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Meredith B. McGuire
Trinity University

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Meredith B. McGUIRE

Religion and Healing the Mind/Body/Self

Pour comprendre le lien entre religion et santé, il convient de dépasser le thème de la régulation du corps. Bien que la religion implique la régulation et le contrôle du corps et bien que les pratiques de guérison rejettent ces fonctions, les relations entre le corps humain et la religion s'opèrent encore de bien d'autres manières. Nous parviendrons à une compréhension plus riche de ce lien en recourant à une approche sociologique large du corps humain, de ses maladies et de sa guérison en posant cette vaste question: Comment la religion est-elle impliquée dans ces processus complexes? Plus encore, je prétends que pour comprendre la nature de la guérison, nous devons considérer non seulement le corps physique, mais encore les relations entre ce dernier, l'esprit, le moi et la société. Des raisons théoriques et empiriques militent en faveur de cette conceptualisation unitaire. Lors de mes observations touchant des pratiques de guérison non médicales, dans le cadre d'un faubourg résidentiel d'une cité américaine, pour prendre un exemple, j'ai découvert que pour les partisans de différentes pratiques de guérison, le but attribué à cette dernière était la transformation du moi, voire dans certains cas sa transcendance (McGuire, 1988). Notre discipline doit non seulement considérer que l'esprit, le corps et la société sont reliés, mais encore les reconceptualiser en tenant compte de leur profonde interpénétration, c'est-à-dire les saisir comme s'ils formaient un phénomène quasi unitaire (McGuire, 1990).

In order to understand the linkage between religion and healing, we must go well beyond the theme of body regulation. Although religion does involve body regulation and control, and although these functions are reflected in healing practices, there are many other ways by which religion is linked with human bodies. We will arrive at a far richer appreciation of this linkage if we start with a broad sociology of the human body, its illnesses and healing, and ask the expanded question: How is religion involved in these complex processes?

In order to understand the nature of healing, we must address not merely the physical body, but the entire interconnection of body, mind, self and society. There are both theoretical and empirical reasons for employing this unitary conceptualization. For example, in my earlier empirical examination of non-medical healing in an economically comfortable suburban US area, I found that adherents of widely differing healing approaches considered the ultimate purpose of healing to be the transformation (and in some cases, transcendence) of the self (McGuire, 1988). Our discipline needs to reconceptualize mind, body and society, not merely as

connected, but rather as deeply interpenetrating, meshed as a near-unitary phenomenon (McGuire, 1990).

Disembodied Believers, Un-Emotional Minds, Objectivated Selves

Our discipline has been impoverished by an uncritical acceptance of an epistemological tradition in which things of the spirit have been radically split from material things, and in which mind is treated as utterly separate from body (cf. Gordon, 1988; Kirmayer, 1988). Where, in our studies of religious beliefs, believers and organizations, for instance, is there any recognition that people so much as *have* bodies, or that their bodies are related to others' bodies, or that these bodies matter very much?

When the sociology of religion has attended to the minds of believers, it has emphasized almost exclusively the *cognitive* functions of the mind, ignoring or relegating to psychologists the attempt to understand how religion is linked with people's emotions, perceptions, senses and feelings, imagination, and memory. As a result, our discipline has grave difficulties interpreting such important religious features as intersubjective experiences, healing and other ritual practices, and fundamental religious experiences — all of which involve social, yet often non-cognitive, processes of minds and bodies. Implicit in this approach is the tendency to objectify religion; in so doing, sociology of religion forfeits the possibility of grasping the dynamic, experiential, subjectively meaningful, emotionally exciting, indeterminate, motivating and active aspects of religion.

Let us assume that the human body is both a biological and a cultural product, physical and symbolic, always framed in a specific social and environmental context in which the body/mind is both active agent and yet influenced by each social moment and its cultural history (Scheper-Hughes and Lock, 1987). Let us appreciate that a person's subjective sense of self is intimately linked with body/mind. We experience things done to our bodies as done to our selves. In continually revised biographical memories, we accomplish narratives which give subjective meaning to our bodily and emotional experiences. Through our body/minds we experience our world — experiences of illness, pain, chronic disabilities and death, experiences of hunger and cold, experiences of childbearing, birth, nursing, experiences of aesthetic pleasures, sexual pleasures, and sensuous pleasures (such as the taste of "comfort food", the sound of a lullaby, a friend's supportive caress).

