

REFLECTIONS ON INTEGRATING MIND AND BODY: A CONCEPT RELEVANT TO PSYCHIATRY?

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Clinical progress in psychiatry is dependant upon academic acceptance of peer reviewed, scientific research. This commonly revolves around the randomised controlled trial as the means of determining whether, for example, a pharmaceutical agent holds therapeutic potential, and which in itself therefore assumes a biomedical model of human functioning.

Not surprisingly, therefore, the treatment of severe and enduring mental illness is currently practised within a strictly dualistic framework, one in which mind and body are irrelevant to each other, often situated within a neurobiological framework.

My experience of working in liaison psychiatry is that this dualistic approach produces much frustration. Often co-existing physical and mental distress does not fit into conventional psychiatric categorisation, yet our clinical evidence-base is firmly rooted within it.

I feel there is a need to explore beyond the current framework and look at other therapeutic models that assume a greater integration. For instance, the fulsome integration of the mind with other processes within the body is becoming profoundly recognised in pure scientific research looking at the neurological systems that coordinate mental functions. We can no longer look at the mind and body as separate entities. It is probably safe to say that by 2050 a sufficient knowledge of biological phenomena will have wiped out the traditional dualistic approach of body/brain, body/mind and brain/mind.¹

This view of an organism as an information network departs radically from the old Newtonian, mechanistic view. The concept of a network, stressing the interconnectedness of all systems of the organism, has a variety of paradigm breaking applications. Mind does not dominate the body, it becomes coterminous with the body – body and mind are one. Bodymind, a term first proposed by Diane Connolly, reflects the understanding, derived from Chinese medicine, that the body is inseparable from the mind.² Many scientific academic establishments are now shifting towards a greater model of integration.

Historically, the scientific approach that began to be applied in medicine around the 1860's is a mechanistic one, which has evolved into the technological advances currently seen in surgery and pharmaceuticals. Larry Dossey defines this as Era 1 medicine. Era 11 medicine, which has been called psychosomatic medicine, began some 50 years ago and is now known as mind-body medicine in the US. This refers to any intervention using one's consciousness to affect one's own body, including biofeedback, imagery and positive thinking. We already have sufficient scientific knowledge to support this approach and theoretically could apply practical treatment schedules through a hospital based multi-disciplinary team.

However, as models of greater integration are becoming accepted within the scientific community, the concept of Era 111 medicine has become apparent. This defines another level of integration towards a non-local, transpersonal aspect of healing through time and space. We are cautiously beginning to accept that the causality of disease (or dis-ease) does not solely rest with one person but lies throughout the community, stretching out to the perspective of the global mind network.³

Therefore negative as well as positive transpersonal factors could be considered as important in the disease process and prognosis. Spiritual awareness, function and ritual may have a greater role to play in our communities' health and well-being than the modern rationalist paradigm would suggest.

In order to entertain such a concept from this standpoint, I am concerned to explore our own current knowledge of these aspects, within the psychiatric community of which I am a part. Before we can have any clear understanding of transpersonal (and therefore spiritual) approaches to the psychiatric arena, there needs to be a firmer concept of the level of integration that is occurring between body, mind and spirit. Therefore I have viewed this particular meeting of the SIG as a way of bringing forward mind body concepts as a foundation for a greater understanding of a level of higher integration, which must encompass the spiritual dimension.

Each of the speakers who contributed to the SIG meeting on July 5th, encompass a broader understanding and practice than is common in the standard, dualistic medical model we are used to. In this context we have been able to talk about concepts such as 'healing' and 'spirit' and 'consciousness', not merely in abstract or esoteric terms, but in their work as directly applied within NHS medicine and psychiatry.

References

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2. Pert, C. (1997) *Molecules of Emotion* London: Simon and Schuster
3. Lawliss, F. G. (1996) *Transpersonal Medicine*. Boston and London: Shambhala