CHAPTER 2
HISTORICAL PERSPECTIVE

The earliest historical records reveal that there has been considerable interest in the origin and development of mental dysfunction. Ever since the advent of formal writing, disturbances of the mind have been described in detail and a variety of theories have been proposed to explain the aberrant behaviours of mentally disturbed individuals. Theoretical beliefs regarding the etiology and treatment of mental illness were invariably linked to ideas about human functioning in general and prevailing philosophic and scientific assumptions.

In the majority of Western traditions of the seventeenth and eighteenth centuries, the mind and the body were conceived as two autonomous and qualitatively different systems, functioning independently of each other. Our minds were said to be private and impervious to physical measurement. Our bodies were seen as physical, tangible and concrete. The supremacy of mind over physical matter was assumed. Descartes (1596 - 1650), the influential French philosopher preached the duality of the mind and the brain. The mind was ethereal, incapable of physical understanding and could only be comprehended subjectively. The brain on the other hand was mechanical and could be taken apart like a clock. The physical seat of consciousness was supposed to be in the brain.

Similarly, the proponents of existential philosophy based on the work of Sartre (1957) proclaimed that the mind was the original primary substance and the world a mere figment of our imaginations. The American philosopher Feigl (1959) designed a table of opposing characteristics that divided the world into the mental and the physical.
Newtonian physics was also founded on the same divisive principles. Newton (1642–1727) and his followers reinforced the idea that the human organism functioned as two distinctly separate and opposing entities—the mental-subjective-spiritual versus the physical-objective-somatic. The mind was viewed as the proper concern of religion and philosophy, while the body was the domain of medicine.

In keeping with the pre-eminently dichotomous thinking of the time, psychological beliefs of the early nineteenth century were also founded on the mind-body split. The Behaviourist school of psychology declared that the only true and meaningful subject matter of psychology was observable behaviour. The existence of mental life and thought processes was almost totally rejected. According to the behaviourists, we started life as a blank slate (tabula rosa) upon which everything was impressed by a process known as 'conditioning'. Behaviours were automatically stamped in and stamped out, based on a system of rewards and punishments. We were nothing more than machines that responded mechanically to input like Pavlov's dogs (Eysenck, 1949).
As medical research expanded in the mid 1900's we were offered the bio-medical model which labeled diseases and illness as either exclusively physiologic-somatic or exclusively mental-psychic. Each disease, whether mental or physical, was said to have a recognizable cause and a consistently identifiable complex of signs and symptoms. A direct cause-effect relationship was established between the etiology of the disease and the disease symptoms (Goldschmidt, 1976). The focus was almost entirely on biologic and physiologic processes that resulted in pathological damage or organ malfunctioning. Thus, disease and illness were recognised as mechanical breakdowns of the body requiring mechanistic solutions from medical experts. Mind-body distinctions and the persistent search for biomedical solutions were further reinforced by the emergence of medical psychiatry as a scientific discipline on equal footing with brain surgery and general medicine. Psychiatrists treated the person as a physiologic system and regarded anything psychologically wrong as issuing from an imbalance of that system and specifically as a chemical imbalance in the brain. It was almost universally accepted that mental disturbances could only be controlled and rectified by the administration of psychotropic drugs.

In sharp contrast to the above separatist, isolationist, mechanistic and reductionist views of human functioning lies the holistic model. The earliest examples of holistic philosophy and practice were seen in the ancient Eastern systems of Kundalini yoga and the concept of Chi energy. The Chinese medicine men perceived the human body as a complex series of energy conduits or meridians along which 'Chi' (the Chinese name for universal energy) flowed (Mann, 1964). In contrast to the typical Western doctor who looked for physical and chemical abnormalities in the patient, the traditional Chinese doctor searched for hidden energetic imbalances. Through pressing needles into specific points of the body; through using herbs and by massaging pressure points; Chinese doctors attempted to
Fig 2:1 Acupuncture chart (Eisenberg, 1979)
Fig. 2.2  Network of energetic channels configurated throughout body.
(Baker, 1997)
control the flow of Chi. At the same time, the patient was taught to master his own energetic flow through a combination of mental and physical exercises. The Chinese acupuncture system was graphically illustrated by Eisenberg (1979) (Fig 2:1).