Until relatively recently, most sociological research focused on *ideas about* the body; this emphasis unfortunately promotes a tendency to *disembody* the very object of our study. In order to understand the role of religion in healing, we must go deeper than believers' ideas, attitudes, norms — although these are not irrelevant. The experiences of suffering, pain and illness are not merely "in the body" or "in the mind or spirit"; rather, they are experienced by the whole person as assaults on the body/mind/self. If we approach pain and suffering from the perspective of medicine's Cartesian dualism, we

produce an image of healing as a mere epiphenomenal add-on, something the mind or spirit was doing after the body was suffering. When we abandon the limiting epistemology implicit in the oppositions of mind and body, nature and culture, and individual and society, we can explore deeper and more far-reaching ways by which religion can be linked with the health and healing of the body/mind/self.

This article will outline some of the highly suggestive analytical approaches toward understanding these complex linkages. These approaches each have their limitations (although there is not space here to develop critiques of them), and we should avoid uncritically combining interpretations with contradictory epistemological assumptions. Nevertheless, while our analysis is still in an exploratory stage, there is much to be gained by considering insights from multiple, even contradictory, perspectives.

Using social theories of health and healing as theoretical springboards, I will outline some of the thoroughfares by which the individual's body, mind, self and society interpenetrate, constituting a unitary phenomenon. It is best to think of these thoroughfares, not as stationary paths between locations, but rather as ongoing, changing *processes* — indeterminate, yet constitutive of the unitary body/mind/self. I propose that a central task of the sociology of religion is to explore the role of religion in these processes. In so doing, we will better understand, not only how religious healing "works", but also a wide range of religious experiences, ritual practices, alternative ways of knowing, and experiential bases of religious community.

The Body in Question

In order to explore how peoples' bodies are affected by and, simultaneously, influence their minds, selves and social situations, it is helpful to consider that bodies are involved at multiple levels. Indeed, it is the fact that the body referent can operate at more than one level at once that makes healing and other symbolic actions effective. For example, among the Yolmo of the Nepal Himalayas, healing involves understanding vast and rich body significance. Bodies are like geometries, representing simultaneously cultural geographies of Yolmo villages, families and households, physical maps linking anatomy and cosmology, senses and orientations:

Pasang's fingers, for instance, are said to index the gods of the five directions: east, south, west, north, center. The syllables of the Buddhist prayer *om mani padme hum* register metonymically within her forehead, shoulders, navel, genitals, and feet, while the Buddhist invocation of deities *om a hum* (body, speech, mind) sounds through her *riser tshugs*, voice box, and stomach. The incorporeal *riser tshugs*, an entryway into the body just above the fontanel, houses protective gods. Deities also defend the other eight "gates" to the body: the eyes, nostrils, ears, mouth, and anus . . . Deities and knowledge inhabit an anatomy much as villages lie at specific sites along a pilgrim's route . . . Yolmo bodies, like the temples of lamas, are dense with meaning. (Desjarlais, 1992: 39-42)

Following Scheper-Hughes and Lock (1987), we may distinguish these multiple levels as (a) the lived or experiential body, (b) the political body, and (c) the social body (McGuire, 1990).¹

The lived body

The material reality of our bodies is part of the grounding of human experience in reality: the “lived” body is our vehicle for perceiving and interpreting, for knowing and interacting with our worlds. According to Merleau-Ponty (1962), this “lived” body² is the basis of our subjective reality, while simultaneously it is the vehicle for perceiving and engaging others. We experience our bodies in terms of “presence” — an immediately lived sensation, locating ourselves in relation to other perceived objects. This experience of embodied presence is both reflexive (as sensation of oneself) and relational (as presence to others).

Arguing against Descartes’ separation of matters of the mind from material matters, Merleau-Ponty argues that perception requires unitary body and mind involvement in even the most basic instances of sensing. He emphasizes that the lived-body’s capacity for self-movement, as a result of perception, is the basis of human agency. He asserts, “Consciousness is in the first place not a matter of ‘I think that’ but of ‘I can’ ” (Merleau-Ponty, 1962: 37).

