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Emotional dances: therapeutic dialogues as embodied systems

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The mind/body dualism, although scarcely relevant in clinical practice, remains unsolved theoretically. The pragmatic wisdom of the founders of family therapy, which implied that bodies and minds in therapy were one, has been easily forgotten. Such a situation had practical results, leading to naive solutions, both on the materialistic and idealistic sides, represented by biological psychiatry on the one side, and by most postmodern therapies on the other. This article proposes to consider the role of emotions in therapeutic dialogue to solve this dilemma within the field of systemic therapy.

Labour is blossoming or dancing where
The body is not bruised to please the soul

(William Butler Yeats, 1927)

The old compromises between ‘supernatural’ religion and ‘materialist’ science are artefacts of a false division and by-products of the meeting between unsophisticated theology and equally unsophisticated science.

(Gregory Bateson, 1976)

The body/soul dichotomy has a long-standing history in Western thought. It is not surprising to find it in systemic thinking too, although its very inspirer, Gregory Bateson, strongly opposed it. If we take into account the practice of therapeutic dialogues, though, we may see a very different picture: the mind/body dualism is a problem within the theoretical domain, but it is not problematic (or it is scarcely so) in systemic therapy practice. To get a clearer vision, however, we

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must momentarily turn back our attention to the theoretical struggle around the mind/body problem.

The mind/body problem

If we adhere to a 'scientific', non-transcendental point of view, the mind/body dualism can be equalled to the mystery of how an organization of atoms and molecules becomes, through the development of a growing complexity, something capable of perception, knowledge and feeling: briefly, an organism with a psychology (Byrne, 2006). The idea, as such, is a statement of fact, but it quickly becomes a problem.

The problem is simple to state: the mind and the body seem to be entities of very different kinds . . . so how do they interact so as to produce in a person a mind able to have effects on their body (as when the person wills the body to perform some act), whilst also their body can affect their mind (as in the experience of pain)? Although the problem is simple it has as yet no satisfactory solution.

(Taylor, 2007, p. 1)

Actually, a number of provisional solutions have been proposed through the years (Taylor, 2007):

- *the idealist solution*: there is only mind (in the past, it was defined as 'spirit'); matter, and therefore the body, is merely a manifestation of the mind, although how this is supposed to happen is difficult to tell;
- *the materialist solution*: there is only body, and therefore we could call this a reductive physicalist approach; how, then, the amazing mental world emerges from matter is still to be explained;
- *the dualist solution*: mind and body are distinct, and they follow parallel paths, although the problem of how they interact becomes thus even more complicated, and remains so far unresolved;
- there are also nuanced versions of one or other of these basic positions; some are extremely sophisticated, but no one is considered fully satisfactory to this day.

An interesting insight about the mind/body problem comes from philosopher Thomas Nagel, who – interestingly – put it in an article entitled 'What is it like to be a bat?': 'Without consciousness, the mind–body problem would be much less interesting. With consciousness it seems hopeless' (Nagel, 1974, p. 435). In other words, the problem is not to detect, for example, in some organism, the ability to learn or to

communicate: we can see it in most animals without any problem. Things become mysterious when we take into account the experience of such states, and the ability to reflect on such experience and communicate it to others (in psychological terms, the development of a theory of mind: see Premack and Woodruff, 1978).

In this line of reasoning, we tend to equate mind to consciousness, and body to unconscious (unaware) processes. There is some truth here, but also some misunderstanding. There are bodily states that I can use for purposes of conscious communication, as well as totally unconscious mental states. We, as post-Freudian therapists, know far too well that 'the mind' contains (if 'containing' is the right concept) non-conscious components, such as unconscious emotions, low-level mental processing and automatic motor responses, all below the threshold of consciousness. It is easier to accept such non-conscious processes as arising from brain activity that we are ready to understand as part of the body – especially as the advances in brain science help us describe and model in detail these non-conscious neural processes. And we could go much further if we were to add to the list all the complex topology of the unconscious developed in psychoanalytic thinking (Lombardi, 2008).

