



Michael C. Heller (born in 1949) is a psychologist who works on clinical and experimental research issues related to body and mind. His knowledge on this field has been summarized in his books: *The Flesh of the Soul* (2001, Peter Lang), *Les Psychothérapies Corporelles* (2008, De Boeck) and *Body Psychotherapy* (2012, W.W. Norton). He has participated in the creation of several journals in the field of body psychotherapy, and has occupied key posts in the European Association of Body psychotherapy (Vice President, Chair of the Ethics Committee and Scientific Committee). He publishes and teaches internationally. He is now practicing psychotherapy in Lausanne (Switzerland).

Serge Prengel, LMHC is the editor the *Relational Implicit* project (<http://relationalimplicit.com>).

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: Hi Michael.

Michael Heller: Hello Serge.

Serge: So, your book on Body Psychotherapy: History, Concepts, and Methods is coming out in the US, translated from French, and maybe that's a good opportunity for us to talk a little bit about how you work.

Michael: Well, first thing, just I'd like to thank Marcel Duclos who did the translation, because that was a lot of work. But yes, it's a good way of – the book in a way groups everything I did in my life. So, when I wrote the book I discovered what I was doing, and I shaped it. And so maybe it's a good way of describing the great variety of methods I use.

Serge: Yeah, yeah. So the book was a way of putting, you know of thinking about the larger context of where you work, and yeah. So we're not so much talking about the book now as we're talking about how you work, and maybe one way to start is to talk a little bit of where you're coming from, how you were trained, you know, how you came to be who you are now.

Michael: So, my basic training was in cognitive psychology – developmental cognitive psychology - in Geneva with the team of Jean Piaget. I was there at the end of his teaching period and then his team continued the teaching. But I was already interested in theatre very much, and therefore on relation between body and mind was a general interest, which was also triggered by Nietzsche; and then I started to take tai chi, yoga, psychoanalysis, meditation, on top of doing some Piaget work. And finally I decided it would be good to have parallel training in practical emotional dynamics, because Piaget didn't talk of the emotions at all. He talked very beautifully of the mind, of the body, of gestures, but not of emotions. So I ended up my studies at the end of the 70s being both a body psychotherapist and an experimental psychologist. And then for my PhD I tried to synthesize the two fields by working on nonverbal communication. I did a thesis on postural dynamics and social status, where I tried to combine, in my way of coding body movements, what I had learned from methods like Rolfing - that use biomechanical ways of reading the body, and the sort of methods

developed by people like Gregory Bateson or Adam Kendon, or Siegfried Frey – with whom I did my thesis – to analyze body movement. I also integrated methods of coding the face with the Paul Ekman and Wally Friesen in San Francisco. And so, if you just see just my official development, if I can say things like that, from the start I started combining academic psychology, nonverbal communication, and body psychotherapy - as defined by Gerda Boyesen.

Serge: Yeah, and you trained with her yeah?

Michael: Yeah.

Serge: So, what brought you then to pay attention to not just what you were trained in, but the larger universe of body psychotherapy, or you know in the case of the French book, the title is plural, talk about the psychotherapies, so a sense of all of these different fields where this hasn't been a unified field called body psychotherapy until relatively recently, but a lot of different schools?

Michael: Well, I hesitated between training in psychology and sociology. And so actually I was reading a lot of sociologists, like for example Bourdieu, who liked to talk of fields, social fields, of its spheres and ways of living and types and ways of working and so on. And I also have an academic mind, which is that you should know all the theories and not just one. So by reflex, in a way, I couldn't learn something without looking at competing theories. That's an academic reflex I cannot avoid. So from the start also I had wide interests, you know we were in the 70s. Everybody was doing yoga, and meditation, and listening to rock and classical music at the same time... You couldn't be a student in those days and just focus on one theory or you would be called a square person – is that what you say in the states?

Serge: Right.

Michael: So that was the general outlook. So I liked learning specific methods because that's how you learn. But I didn't believe in specific techniques in the sense that I didn't believe they were the only good ones. It's just that I believe the more you can go deeply with one method into reality, the more in fact you will discover the real complexity of reality.