Any study of healing must take into account that pain, suffering and illness are often experienced by the lived body as assaults; they result in an experiential sense of dis-ease. The lived body is not the same as the body-as-object. Thus, the objective character of a body that a doctor labels “diseased” bears little resemblance to the person’s subjective, lived-body experience of being ill. Through the lived body, we know our bodies as subject, as intimately experienced; by contrast, social bodies and political bodies tend to transform bodies into objects — objects of power, objects of scientific analysis, objects of medical intervention, objects of social control, objects for commodification, and so on. Cultural objectifications of the body can subsequently act back on the lived body, shaping the quality of its expressions and even self-experience.

The body and relations of power

A second level of body referent is the political body, through which the body is linked with relations of power. Power is probably the central analytical theme in the sociology of health and illness. Interestingly, power and relations of power are also central to understanding other ways society profoundly affects the body: sexuality, reproduction and gender issues (Bordo, 1989; Martin, 1987), war, torture and domestic abuse (Cooey, 1995; Feldman, 1991; Scarry, 1985), the conditions and relations of production and consumption (Featherstone, 1991; Freund, 1982), and so on. These examples all show that the body is both an *instrument of power* and the *site of struggles over power*. Although the theme of body regulation is too narrow, it is none the less one important way by which powerful social forces, including religion, influence the body.

Control, discipline, regulation. From the earliest formulations of Freud, Marx and Weber, social theorists have analyzed religion’s role in social control and body regulation. Religion’s role in body regulation is often indirect,

such as when religion is used to legitimate social structures like slavery or cultural patterns like body mutilation. Religion has exercised more direct control of bodies by itself promulgating moral norms controlling sexuality, reproduction, eating, drinking, entertainments, modesty, cleanliness and purity.

Weber’s studies of religion (especially the Protestant sects) and the emergence of rationalized forms of consciousness make another connection between religious control and the human body. Accordingly, ascetic discipline is the application of rationalization to the concrete individual body: religion regulates the body through a regimen of diet, hygiene, posture and exercise, self-denial, and a disciplined schedule of hours for sleep, prayer, work, etc. (Turner, 1992a: 115–138). Pursuing Weber’s rationalization thesis, Bryan Turner (1984, 1992b) suggests four aspects of societal body-regulation: control over reproduction of populations, spatial regulation of bodies, disciplines that internally restrain the body, and the control over appearances or body representations. Rationalized patterns of social control have spread well beyond their cultures of origin, transported through colonialism, globalized industrialization, and other transnational exercises of power. For example, colonial powers promoted disciplines, such as regimens for hygiene and public health, thereby controlling indigenous populations through self-constraint and not merely by external coercion (Comaroff and Comaroff, 1991).

Just as Weber hypothesized that different forms of religion unintentionally produced the kinds of individual habits, attitudes and motivations appropriate to various patterns of socio-economic organization (e.g. the “spirit of capitalism”), so too some recent sociological theories suggest that social control exists to produce “appropriate” bodies for late modern social conditions, especially conditions of production and consumption (Freund, 1988; Lock and Scheper-Hughes, 1990). The “appropriate” body/mind/self is “civilized”, as illustrated by Elias’s (1978, 1982) analysis of the development of etiquette and Freund’s (1982) examination of contemporary working conditions and roles. Core cultural values, such as competitiveness, youth and self-control are reproduced, for example, in Euro-American politically correct bodies, which are lean, strong, tightly controlled and fit (Crawford, 1984; Bordo, 1990).

Hochschild’s (1983) study of training of flight attendants documents the considerable self-constraint over body and emotions — both in their expression and in their very experience — expected of many contemporary workers. This kind of self-constraint and emotion-work is increasingly involved in producing bodies/minds “appropriate” for modern forms of work that require representing oneself — indeed, selling oneself as expertise or as service. Foucault (1977, 1980) described a western historical process culminating in a high degree of subtle coercion, surveillance, and use of “technologies of power” that regulate body rhythms, gestures and motion, and use of space. Accordingly, these technologies penetrate the “soul” and come to control from within the individual, resulting in docile bodies, socially regulated largely by self-constraint.

When we frame the linkage of religion and the body in terms of regulation, we must confront the themes of power, coercion and (often) violence. Who

controls whom? What are the sanctions, no matter how subtle, for deviance? How do power relations produce bodily and emotional illness; how do they also serve healing functions? Under what circumstances does religion legitimate oppressive social control of bodies/minds; when does it promote liberation?