The Buddhist Tantras described a network of 72,000 subtle energy channels branching out in finer and finer configurations throughout the body's 'inner mandala' as shown in Fig 2:2 (Baker, 1997)

The ancient Indian system of Kundalini Yoga was also based on energetic principles. The central directive of Yogic philosophy was the belief in an energy conduit known as "Sushumna" which was lodged in the canal centralis in the interior of the spine (Kovoor, 1964). This conduit ran from the base of the anus to the top of the head and contained the most powerful psychic energy, namely Kundalini energy. On either side of this central energetic conduit were two additional energy channels which were said to coil around the spine like snakes, crisis-crossing at seven important locations.

Each of the seven vortexes was called a 'chakra' or energy wheel. Many centuries later it was realised that the yogic chakras were identical to the seven main glands in the human endocrine system (Vora, 1982) as illustrated in Fig 2:3.

Each of the seven chakras or glands was responsible for specific functions in the mind-body system. For example, the adrenal gland or fifth chakra, was said to control the spleen, the liver and the gall ladder and assist in the creation of bile and digestive juices. It also influenced the flow of blood through the circulatory system. Adrenal underworking led to loss of energy and decreases in oxygenation, whereas overworking led to high blood
Fig 2:3 The correspondence of the 7 yogic chakras 7 endocrine glands (Vora, 1982)
pressure. Many psychological problems were seen as a result of endocrine or chakra imbalance.

It was only thousands of years later that these ancient Oriental principles began to be recognised in Western scientific circles. By the middle of the nineteenth century, growing dissatisfaction and disillusionment with the bio-medical model gathered pace and the veracity of divisive mind-body functioning was seriously questioned. The 1950’s and 60’s saw a great upsurge of neurological research in Europe and America. Based on the work of neurosurgeon Penfield and his colleague Herbert (1954), Ornstein (1972) and Galin (1974) advocated that two interdependent cerebral systems co­existed in the human brain. On the one hand, there was the rational-conscious-objective left brain system and on the other hand, the emotional-unconscious-creative right brain system. It was suggested that for optimum health (mental as well as physical) the two systems needed to act in harmony. Moreover, neither system could function exclusively or independently of the other. The 1980’s saw the birth of ‘psychoneuroimmunology’. This was a concept originated by Ader (1982) to examine the relationship between a person’s psychological state, his central nervous system and his neuroendocrine system. Psychoneuroimmunology studied the routes by which an individual’s conscious and unconscious psychological process may affect his health by affecting the responses of his immune system (Melnechuk, 1985). The basic assumption or premise of this model was that all disease including mental illness is multifactorial in origin, namely the result of inter-relationships among the genetic, endocrine, nervous and immune systems and behavioural and emotional factors (Solomon, 1985).

Revolutionary theoretical developments were simultaneously occurring in the psychological and psychotherapeutic arenas. The three major events
which influenced the formation of the holistic model of health were the Biopsychosocial paradigm, the Humanistic approach and the emergence of Quantum psychology as a recognized discipline. In the psychotherapeutic field the most potent contributions to mind-body unification were made by Janov (1978) the founder of Primal Therapy and the Bioenergetic framework devised by Pierrakos (1969) and Lowen (1979) based on the work of Reich (1949).

The Biopsychosocial model proposed by Reiser (1985) focused on the interconnections within and between a person's physical, psychological and social environments. Reiser portrayed the functioning of the bio-psychosocial field as seen in Fig 2:4.