Serge: Yeah, so in other words a method is only a gateway.

Michael: Yes.

Serge: And it's nice to master it, you know, because then you have the benefit of other people's experience – but it's only a gateway because then the reality you discover is something that doesn't have anything to do with the method itself.

Michael: Exactly. An example was when I started in nonverbal communication I thought you would learn to say, "ah, that face means this," or "that gesture means that." And I did a very incredible thing, even in those days, although some people tried in those days, nobody does it today anymore. I started coding every single part of the body, every image of the videotapes I did nonverbal communication with. So that means - if you think that there are twenty-five images per second - I would analyze the body twenty-five times per second, coding each part of the body. And then we

would use programs¹ to analyze the data. Because... Quickly I discovered that a psychotherapy session manages more than a million body signs between a patient and a therapist. Something consciousness could never deal with. And this was a crucial experience for me too, which shows how going into details makes you go much further than what your conscious has ever imagined. I don't think many people realize how much information is transferred in a simple conversation between two people.

Serge: Right. So that's interesting because in a way, very similar to the point you made about the specifics, having the experience of actually coding body language, nonverbal communication, and having then decided the further perversion, if you want, that you were not just going to code a moment, but every sequence of image in the second and then every part of the body. For you, the experience of the complexity of body language and moment-by-moment experience is not just a concept, but it is an experience where you actually lived enormous amounts of time dealing with that.

Michael: Exactly. For example, I published an article on depression. I had used a coding system called Facial Action Coding System (FACS) of Paul Ekman and Friesen, Wally Friesen, where we analyzed every muscle of the face, which is much less than the whole body of course, although the face is where most of the action is. And I had analyzed each muscle of the face, as is usually done in FACS, and compared twelve patients. I just coded about twenty seconds of film, and I showed that there was not two depressive who had the same expression. There wasn't one single unit, apart from eye blinks, that could be found on all the depressive patients I had analyzed. Which shows how even if you try to study a very well defined population, it's very difficult to find a characteristic that will endure through detailed research. You need to look very grossly at things to have the impression that all the depressives are the same.

Serge: But that would actually be an interesting question, so in a way, with the diversity of people when you look at the very specific, what is it that in our mind helps us find a pattern that we have this impression that they're similar?

Michael: Well the answer to that question I found working with Siegfried Frey on nonverbal communication and depressive patients. He and some of his colleagues like Walid Daw, who's also a body psychotherapist now, studied depressives and they tried to check the hypothesis that depressive patients move less than non-depressive patients... which is a well-known cliché on the behavior of depressive patients. And they found no significant difference. But, what they did find is that the depressive patients, when they were really depressed, had less complex movements. For example, if my head goes up and down, this is one dimension of mobility. If it goes sideways, left and right, it's a second dimension of mobility. So depressive patients have the tendency of using one-dimensional movements more than four-dimensional movements. So, what happens with the therapist is bizarre. He doesn't see those very complex sensory motor patterns. What he does... but we know the brain can perceive them. In the brain, let's say the data is processed, to be exact (because one doesn't say the brain *perceives*, but they do data management). So the data management of the brain creates in the therapist the impression that the patient moves less, or has less activity. It's a fuzzy impression. He has just the *impression*, or [that] the patient seems less active or something. And so what he then tells everyone is: he moves less. Because what really works is the impression, the clinical impression. There's something [that's] less, but I don't know

¹ These programmed had been written by Siegfried Frey's team in the Bern Faculty of Psychology.

what it is. But instead of saying “there’s something less and I don’t know what it is”, they try to look very technocratic and scientific, and so they say “he moves less”. And you have thousands of psychiatric professors with published books and written articles on depressive patients that move less. But apart from the very obvious ones that don’t move at all, it hasn’t proved correct if you really start looking at people.

So I do believe in something like a therapeutic instinct or a therapeutic form of awareness, but it’s an impression – it’s not something you can pinpoint. And that impression, after some time, can become pretty reliable.

