the Harvard Gazette. It caused quite a stir and prompted quite some discussion – understandably, because the book would appear to challenge one of the cornerstones of dance therapy philosophy and theory, namely the integral connection of mind and body. We have printed below the article in full, by kind permission of the Harvard Gazette, and included some comments from the listserv.

Sobering look at ‘mind-body connection’ Scholar shows religious roots of current practices

By Amy Lavoie

Faculty of Arts and Sciences Communications

Mind-body medicine goes by many names today — including holistic, complementary, or alternative medicine. Regardless of what it’s called, many people embrace the ideas behind the mind-body connection and its effect on health, sometimes despite a lack of supporting scientific evidence.

In her recently published book, “The Cure Within: A History of Mind-Body Medicine” (W.W. Norton and Company, 2008), Anne Harrington explores the long-lived and widespread belief in these unconventional medical practices.

According to Harrington, professor and chair of the Department of the History of Science in the Faculty of Arts and Sciences (FAS), the popularity of mind-body medicine often stems from dissatisfaction with mainstream medicine. Many people with chronic or acute disorders don’t receive satisfactory answers from mainstream or allopathic medicine — or they receive answers that aren’t easy to hear.

“For some,” says Harrington, “the ideas and practices of mind-body medicine — ideas about stress, about positive thinking, about the health benefits of techniques like meditation — help to bring a person’s suffering into focus, help it to make sense, and offer ways for a person to have some perceived direct control over their experience. For these reasons, mind-body medicine can be empowering, and [can] suggest ways that people might change their lives in order to gain control over the course of their disease.”

But as Harrington illustrates in the book, mind-body medicine has an extensive, richly detailed and resonant history, pointing to deeper explanations for why people hold on to these ideas.

One of the reasons for the potency of mind-body medicine, suggests Harrington, is that many of its central ideas have their roots in religion, and

particularly in the Judeo-Christian tradition. She cites, for example, the power of suggestion, and applies a psychological interpretation to a healing ritual that goes back to medieval times, when priests exorcized demons, forcing them to leave an unhealthy body. The psychological essence of the ritual persisted, says Harrington, but was first secularized and then medicalized. The result is that today some believe that “authority figures” such as hypnotists can cause symptoms to disappear through the force of an imperative command, much like medieval people believed that priests could cause demons to depart through the power of an imperative.

Similarly, now-secular ideas about the power of positive thinking have their roots, says Harrington, in New Testament accounts of healing through faith. And talk therapy, she adds, which became widely accepted as a treatment for so-called psychosomatic disorders as a result of Freudian psychoanalysis, has its origins in beliefs in the healing power of the ritual of confession.

“Understanding the religious roots of these ideas explains part of their power and why they feel so persuasive,” says Harrington. “These ideas existed as religious narratives before they were scientific or medical narratives. And it seems clear that a religious idea that has been secularized does retain some of the energy that gave it birth.”

The book is structured around what Harrington calls six core narratives that appear repeatedly throughout mind-body medicine and together help us understand why it looks the way it does. These stories address how people believe that the mind has the power to sicken or heal. Each chapter is devoted to one of the six narratives: the power of suggestion; the body that speaks; the power of positive thinking; broken by modern life; healing ties; and eastward journeys.

In the book, Harrington attempts to do justice, she says, not just to the history of the ideas that make up mind-body medicine but to the ways in which

these ideas affect people's personal experiences of illness. She argues, for example, that the history of hypnosis clearly shows that people's experience of trance states — what happens to their bodies, how they behave — has changed over time in accordance with a changing story about what is "supposed" to happen. Similarly, the experience of stress has also changed: people who lived in cities in the 19th century reported a set of symptoms in response to the challenges of modern life different from the symptoms of today's urban dwellers. Through this examination, Harrington explains, we see evidence that the experiences of bodies respond to changing cultural cues, and in this way turn out also to have histories of their own.