Bodies in resistance, voices of dissent. Although body regulation and control are the most obvious ways power affects the body, another vivid instance of the political aspect of bodies is when they are used to express dissent or resistance. Some illness episodes have just such political significance. For example, the disruptive outbreaks of spirit possession among Malaysian factory workers (Ong, 1988) and the language of mentally ill homeless persons in the US (Desjarlais, 1994) are clearly political statements against the social controls and dehumanizing conditions imposed by powerful others. As such, they resemble strategies of passive resistance. Scheper-Hughes and Lock (1991: 423) remind us: “illness is also an act of refusal . . . assuming the sick role (especially the chronic sick role) signifies a refusal to endure, to cope. It says, ‘I will not any longer’”.

A more active and creative use of the body-in-resistance is exemplified by the many self-portraits of Frida Kahlo. Cooley (1994) observes:

Her body painted, over and over, is an artifact, a made thing. As made thing it maps a relation between her lived body as site and a cultural process of signification . . . This mapping . . . is marked by resistance — resistance to pain, resistance to conventional views of gender difference and female sexuality, and resistance to depoliticizing art, emotional life, and gender. (p. 107)

Often, however, illness is not an effective political form, partly because of resisters’ lack of power and inability to have their voice taken seriously. Like a scream, illness may be a highly expressive political act that is ignored or, worse yet, is used against the sick person as discrediting evidence. Thus, the alcoholism of a Native American may be a clear expression of resistance to the power of the dominant US or Canadian society, but it is ultimately self-defeating (Scheper-Hughes and Lock, 1991).

Although use of illness to express political resistance is often effective merely as a safety valve or opiate, its expression is potentially like revolutionary drama, giving resisters a voice. Indeed, expression of dissent may (occasionally) effect “healing” by literally acting out social-political contradictions. The political potential of even faintly resistant body/mind expressions is evident in oppressors’ attempts to forbid them. For example, in the 1980s China experienced a *qigong* “craze”, attracting tens of millions to the practice of new forms of traditional breathing and body exercises, often in the context of huge gatherings. Some forms, such as “crane” *qigong*, emphasize spontaneous bodily and emotional expression, frequently in frenzied catharsis and ecstasy (which violate strong Chinese cultural norms). The rise of *qigong* practice apparently parallels the dashing of hopes of democratization and, especially in its spontaneous forms, *qigong* is a way of bodily and emotionally expressing protest against contemporary repression

and years of suffering under the Cultural Revolution (1966–1978). The fact that by the end of the 1980s Chinese authorities were systematically suppressing and delegitimizing spontaneous forms of *qigong* shows the political potential of expressive bodies (Ots, 1994).

Many persons expressing dissent or resistance through their bodies do so relatively unawares and incoherently, because they lack understanding of the sources of their suffering and access to effective ways to articulate what they do understand. Theirs is more of a lived protest.

The social body

The third avenue for the interpenetration of body, mind, self and society is the social body. Since Durkheim, our discipline has been aware that human bodies are important symbols of social meanings. Likewise, society uses body parts, postures and functions, not only to *represent* meanings but also to reproduce or transform them. Furthermore, for the individual member of society, these body images and meanings are linked with conceptions of one’s self and one’s relationship with the larger material and social environment.

Anthropologists have considered the human body, its parts (e.g. the stomach, the shoulders) and products (e.g. sweat, milk, blood) to be a cognitive pattern, like a map, representing important social relations. Douglas (1966, 1970) referred to the body as a “natural symbol” which can be used metaphorically; she observed, for example, how concerns about the body frequently serve as metaphors for social concerns like order and boundary maintenance.

Illness is often a metaphorical expression of people’s somatic, emotional and social concerns, literally embodied in the sick person’s experience of pain, suffering or disability. For example, in Iran, a “pressed heart” is a culturally meaningful idiom for expressing distress, linking a set of social concerns: infertility, attractiveness, sexual intercourse, pollution and old age (Good, 1977). Similarly, in China a wide range of problematic feelings are expressed somatically (e.g. anger is identified with the liver, anxiety with the heart, and melancholy with the spleen), because of a cultural tradition of repressing emotions, due to strong norms to produce correct social behavior (Ots, 1990). These feelings are not merely translated into somatic metaphors for communication, but are *experienced* somatically.