Serge: So something, you know we’re talking about the way you work with your patients and how your sense of yourself is somebody who is very much paying attention to what happens, not just what the words are but, you know what is happening verbally, nonverbally, bodily, but also has a sense of in a way some limitations of what you observe, that you’re not going to be able to really, you know there’s a lot of stuff that’s not going to be actually captured...

Michael: Yeah.

Serge: ...But on the other hand that some general impression that is very useful and is very positive, very appropriate, is going to emerge.

Michael: Yeah, well that’s what I always tell my patients I don’t understand why they change. Most of them change; not all, but most. And when they tell me “how did you manage that?” I say, “I just have confidence that the type of process I propose to my patients somehow works.” The mechanisms are much too complex for your consciousness and my consciousness; therefore I don’t ask my patients to understand everything that happens to them. I teach them to observe the things that are happening and not to need explanations for everything.

Serge: So, you know when you say observing, what kinds of things do they – and I’m assuming, of course, that you’re not doing the same thing with every patient, everybody’s different, you interact with people differently – but what kinds of things do you help your patients observe?

Michael: Well there I stay very concrete. For example, I always reread the first session, when the person explains why they come. And very often we observe that all the reasons they came for don’t exist anymore. For example, they were not married, now they’re married; they were out of a job, now they have a job. Things in their life at the very concrete level have changed. It’s not some bizarre intellectual thing. There’s also... for example, I work a lot with dreams. And there are dreams that are relevant at a certain moment of the therapy. Like once there was a lady, she kept dreaming [things like] of a red Indian [is] trying to capture a fish. And that seemed highly relevant to our relationship. And also to the reason why she couldn’t find a man. Because every time there was a man, she would sort of slip out of his hands. And so we started talking of that image a lot, and somehow – after six months – we both decided together: well that image isn’t relevant anymore, that’s not where she was anymore. There were other issues. So those are the type of transformations I’m watchful for.

Or for example one day I was doing massage to a woman. And I noticed she had good back muscles, and she had good arm muscles, but the muscles that connect the arms to the back were completely hypotonic, they were like gelatin – they had no consistency. And we started talking about how to connect the strength that is in her back to what she does with her hands with people. And she had some trouble finding a good job or a place where she could express her creativity and things like

that. And as we started massaging those muscles, and talking about what was happening in the body, while we were massaging these muscles, somehow something connected – the muscles became a bit firmer, and what she was expressing to people and her way of interacting with people brought her closer to her aims. So somehow she was becoming more efficient. Those are not things... I can't tell you why those things... you know what are all the connections in the organism that created that increased capacity. But I just observed that it happens. [And then we ...] Well, we're in a French speaking country. So I say, "let's drink an imaginary champagne bottle to that change". Because sometimes, after two years, people say, "ah, nothing has changed." And in fact, many things have changed. So when there is a change, we celebrate it with an imaginary champagne bottle. Like this the person can't say there has been no change.

Serge: Yeah, so that sense of really observing what is, and a certain distrust of putting theory somewhere between – in the middle of the process. Other than is it a hypothesis?

Michael: In my case, there's no distrust. That's where I say when you go sufficiently in the details, then you can really start thinking. So, I've gone pretty much to the details of various theories. I just know that none of them are good enough, so I don't even need to distrust theory. I know that it can only help me as a tool can help me. I can use knives to do that, and forks to do that; so I can use that theory to do this and that theory to do that, but I can't say a theory can put itself between the person and myself.

Serge: So when you're working with clients not all of them come to see you because of body psychotherapy, you know people come mostly because of their own problems, and this and that. How do you pay attention to the relationship, how does that relationship become visible in the room, how does it effect the kind of work that you do with a specific client?

Michael: Well, one core concept I have is that of *co-consciousness*, which I stole from Philippe Rochat, who's the person who wrote the preface to both the French and the English volume. He teaches at Emory University in Atlanta, near Atlanta in fact. Co-consciousness means that the only things I dare to work on with a patient, without becoming too intrusive, is what we're both conscious of at a given moment. I want – sometimes I explain something to a patient and I see he's lost. And then, I say, "okay, that's not a topic to work on right now."

Serge: So in other words, it's not in the field? It's only in you, but not in the field.