Within the mainstream medical community today, the mind-body connection is accepted in varying degree. Some deny any effect of the mind on the body beyond the existence of the placebo effect, which they consider to have no lasting therapeutic implications. Others acknowledge the health risks of stress, for example, but are skeptical of more expansive claims for healing through the power of "mind over matter." Still others consider the placebo effect itself to be evidence of an important mind-body connection based on physiology; are impressed with epidemiological evidence pointing to the health benefits of social support; and point to further evidence for health benefits from other mind-body techniques like biofeedback, hypnosis, and meditation.

The story isn't over, says Harrington. Historically, some of the ideas of mind-body medicine that were once taken for granted have fallen in and out of favor with mainstream medicine. Harrington points out that it was widely accepted by most physicians until at least the 1970s that diseases such as asthma, ulcers, and even cancer could be caused by repressed emotions and/or stress. Today, few people adhere to that idea in its classical form, and yet variants of these ideas persist on the margins of mainstream medicine. If history is any predictor, it is possible that some of these ideas could re-emerge in some new form in the mainstream.

Even within the medical community, Harrington says, people sometimes respond with regret when an idea from mind-body medicine appears to be scientifically disproved. A recent (December 2007) study looking at the effects of positive attitude on the progress of cancer found that it made no difference. The study resulted in expressions of disappointment by some members of the medical community, and the author of the paper expressed that he was sorry to have to report the results.

We want to believe, says Harrington, in the effectiveness of many of these practices, and we're attracted to their moral and existential power, even when faced with scientific evidence that should perhaps make us more skeptical.

This article is reprinted here courtesy of the Harvard University Gazette, where it originally appeared on 13 March 2008 (<http://www.news.harvard.edu/gazette/2008/03.13/03-harrington.html>).

Amy Lavoie is a staff writer for the Gazette, which is Harvard's official newspaper.

SOME RESPONSES FROM THE ADTA LISTSERVE:

Loretta Lynn, ADTR, pointed out the very practical difficulties of being able to do the research studies on the body/mind connection or anything "alternative" in order to be recognized and validated in the mainstream biomedical environment:

The article from Harvard certainly is "food for aggravation," as my husband would say. You know, they make reference to a study done on positive thinking in terms of cancer outcomes, but they don't talk about the opposite. What are the implications of a negative attitude on cancer? Are those outcomes worse? The big problem, in my opinion, with rigorous studies in the field of body-mind medicine and alternative medicine, in general is the lack of funding.

My husband is doing his PhD in medical anthropology, studying stress response in pentacostals who engage in glossolalia and he, and many of his colleagues, continuously come against funding walls. They are often told that unless their advisors are already doing studies in a particular area, they will not give them funding. By the same token, my naturopath comes up against similar struggles with studies on supplements, because, if you can't patent an herb or naturally occurring substance, there is no money to be made, so there is resistance to putting out money to study it. So, there is a political side to these things as well. Anyway, I haven't read the book, but thanks for posting the link to the article. I think it reinforces the myriad of problems with methodology and mitigating circumstances there are in researching alternative medicine from the Golden Standard of biomedicine.

Heather Hill, Australian dance therapist, in response:

Thanks Loretta for your observations. There are often double standards when it comes to judging what is rigorous research, what gets funded and so on.

I suggested in my recent email to the listserv that a couple of dance therapists might be interested in writing in response to this book review for the very reason that I think that one of the ways we promote our profession is by arguing for our values, ideas etc. in these sorts of forums. That is, we need to be able to argue and present ideas at this kind of intellectual level. So long as our underlying values and practices are considered part of the "lunatic fringe", our work is that much harder. Also, by promoting these values beyond our own practice, we can help contribute to a more humanistic environment (this I have certainly seen in the person-centred work in dementia).