Reiser illustrated that energy and information exchange occurred continuously and freely between a person's physical environment, the body's cellular structure, the mind and the social environment. The brain appeared to be the mediating physical structure between the body and the mind. The nature of the relationship between the human organism and his environment determined the human being's behaviour. If the relationship was mutually satisfactory, the individual's behaviour was what was called "normal". If the relationship was one of conflict, the individual's behaviour was described as "abnormal." The environment did not create the individual nor did the individual create the environment. Each had its own particular character, because of its relationship to the other and to the whole. Thus, the environment and the organism stood in a relationship of mutuality with one another.
Fig 2:4 Functioning of Biopsychosocial Field (Reiser, 1985)
The humanistic approach also attempted to explain human behaviour and experience from the standpoint of mind-body unity. The four major psychotherapeutic schools which typified humanistic thinking were Transactional Analysis founded by Berne (1961), Gestalt Therapy as practiced by Perls (1973); Reality Therapy originated by Glasser (1975) and Rational-Emotive therapy as proposed by Ellis (1977). Humanism was based on the psychological principles of homeostasis, integration and unity. According to the humanistic tradition, all human behaviours were governed by a process the scientists called homeostasis and the layman called adaptation or self-regulation. A basic humanistic concept was that all humans had needs which had to be met in order to live, and that all humans were capable of regulating themselves spontaneously to meet these needs. When deficiencies occurred, the organism automatically tried to compensate. When excesses were present, it equally spontaneously got rid of them. As needs were many and each need upset the equilibrium, the homeostatic process of adjustment went on continuously. When the homeostatic process failed to some degree and the organism remained in a state of disequilibrium too long and was unable to satisfy its needs, it was sick. When the homeostatic process failed completely, the organism died (Perls, Hefferline, and Goodman, 1971).

The integration of the mind and the body were essential to humanistic theory (Rowan 1983). In order to survive as an interactive holistic unit, the individual needed to function effectively and simultaneously at the following levels — sensory, feeling, thinking and intuiting. Humanism particularly emphasized the crucial and essential difference between psychophysical parallelism (or inter dependence) and psychophysical unity. Thus, humanism represented a dramatic parting of the ways from older psychologies which split experience into "inside" and "outside" and offered
either-or explanations of human functioning, both in a state of health and in a state of disease.

Despite the revolutionary trends towards holism, as described above, mainstream Western science and medicine continued to remain entrenched in mind-body dualism. As recently as 1990 physicist Zohar noted that "however much our modern reason might wish to shake off the mind-body dichotomy, this deep cultural conditioning holds us in its grip, not least because the physics of the last three hundred years supports it." Zohar offered the notion of 'panpsychism' as an explanation of the mind-body relationship. She suggested that just as electrons are both waves and particles (both at the same time) in quantum physics, the human organism also operated simultaneously at the physical and mental levels. Zohar described this as 'relational holism.'

Like the wave particle duality, the mental and the physical have a common source in quantum reality, as seen in Fig 2:5a.

**Fig 2:5.a** Common source of Mental-Physical Reality (Zohar, 1990).
In 1994 Zohar and psychiatrist Marshall established the concept of the "quantum self." By applying the quantum principles of uncertainty and complementarily to human functioning they found that the human personality comprised of selves within selves, which were constantly shifting along fluctuating boundaries. In the so-called "normal" self, the main self and the sub-selves were integrated and coherent. People who were in conflict, had many poorly integrated and fragmented sub-selves. At the other extreme were the charismatic people who demonstrated the highest level of overlap between sub-selves and the main personality.

![Diagram of self and subselves](image)

Fig 2.5b Relationship between self and subselves (Zohar and Marshall, 1994)
As Fig 2.5b illustrates the area of highest unity (the extent to which the sub-selves and the main self overlap) determined the strength of the self at any given moment.

Another exponent of Quantum psychology in the field of health and healing was Chopra (1989). He is one of the best known contemporary practitioners of "mind–body medicine." Chopra observed that a minute fraction of all patients who contracted an incurable disease managed to cure themselves without medical intervention. He described this as "the ability of one mode of consciousness (the mind) to spontaneously correct the mistakes of another mode of consciousness (the body)" Chopra believed this to be an example of 'quantum healing'.