Although each culture has its own repertoire of meaningful idioms of distress, there are often interesting cross-cultural similarities in both physical and social-emotional features. One study compared descriptions of “nerves” as an illness experience in Kentucky, Newfoundland, Costa Rica, Guatemala and Puerto Rico. Low (1994) observed that in all five cultures, “nerves” is the embodiment of adverse existential conditions and disorder (e.g. family disruption, personal loss, political terrorism, desperate poverty), expressed through culturally recognizable bodily experience. She concludes: “Nerves embodiment, thus, can communicate the disintegration and breakdown of the self/society contract in explicitly bodily terms with the body disturbances reflecting the nature of that disturbance” (Low, 1994: 157).

Even when it has socio-psychological sources, however, distress is not

simply “in the mind” but also is a bodily phenomenon. For example, Low’s study found that the experience of “nerves” involves emotional experiences (e.g. sense of anxiety, fear, “going to pieces”), inextricably interwoven with physical sensations (e.g. body aches, sweats, weakness, trembling) and a generalized disturbed sense of body (e.g. sense of one’s body so changed that it is not recognizable). Western medicine’s labeling such illness as psychosomatic or psychogenic delegitimizes, trivializes and distorts people’s real suffering. For instance, to label the suffering of a Salvadoran refugee in the US as “post-traumatic stress disorder” is to isolate and euphemize the consequences of pervasive political violence (Kleinman, 1992; Kleinman and Kleinman, 1991).

Thus, the social body (with its cultural repertoire of metaphorical meanings) is connected to the political body (with its contentions over power to define ideology and the very terms of discourse about the body). When the metaphorical meanings of body are culturally imposed by a dominant ideology, they have the potential to inflict on some persons (especially the relatively powerless, such as minorities and women) a negative self-image, further distress, ill bodily and emotional experiences, and often outright abuse (cf. Cooley, 1995). Because such ideology is imposed coercively and often is religiously legitimated, it simultaneously causes suffering and robs sufferers of the validity of their own experiences. For example, those in power can say: “Your pain isn’t real; it’s all in your head,” or “You bring your suffering on yourself by not being a ‘good’ woman.”

Nevertheless, the social meanings of the body point to how healing is possible: when body metaphors and symbols are ritually realigned or reconnected, the sick person may experience a body/mind/self transformation culturally identified as wholeness or healing. Thus, in healing, the body is inextricably linked with processes such as imagination, symbolization, language and memory. Because the body/mind/self operates as a unitary phenomenon, it includes emotions, memories, postures, senses, balance (in more than merely the physical sense of the word), relationships, self-image, sense of empowerment, imagination, attitudes, spiritual qualities and processes.

There is considerable evidence in anthropological studies that healing practices “work” by symbolically accomplishing real effects on the sick person’s body-/mind-/self-experience (Csordas, 1994; Desjarlais, 1992; Kapferer, 1993; Lock, 1993; Stephen, 1989). Religions are, cross-culturally and historically, important sources of these social meanings and ritual practices (see Kasulis et al., 1993). The body/mind thoroughfares that make these effects plausible are suggested by the nature of ritual practice.

Essentially, *ritual practice* is symbolically laden action (e.g. posture, gesture, pronouncement) the performance of which is intended to accomplish what it represents. Bourdieu (1977: 124) argues that in learning a culture the individual acquires, to some degree, “a socially informed body” which is structured by its learned tastes and distastes. Its socially shaped senses include not only such senses as smell or touch, but also the sense of beauty, sense of propriety, moral sense, sense of humor, sense of the sacred, sense of responsibility, and so on. Through cultural practices — some of which

are very mundane and usually unnoticed (such as routine postures and gestures) and some of which are milestone events (such as rituals of initiation), individual bodies are informed, renewed or transformed.

Body practices can make body metaphor a physical, mental and/or emotional reality. For example, in most East Asian Mahayana Buddhism, enlightenment involves the entire body/mind complex: “We become the buddha through our bodies,” according to Kukai (774–835 c.e.), founder of Shingon Buddhism. Kukai emphasized use of specific spiritual practices to accomplish mental, verbal, and bodily intimacy with the buddha. Mental intimacy is established by various practices of meditation; verbal intimacy occurs through the discipline of the mantras, which are not merely representations of ideas (much less verbal “prayers”) but are literally bodily harmonizing with vibrations or resonances, produced in the sound of mantras. Behavioral intimacy occurs through body practices, disciplined bodily postures, especially hand gestures, which not only represent and express the meaning of enlightenment, but physically mimic gestures of the buddha which embody the buddha’s own enlightenment. Accordingly, through these practices, enlightenment becomes a practical reality — not merely a metaphysical theory: the practitioner embodies buddhahood (Kasulis, 1993).