Another way of thinking that reinforces, in psychological terms, the mind/body dualism is the belief in the individual self, that puts the individual in a competitive relationship with the environment, in a wide sense. On the one hand, as any schoolboy (and, most of all, any mother and any infant) knows, the very emergence of something that we will call 'a self' is related to bodyhood. We begin to have a feeling of ourselves through the bodily interaction with our mothers (our caring figures), as Daniel Stern's research has demonstrated (Stern, 1995). The self (what we consider as 'the self') is thus closely related both to the body, and to bodily interactions with the environment. At the same time, our idea of our self is that it is something different, a disembodied entity that somewhat inhabits 'my body', as opposed to 'myself': myself stands for 'I', my body does not. If the body is considered more and more as an 'it' rather than a 'myself', it may even become a kind of commodity, an object that can be manipulated, as we can see in the growing use of plastic surgery as a way of sculpting bodies in order to make them more desirable (Annesley, 1996).

If we adopt this perspective, though, we introduce a seminal distinction: experience versus description of experience. In theoretical discourse, we do not deal with actual minds and bodies as such; we deal – quite obviously – with *descriptions* of mind and body.

Descriptions are subjected to variations according to historical conditions, cultural evolution, scientific discoveries and conventions. This is true of the body as well as of the mind, although in the case of the body the distinction is harder to see.¹ Tim Armstrong has argued, though: ‘The textuality of the body implies that any account of bodily experience is mediated; it cannot serve, as many modernists suggest, as a source of a primitive “reality”’ (Armstrong, 1996, p. 10).

This means that the ‘mind’ and the ‘body’ we read and/or talk about are not always the same: we deal with concepts of mind and body, and it is easy to recall times when such concepts were very different from today. So we can see how historical and discourse conditions contribute to our understanding – in philosophical and psychological discourse as well as in folk psychology – of the mind/body issue. This happened, of course, in therapeutic discourse too.

The body and its forgotten wisdom

The Wisdom of the Body (1932) was the title of a seminal book written by physiologist Robert Cannon. In it, Cannon put forth his definition of homeostasis, the ability of a living organism to maintain constancy in its inner environment (Claude Bernard’s *milieu interne*). From that book, Don Jackson (1957) imported the definition of homeostasis in early systemic family therapy.

Systemic therapy, on the whole, relied from its very beginning on bodily based metaphors (Bertrando and Toffanetti, 2000). The fact that they are metaphors, though, creates a peculiar situation: if we see the family as a ‘body’ (but of course a family is not ‘one’ body, at the descriptive, factual level), we will pay less attention to individual bodies. We may interpret this as the first step in a divorce of systemic theory from the attention to the body. This was not the case, for example, with psychoanalysis, which remained anchored to bodily sensations, perceptions and feelings, possibly due to Freud’s concept of drives, entities at the frontier between biology and psychology, and also by the attention psychoanalysts traditionally give to the bodily functions of their patients.

Systemic therapies were thus endowed with a rather intellectual quality, which led to a somewhat abstract conceptualization of the

¹ And somebody could criticize the distinction itself if related to the body: ‘The body as an object of investigation conflates any ready distinction between a philosophy of experience and a philosophy of knowledge. . . . We act, as we write, with the body’ (Turner, 1992, p. 8).

therapeutic endeavour. At the same time, though, bodies remained central (albeit often inadvertently) to therapeutic practice. Those same therapists, who tended to forget the existence of bodies when they theorized, were the keenest observers of bodies in their practical work.

We can find several examples of such a practice, such as the evaluation of analogic clues before or during therapy, a practice initiated by Don Jackson himself, following the lead of Milton Erickson, who was also the first to practise maximum control over his own body movements, including breath and tone of voice, with the typical attitude of a hypnotist (see Bertrando, 2007).

Techniques involving the disposition of bodies in the space (family sculptures and so on) also reveal the persistence of some bodily wisdom within the systemic field. Salvador Minuchin, the first to use the metaphor of dance to describe therapeutic interaction, brought these techniques near perfection. One of his seminal books begins by quoting two more lines from the same Yeats poem we put at the beginning of this article ('O body swayed to music, O brightening glance/How can we know the dancer from the dance?'), then continues: 'In family therapy, Yeats's question is considered rhetoric: we cannot know the dancer from the dance. The person is his dance' (Minuchin and Fishman, 1981, p. 88).