On the psychotherapeutic frontier the most significant advances in holistic thinking were made by the Primal therapists and the pioneers of Bioenergetics. On the basis of intensive research Janov (1978:1991) established the Primal theory of human functioning. He suggested the existence of three principal minds – the survival mind which kept us breathing and our blood pressure constant, the feeling mind which generated and processed feelings and emotions and finally the verbal, logical, thinking mind which used language and solved problems. When all three levels worked in harmony and cohesion, we experienced a sense of well-being. If one or more levels was in conflict or disharmony, we felt uneasy and uncomfortable (both mentally as well as physically).

The concept of 'Bodymind' was introduced by the Bioenergetic psychotherapists Lowen (1979:1993) and Dytchwald (1986). They focused primarily on the unitary, simultaneous and integral functioning of the psyche and the soma in an interactive mind-body system. They proposed that mental and physical activities were so essentially enmeshed together that the one could not be separated or segregated from the other. The theoretical
principle of 'dialectical opposites' was first proposed by Lowen in 1973. According to bioenergetic theory, the mental and the physical stand in a relationship of mutuality with one another. Although we acted through two separate systems (the psyche and the soma) neither was superior to the other, they were essentially and inherently inter-dependent. Each system was equally necessary for the homogenous and healthy functioning of the organism. A breakdown in either system would inevitably lead to a breakdown of the entire mental–physical being.

Fig: 2:6 demonstrates the basic thesis of Bioenergetics which was taken from Reich (1949) who stated "Duality and Unity characterize all biological processes." Lowen extended Reich's early perceptions to assert that these two contradictory concepts (namely duality and unity) were merged into a "whole" which comprehended them both. In this way, the mental and the physical were of the same order — each was equally a manifestation of the unitary human being. In a healthy personality mental and physical levels of functioning co-operated to promote well being. In a disturbed personality these levels of functioning were in conflict. It was emphasized that the 'mental' and the 'physical' aspects of an illness were inextricably and essentially interwoven. They were not mutually exclusive. A person was not either emotionally-mentally ill or physically-somatically ill. Illness was not a simplistic, either or phenomenon. Ultimately every and any illness involved an inevitable combination of mind–body factors. As Szaz (1987) had aptly put it, mental illness was a "myth."

In terms of contemporary medical theory and practice, the holistic model emphasized radically different ways of looking at the entire process of 'healing.' Delbanco (1989) shifted away from the "compliance model" (which focused power and responsibility in the hands of the medical practitioner) towards an "empowerment model" (which placed the responsibility in the hands of the distressed person). Anderson (1992) described good medicine
Separate entity

Mental psyche ego
interacts with body

Physical soma body
interacts with mind

Human organism

Unitary Personality

Every action takes place at the psychic and somatic levels simultaneously

Fig 2:6 The principle of Dialectical Opposites (Lowen, 1973)
as an "art" – the art of understanding and accepting the "whole" person, not just his physiological system; the art of dealing not only with mal-functioning tissues and organs, but also with families and communities. Lerner (1993) suggested that there were many different levels of healing. There was a biological level, an emotional level, a mental level and even a spiritual level. All levels were equally important and must be equally involved in order to achieve a comprehensive ‘holistic cure.’

In tracing the history of the mind–body relationship in human functioning over a span of several centuries, the following trends have been noted: -

i) Cartesian philosophy and Newtonian physics which were founded on mind-body dichotomy dominated the psychological traditions of the Western world well into the nineteenth century. In contrast the ancient Indo-Chinese philosophies and medical practices were based firmly on mind-body interaction.

ii) In the 1950’s and 60’s dualistic thinking first began to be questioned by neurological researchers like Ornstein and Galin, and later by Solomon who established links between a person’s emotional and physical health.

iii) Revolutionary developments occurred in the psychological and psychotherapeutic fields with the advent of the Bio-psycho-social model, the birth of Quantum psychology, and the pioneering work of the Bioenergetic psychotherapists Lowen and Dytchwald.

iv) It was concluded that the ‘physical’ and the ‘mental’ aspects of an illness were irrevocably linked, that a person was not either
emotionally–mentally ill or physically–somatically ill, and that every
and any illness involved an essential combination of mind–body
factors.