Thus, the human body is profoundly social. It is “shaped” to eat, sit, greet or dance in culturally specific ways. Its very senses are socially informed. Each culture imbues the body with myriad meanings which serve as both maps and repertoires for individual experience and expression. This meaning, however, is not merely a cognitive or symbolic overlay. Rather, comparable to how the music of an *étude* becomes part of the ways of the hand (Sudnow, 1978) through ritual practice, social meanings become physically embodied.

Religion and the Body

As the above descriptions of mind/body/self thoroughfares suggest, for many individuals and in most cultures, religious feelings, senses, practices, and meanings are woven throughout. Although my initial goal in exploring these themes was to grasp *how cultural practices (such as spiritual healing approaches) “work”*, this literature suggests a number of other important features of religion that are better understood using such a unitary conceptualization of mind/body/self.

Religious feeling and emotion

Religion is a particularly important social activity for analyzing this theme, because — more so than most human activities — religion allows (indeed, encourages) the total involvement and absorption of the body/mind/self. Although our analysis should include religious *ideas* (theologies, authoritative texts, moral reasoning etc.), *other* aspects of religion may be more important. What features of religion make such thorough (and often, intense) involvement possible? Space does not allow for full examination of

how religion engages emotions, imagination, memory, perception and senses, which in turn are powerfully linked with bodies, but our discussion of the role of emotion will suggest some ways religion evokes this body/mind/self involvement.

Emotion may be the dynamic that mediates and integrates the lived body, the social body, and the political body (Lock and Scheper-Hughes, 1990). Emotions clearly affect how individuals experience their bodies, illnesses and pain; individual illness often reflects dysfunction or disruption of the social body and the body politic. Lock and Scheper-Hughes propose that emotions serve as bridges among these aspects of bodyliness, because they entail both feelings and cognitive orientations, public morality and cultural ideology, while simultaneously providing a force or intensity for interpersonal communication and action.

Lyon and Barbalet (1994) argue that emotion is the dynamic that makes bodies active (agents) and communicative expressions of self. This conceptualization is a useful corrective to overly-deterministic images of body as produced by and subject to powers-that-be (political bodies). Accordingly, the human capacity for social agency arises from the experiential realization of our presence in the world. They further note that emotion is not only embodied but also fundamentally social — not an inner thing but a “relational process”.

Building on Merleau-Ponty’s phenomenology of the senses, Cataldi (1993) describes emotion as “living meaning”, as parallel to the experiential, ongoing character of the “lived body” described above. She argues that emotional depth involves changes in our identities and transformative leaps in the patterns of our perceptions. Like body practices, emotion practices (which she views as ways of patterning perception) serve to inform and transform the self. Cataldi (1993: 174–175) states:

We speak, for example, of being in awe or of standing in reverence, of being in mourning when we are deeply grieved, and in despair when we are deeply in sorrow, in terror, in agony or in ecstasy, in love, or in remorse. This *in* is an *in* of “*inmergion*” . . . In experiences of emotional depth, we, as embodied beings, are “*in*” a sensitive space and experience ourselves as *in-merged* with-in a surface of sensibility . . . The “*deepest*” of our emotional experiences are those “*in*” which the body–world boundary is de-bordered or altered to such an extent that intentional and dichotomous characterizations of the emotional experience break down.

She likens the very deepest of these experiences to what William James (1958: 61) called an “undifferentiated sense of reality”, “as if there were in the human consciousness a *sense of reality, a feeling of objective presence*”. Thus, the lived body and living meaning (deep emotion) are connected with profound religious experiences of intense intersubjectivity (communion) and mystical experiences (union).

This description of intense body/mind involvement parallels what Csikszentmihalyi (1990) calls “flow”. He observed that his respondents, skilled participants in activities requiring high levels of mental and physical concentration (e.g. rock climbers, chess masters, surgeons), described a special, holistic state of consciousness/sensation during periods of intense

involvement. Csikszentmihalyi uses the term “flow” for this experience in order to capture the sense of a dynamic current, in which the individual feels in control of her or his actions, yet experiences little distinction between self and environment, stimulus and response, past, present and future. The individual remains an active agent, but the self dissolves and the person becomes immersed/one with the activity (Spickard, 1993).