Of course, all work on emotions in therapy (including the attention to movements, body signals, tone of voice) pertains to the same category, as Virginia Satir testifies: 'What am I doing? I am accessing the right brain when I ask somebody how they feel and when I help them to connect with parts of their body' (Satir, 1985, in Simon, 1992, p. 170). It is interesting to notice here how Satir speaks of 'the right brain' with a language that today appears outmoded. Our brains remain – more or less – the same, but discourses around them change unrelentingly.

We may say that the unity of mind and body is one of the most important examples of tacit knowledge in systemic practice, according to the definition given by Michael Polanyi: '*We can know more than we can tell. . . . We know a person's face, and can recognise it among a thousand, indeed among a million. Yet we usually cannot tell how we recognise a face we know. So most of this knowledge cannot be put into words*' (Polanyi, 1966, p. 4; italics in the original). Even Polanyi the philosopher, to give an example of tacit knowledge, turns to bodies (faces). Exactly like people's faces, clients' bodies are something all systemic practitioners have worked with during the whole lifespan

of systemic therapies; all the same, most theoretical writers in the field were unable to put that tacit knowledge into words.

Mindless bodies versus disembodied dialogues

Since the 'wisdom of the body' is a form of tacit knowledge in systemic therapy, it has been extremely easy to forget it. This leads us to a new, more contemporary edition of the mind/body dualism, which sets a divide concerning the very way of doing therapy (of caring about people) in our days: on the one hand, the solution has been a form of naive materialism; on the other, an extension of the idealistic intellectualism already found in early systemic writers. In the former case we have mindless bodies, in the latter, disembodied dialogues.

Mindless bodies, rather than involving systemic therapy directly, concern a discipline all therapists have to deal with one way or another, namely, biological psychiatry (Bertrando, 2001). Apparently, most biological psychiatrists solve the mind/body dualism, once and for all, according to the materialist solution, in its most reductionistic version. This has been the case since fairly remote times. In 1952, the first major Congress of Neuropathology was held in Rome. Although all presenters agreed that there was no specific neurohistological finding that could account for schizophrenic symptoms, the shared conclusion was: 'The issue was not whether a lesion was present, but which of all those reported were significant' (Casanova, 1997, p. 517). And apparently things did not change in subsequent years: 'Despite the wide array of histopathological lesions none have thus far [1997] proved diagnostic' (ibid.).

All the same, psychiatry is more and more engaged in brain research; which is a praiseworthy endeavour in itself, but tends today to substitute all research of the production of meaning. Rather than exploring the ways by which brains and bodies make sense, biological psychiatrists seem only interested in linking symptoms with neural structure: 'The delineation of the neuroanatomy of the symptom complexes of schizophrenia is a major goal of schizophrenia research' (Buchanan and Carpenter, 1997, pp. 367–371).

One major therapeutic consequence is to consider any psychological problem as a consequence of neural imbalance, and all neural imbalances as treatable only by way of biological intervention (assumptions that are both unnecessary). As a matter of fact, some therapeutic strategies such as neurolinguistic programming (Bandler and Grinder, 1975) reveal the same attitude towards bodily (neural)

processes: the attention they receive is only instrumental, the body is used to influence and modify the mind.

Possibly as a reaction against such reductionism, a position which closely resembles idealism has emerged in recent years within the field of systemic therapy, especially in conversational and textual metaphors, with the effect of creating disembodied dialogues (see Bertrando, 2000). The growing tendency has been to emphasize words and narration, obscuring the relevance of body interaction. The possible adverse effects of this position have been criticized on good grounds by John Lannamann: 'When ideas become radically separated from embodied practices, the sensuous activities of everyday life tend to be subordinated to disembodied abstract differences' (Lannamann, 1998, p. 400).