Susan Saenger, ADTR, brought in another perspective from her reading of the article:

I think a careful reading of this article (not the book, which I have not carefully read, and probably won't) exposes an interest not in disproving or denying a connection between mind and body generally, but rather an interest in a historical context for the tenacity of certain related beliefs. The focus of the article is significantly narrow, primarily interested in positive thinking, but it does touch also on the power of ritual and trance. She only "disproves" the idea of mind influenced disease processes by citing one article. Regarding the other issues, she seems to actually support them by stating that "we see evidence that the experiences of bodies respond to changing cultural cues." I can see how comparing mind-body medicine in general to religion might be offensive, but in some respects, I think it's fair - and I don't think it means it's not powerful or effective, in fact, perhaps just the opposite.

Postscript by Heather Hill, January 2010

There is a growing recognition within psychology, philosophy and even within science itself (through the work of neuroscientists such as Antonio Damasio) that mind and body are integrally connected – something of course that we dance therapists have always believed, indeed known in our very bones! Nevertheless, and despite some lip service paid to ideas of holistic medicine, the mainstream remains wedded to a dualistic understanding of mind and body. It has after all

been a cornerstone of the Western worldview for centuries, and therefore it is a challenge to remove this dualistic mindset. Part of the challenge is to find a way of languaging an alternative view. Johnson (2007) expresses this most succinctly:

In short, the idea of a fundamental ontological divide between mind and body – along with the accompanying dichotomies of cognition/emotion, fact/value, knowledge/imagination, and thought/feelings – is so deeply embedded in our Western ways of thinking that we find it almost impossible to avoid framing our understanding of mind and thought dualistically. The tendency of language to treat processes and events as entities reinforces our sense that mind and body must be two different types of thing, supporting two very different types of properties. For example, just asking the question "How are body and mind one, not two?" frames our whole conception of the relation dualistically, since it presupposes that two different kinds of things must somehow come together into one. Consequently, anyone who is trying to find a way to recognize the unity of what Dewey called the "body-mind" will not have the appropriate vocabulary for capturing the primordial, nonconscious unity of the human person. (p.7)

Body/mind connection is a core principle underlying the practice of dance therapy, and therefore dance therapists need to rise to the challenge of explaining, presenting, defending this view within the mainstream contexts of our practice. Seeking allies in this task is important, and Koch in her excellent chapter describes some of the perspectives from other disciplines which support the mind/body view of dance and other creative arts therapies. By investigating these other disciplines, we can situate ourselves within a larger body of knowledge, which inevitably adds strength and support. In turn, we can enrich and support these other disciplines. Koch suggests: "the task of dance and creative arts therapists will be to diligently and thoroughly formulate their embodiment ideas and make them available to other scientific communities and outlets. The potential is a better visibility and a more explicit formulation of CATs theory in the light of a new paradigm". (p.25)

In other words – what I take from this is - let's look to and converse with new paradigm approaches to find support and also to give support, and then let's take that out to the world we work in!

Further Reading:

Damasio, A. (1996). *Descartes Error: Emotion, reason and the human brain.* London: Papermac.
Harrington, A. (2008). *The cure within: A history of mind-body medicine.* New York, NY: W.W. Norton and Company.

Johnson, M. (2007). *The meaning of the body: Aesthetics of human understanding.* Chicago, Ill: University of Chicago.

Koch, S. (2006). Interdisciplinary embodiment approaches, implications for creative arts therapies. In S.C.Koch and I. Brauning (Eds.), *Advances in dance/movement therapy: Theoretical perspectives and empirical findings* (pp.17-28). Berlin: Logos.

Ed Note: The DTAA wishes to thank the Harvard Gazette for their permission to reprint the Lavoie article.

Dr Heather Hill, Prof. Member DTAA, has worked for over 20 years as a dance therapist. With colleagues she created the curriculum for a dance therapy training program at RMIT, taught there for four years, has carried out a number of research projects, and contributed to numerous journal articles and book chapters. For a review of the second edition of her book, *Invitation to the Dance: Dance for people with dementia and their carers*, see p.66.