Religious practice

Sociology of religion needs to study the cultural practices by which ideas, feelings, senses literally become embodied. Specifically, in order to understand healing and other religious practices by which the entire body/mind/self are affected, we need to analyze uses of symbols and rituals by which believers may transform their selves. We need to examine how body practices (such as ritual touching or maintaining ritual postures) may effect desired changes in emotions, cognitions, sensations or spiritual awarenesses. How do rhythms (such as ritual percussion), resonances of sound, patterns of chant, dance, and so on, shape the body/mind/self? We need to appreciate how everyday body practices (such as preparing and eating food) serve as complex, multi-level symbols (for example, simultaneously evoking meanings of spiritual, social, emotional, and bodily nourishment). Even such seemingly mundane cultural practices may affect a person’s entire well-being and accomplish healing.

Are there not also religious practices, such as visualization, meditation and collective remembering that may effect real changes in the individual’s body/mind/self? (See Csordas, 1994; Desjarlais, 1992; Leder, 1990; Stephen, 1989.) If emotions and other aspects of the mind are thoroughly influenced by and themselves interpenetrate the many aspects of the body, then religious practices which symbolically rearrange these meanings can be literally transformative.

Alternative ways of knowing

One important theme for further inquiries is how bodily and emotional self-experience are linked with *ways of knowing*. Western society has been mistrustful of non-cognitive apprehension and non-linear, non-rational ways of knowing; accordingly emotion has no place in scientific discourse (Jaggard, 1989; Lutz, 1990). Rather than seeing emotion and reason as mutually exclusive, we could view them as two mutually generative aspects of the mind. Sociology of religion needs to explore the emotional component of ways of knowing, since much religious belief and behavior otherwise appears to be utterly irrational. Might an acceptance and refinement of our own emotional — as well as cognitive — ways of knowing enable us, as scholars, to better comprehend the experiences of those whom we purport to explain?

In western science, bodies are used as “tools” by which we gather our empirical observations, but “knowledge” is viewed as a purely mental operation. Might bodies, however, be more immediately involved in our ways of

knowing? Even as social researchers, our bodies are our fundamental phenomenological basis for knowing our everyday worlds and interacting with them. Thus, to a certain extent, most knowledge — even empirical ways of knowing — is deeply linked with the body and its culturally formed senses. By inattention to the importance of our bodies' role in apprehending our worlds, we are missing the opportunity to develop methodologies that may give us better insight into religious feelings, experiences and behavior.

Furthermore, the body may have a *direct* role in knowing. Csordas asserts: "Somatic modes of attention are culturally elaborated ways of attending to and with one's body in surroundings that include the embodied presence of others" (Csordas, 1993: 138). Somatic modes of attention, thus, refer to a form of sensory engagement that is linked with intersubjectivity. For example, when I am dancing with my partner, I am attending to my senses that are actively engaged in apprehending his embodied presence. We can smoothly move together (and derive pleasure from dancing together) because of that direct intersubjectivity. Dancing as a couple, thus, requires mutual somatic attention and intersubjective engagement of body/minds; it is not a matter of two individuals mentally encoding, transmitting and decoding signs which they then mentally translate into direction and motion for the relevant parts of their bodies.

The hypothesis that somatic modes of attention enable us to apprehend or know directly through our bodies may help sociologists understand such seemingly irrational phenomena as intuition and "gut-level" hunches. It may even be related to such cultural elaborations as *couvade* — the phenomenon of men's experience in their own bodies of their wives' pregnancies, including the sensation of body-expansion of pregnancy and the pangs of childbirth. Csordas (1994) suggests that such somatic modes of attention may account for divination and discernment, such as Catholic Charismatics' way of discovering the root causes of a person's illness (and, by extension, how best to heal that individual).