This does not mean that systemic therapists did not try to have some exchange with brain research, which unfortunately often became a kind of search for a biological justification for their actions, as testified by a 2002 special issue of the *Family Therapy Networker* (Simon, 2002). One of the most important findings reported in the issue was that the human brain was capable of structural change, and therefore psychotherapy could really change people – as if change were impossible without a biological legitimization, and all previous therapeutic successes had been due to mere chance. This third position, that we may well define as needless neuroscience, is yet another example of an inferiority complex on the part of systemic therapists, who either ignore brain research or try to be legitimized by it. If we want to find some way out of the mind/body dualism that could go beyond the denial of the mind, the denial of the body or the instrumental use of a possible mind/body unit, we have to look elsewhere.

Theoretical ways out: from Bateson to neuroscience

In 1976, Gregory Bateson promoted a virtually unknown conference, 'addressing the pathology of Cartesian mind/body dualism' (Bateson, 1976, p. 56). To Bateson, the mind/body problem was probably what Wittgenstein (1953) would have defined as a 'bad language game', one to be dissolved, rather than solved, by good philosophy, just by explaining its inner inconsistency.

The problematic nature of what we . . . discuss has been grossly increased by those philosophies and religions which divide the mind from the body. Equally to blame in this respect are those who would separate the Creator from the products of creation and those who would deny mental

and spiritual characteristics to components of the biosphere other than man. Each of these positions proposes the same dualism.

(Bateson, 1976, p. 56)

What Bateson posits as a totally theoretical (epistemological) statement, contemporary neuroscientists posit as the result of empirical research – although, to be fair, we have to consider their conclusions as *interpretations* of empirical ‘facts’ (facts, as such, have no definite meaning unless we give it to them), and there are interpretations of the very same facts that are reductionist to the extreme. But a great deal of contemporary neuroscience seems to support Bateson’s position. In the light of it, we may say that the distinction between mind and body is not justified if we consider the mind/body unit as a process, as Bateson does. The two domains, then, are useful for descriptive purposes, but the dualism has no correspondence to some material ‘truth’. The distinction between the two domains, though, may lead to what Bateson called ‘epistemological errors’.

Research on mirror neurons, motor neurons that are activated when we move, when we conceive a movement, and when we see another person moving, has demonstrated in a peculiarly poignant way that the very distinction between thought and action may be considered as an artefact. Within this frame, body acts have the same meaning (are the same) as mind reflections: ‘it’s in these acts, as *acts* rather than *mere movements*, that our experience of the surrounding environment is embodied, that things get for us an immediate meaning. . . . The *acting brain* is also, and first of all, an *understanding brain*’ (Rizzolatti and Sinigaglia, 2006, p.3).

The activity of mirror neurons shows also that the acting brain is an interacting brain: relationships seems to be built inside our very hardware. Thinking in this way does not subtract anything; nor does it deny the ‘reality’ (experience) of one’s mind: ‘To discover that a certain feeling depends on the activity of a number of specific brain systems, interacting with a number of body organs doesn’t diminish the status of that feeling’ (Damasio, 1994, p. 23).

Practical ways out: emotional dialogues

Even if we accept the theoretical way out of the mind/body dualism that stems from Bateson’s thinking and neuroscientific research, we are left with a practical problem: how can we go beyond what remains a dichotomy, between Minuchin’s vision, still very directive and authoritative (totally governed by final purpose), and Satir’s position,

which relies heavily on intuitive immediacy? Our understanding is that we have to look at emotions and their role within the therapeutic dialogue.

We may consider emotion as an expression of the pure body of the human animal, or as much more complex phenomena, as Darwin himself has observed. Let us just take one of his own examples:

Blushing is the most peculiar and most human of all expressions. Monkeys redden from passion, but it would require an overwhelming amount of evidence to make us believe that animals could blush. . . . Most persons, whilst blushing intensely, have their mental powers confused. . . . Persons in this condition lose their presence of mind, and utter singularly inappropriate remarks. They are often much distressed, stammer, and make awkward movements or strange grimaces. . . . It is not the simple art of reflecting on our own appearance, but the thinking what others think of us, which excites a blush. In absolute solitude the most sensitive person would be quite indifferent about his appearance.