Might we better understand some instances of mystical awareness as manifestation of bodily ways of knowing? For example, the women mystics of the 13th century practiced forms of spirituality that achieved mystical union through intense bodily identification with Christ. They sought to mystically know Christ's humanity — his "physicality, his corporeality, his being-in-the-body-ness" (Bynum, 1991: 129). One particularly female form of spirituality, receiving the Eucharist, involved the incorporation of self into Christ and Christ into self as a matter of flesh swallowing flesh. Another form of spirituality involved fusing with the body on the Cross through physical suffering, especially through illness and self-mortification (Bynum, 1991).

Particularly interesting, as an example of bodily ways of knowing, is the mystical theology of Hadewijch, a 13th-century Beguine (i.e. laywoman, living and praying communally with other devoted women who were neither cloistered nor had taken religious vows). Hadewijch's writings describe a way of knowing and loving God that is both fully mutual and embodied. In mystical union, ascetic, erotic, sensual and ecstatic experiences fused. Although some male mystics of that period also used erotic images and

metaphors in describing mystical union with God, Hadewijch is unique in her development of a theology of mutual loving: she and God were mutually lover and beloved, conquerer and conquered, receiver and received, penetrator and penetrated (Milhaven, 1993). The possibility of bodily ways of knowing helps to account for the fact that women mystically knew God differently from how men of the same era knew God. It also helps to explain why women mystics developed a different way of loving.

Intersubjective experience

The unity of body/mind/self makes plausible the idea that religious experiences are fully social and even intersubjectively shared. The participation of "mindful" bodies in ritual action can create an intense sense of togetherness. Borrowing an analogy from Schutz (1964), Neitz and Spickard (1990) have observed that — like making music together — such shared religious experience can create a sense of sharing vivid present time — an experiential communion. They interpret these experiences as a resonance of several individuals' experiences and thus a sense of sharing "inner time". Spickard (1991) suggests, for example, that participants in a Navajo "chant" — several days and nights of collective ritual acts — can attune their subjective experiences toward the culturally valued sense of harmony between the individual, social group and environment.

Such reinterpretation of intersubjective experiences is applicable to many other religious actions. For example, might a pilgrimage be better understood as the body/mind/self experiencing a spiritual transition in an emotionally and socially shared cultural practice, which is simultaneously an intense physical, mindful and socially meaning-laden journey? This approach confirms the reality of the whole transformation, rather than viewing the pilgrimage as the mere symbol or idea of a hoped-for spiritual development. Indeed, it suggests that the physical, emotional and social aspects of the journey itself are part of the actual *accomplishment* of transformation.

Recognizing the reality of similar intersubjective experiences might help us better conceptualize the role of the guru, mimesis of whom leads to self-transformation. We might better appreciate a deeper meaning of communion and how body practices (such as sharing a ritual meal) may produce intense shared religious experiences. Similarly, the possibility of genuinely intersubjective emotional experience deepens our understanding of religious qualities such as compassion — literally, co-feeling (Leder, 1990).

Conclusion

In order to understand the linkage between religion and the human body, it is useful to analyze the many "thoroughfares" through which body, mind, self and society interpenetrate. When we speak of "body" we refer simultaneously to the lived body, the political body and the social body. Thus, religion is both a source of body regulation and constraint, and an avenue for resistance to such control; religion both informs and expresses social

meanings. Ritual practice may be effective precisely because of its ability to metaphorically address and transform the unitary body/mind/self. Furthermore, religion promotes the total involvement and absorption of the body/mind/self, through its use of emotions, imagination, memory, perception and senses.

Sociology of religion needs to start from a unitary conceptualization of body in order to better understand not only healing, but also alternative ways of knowing (such as mystical awareness) and intense intersubjective experience (such as communion and compassion).

NOTES

¹ The number of "bodies" distinguished by various theorists has proliferated, but most of the additional concepts can be adequately subsumed under these three.

² This is not Merleau-Ponty's term but the closest English phrase to both his meaning and the terms of German phenomenologists, such as Husserl, who were exploring similar issues.

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Meredith McGUIRE (PhD, New School for Social Research) is Professor of Sociology and Anthropology at Trinity University. She is past president of the Society for the Scientific Study of Religion and of the Association for the Sociology of Religion. Her books include *Religion: The Social Context* (4th edn 1996), *Health, Illness and the Social Body* (with P. Freund, 2nd edn 1995), and *Ritual Healing in Suburban America* (1988). Address: Dept. of Sociology and Anthropology, Trinity University, 715 Stadium Drive, San Antonio, Texas 78212, USA.