(Darwin, 1872, quoted in Harrè and Parrot, 1996, pp. 302–310)

Here Darwin, with his well-known acumen, shows an in-depth understanding of emotional phenomena. Emotions, we can say, testify to a unit of mind and body which is embedded in relationships. This was already implied in William James' (1884) famous definition: 'I see a bear and I run, *then* I feel fear. Fear is, in a way, the information I get perceptually about the body arousal, a kind of body/mind short-circuit' (Damasio, 2004). Although the evidence to support the order of events that James postulated is somewhat equivocal, most modern theorists accept that emotions involve both mind and body (Oatley, 2004). At the same time, research on mirror neurons also supports the idea that emotions, rather than individual phenomena, are deeply interactive. Emotions, like any other action, are immediately shared when they happen. When we perceive joy or pain in another person, we put into activity the very same cortical areas that are activated when we feel those emotions (Rizzolatti and Sinigaglia, 2006). There is little or no difference, according to these findings, between feeling, showing that feeling, and perceiving that same feeling.

We may say, therefore, that emotions are one of the main means of communicating essential information about each other. If we accept this, then all our dialogues are emotional exchanges. This is the more important since dialogue, as a live enterprise, is not simply an exchange of words, but something that involves the (systemic)

interaction of whole persons, as Mikhail Bakhtin observed long ago (Bakhtin, 1935-1981), and John Lannamann emphasizes:

It is in the linked material activities of addressing and responding to each other – activities that are necessarily situated and embodied – that our utterances are shaped and interpreted. . . . In a heated family argument, for example, utterances are given shape and meaning in a way that the speaker, in retrospect, may regret or celebrate.

(Lannamann, 1998, p. 396)

It is within the realm of the therapeutic dialogue that the mind/body unit recovers its fullness. Our own body position and disposition is an important clue to meaning in dialogue. Only from our (bodily) position may we reach some meaningful understanding of the other. In a famous sentence, Bakhtin observed that nobody can fully have the sense of their own suffering, because they cannot see themselves from the outside. Nobody can see ‘the clear blue sky against the background of which his suffering outward image is delineated for me’ (Bakhtin, 1923–1990, p. 25). The therapist, then, can do something for her clients, first of all because she sees them from the prospective of another body.

Dialogue thus becomes a mental/bodily exchange, as may be exemplified by a clinical situation that happened to the first author. It concerns a therapeutic session with a client of his, a very passionate woman, about 40 years of age. One day she arrives at a session tense and challenging, and after a rather awkward moment asks the therapist: ‘Can I hug you?’

This puts the therapist in an uncomfortable position, with the risk of becoming either too intimate and enmeshed, or too distant and disengaged. In the end, he accepts the hug, and the client hugs him, despite some embarrassment on his part. The conversation that follows is rich and full, and in subsequent sessions there will be no trace of embarrassment – she will remember the hug as an important moment in her therapy.

Reflecting on the episode, the therapist can understand that it was but a moment in a complex dialogue. In the preceding session, she had talked at length about her difficult relationship with men, with several examples, and at the same time of her provoking, sometimes frankly aggressive attitude with them. When the therapist, leaning forward in his chair, had asked: ‘but what is the problem with men talking to you of sexual matters?’ she had cringed, bracing herself like a frightened child. This in turn had reminded the therapist of a

comment she had made during one of the first sessions, about her trust towards him. She had said: 'Well, I trust you, and I will continue to trust you, unless you made passes at me or I discovered you were a paedophile.' The therapist, putting together the idea of himself as a sexual aggressor, the evoked paedophilia, and her cringing like a child, had added: 'I have the impression that you tend to feel violated by men, especially when there are sexual matters involved.' She had accepted that reframing.

Thus we may see the request for the hug as a response to that previous exchange. If we take into account the whole therapeutic dialogue unfolding from session to session, we see that actions and words by the client and by the therapist had interacted with each other, each of them a part of the dialogue, the acts giving emotional force to words, the words lessening the ambiguity of the acts. We think this is what happens all the time in therapy, and, from this point of view, the dualism between mind and body simply makes no sense.

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