Michael: I don't know how you say that in English, in French, in cooking techniques in France, we say: "mettre ça en réserve".

Serge: Yeah, you set it aside.

Michael: I write the thing down, "oh, a person's not ready for that topic, but I mustn't forget it."

Serge: Right, backburner.

Michael: The person might be ready for that topic [latter]. What I'm looking for is where our co-consciousness can develop. So, I usually tell my patients how I understand them, and I never say, "this is what you are;" I say, "please correct me if I haven't understood you correctly." Or they often ask me "do you have a diagnostic," or "do you have an analysis of me?" Well I say: "well for the

moment, my scenario is this one, but I don't know if it's the correct one, and we're going to have to check together." So then, we check together. So that's my way of advancing. I think my core concept for my advancement in therapy is that.

Serge: Yeah, yeah, no that's a wonderful sense that therapy is a process and both the therapist and the client are very actively involved, and there's a limit to where you go if it's not shared with the client. So anything can only happen within its shared field, and there's a very active engagement of both of you contributing to going somewhere.

Michael: Yeah. So, my expertise for example. I use my expertise. I am a psychologist and a psychotherapist. So [I have some] knowledge. And if people come to see me, it's because I have that knowledge. Plus, because I have a certain experience in how to deal with psychotherapy. So, I can tell patients, "you know we have research that has found this and this and that, do you think this could be relevant?" Sometimes, for example, I use some of Ed Tronic's. I don't know if you know [Ed Tronick]? He works on repair systems for example, and several other things, by studying the nonverbal communication between mother and children. And sometimes, we just show them the film and says "do you think there was something like that in your family?" Or, there's a father who refuses to speak to his children; and I show to that father: "Well, this is what a still face does in one minute to a child. Yours lasts now for one week. And then you're astonished that the children are becoming chaotic?" Or, I could use the same film and say, "look how children usually react spontaneously: they shout, they cry, they hit, they laugh... where's that part of you?" So, I can use research like that, but not – again - not as a diagnostic, or like saying "that proves that you are like this or that you have that problem;" but [as] ways of exploring oneself with points of view that the patient didn't have before.

Serge: Yeah, yeah, so the image that comes to mind is the Dickens's story about the Ghost of Christmas's past and Scrooge. And you're able to see yourself to see the consequences of your action, and certainly gives you a possibility that helps you actually change.

Michael: Yeah. It makes it tangible – digestible.

Serge: Yeah. So you know actually that's interesting because that comes back to another conversation you and I had, and we're talking about what happens in therapy, and that sense of making existential choices about where we are. And it seems very related to that.

Michael: Well, existential choices are very conscious choices, very often. I'm looking for what I call "non-conscious choices." That is, somehow... I mean I believe that we're made of tools. People come in my room, and they communicate with me with the tools they have. Their way of smiling, of moving, of talking to me, of thinking, of experiencing their emotion is what they do everywhere – every day. And I'm assuming that they don't have the tools they need, otherwise they wouldn't be in crisis. So, I'm really working on a reshuffling of automatic non-conscious tools: all those slow movements I talked about in the beginning that we study in nonverbal behavior. There's no way they can be changed consciously. Just try and stop smoking consciously, it's a horror story, as you know, for most people who try. So, all those habits, one's scratching or one's nodding when the other one speaks... All these small gestures can never become conscious, but sometimes you can find a way of opening certain doors in a person, and somehow the reshuffling happens. [And suddenly...] It's not that they really made a real choice, but they notice suddenly that things are happening differently. And then we discuss about them, because sometimes they're worse things,

and sometimes they're better things. [It's not always...] Changes don't go only one direction regrettably. So, we're discussing those changes together. And some [times], we say, "ah, how can we avoid going in that direction?" Some days, somebody's taking drugs – that's not a good direction in terms of psychotherapy. But it happens! So they refuse to take psychiatric medication, but suddenly they find themselves taking more and more coke, for example. So that all sorts of change can happen. So it's not that suddenly, when new changes come, one has to follow them *necessarily*.

Serge: Yeah.

Michael: Then, that's where I bring in something like what you talked about, from a responsibility of one's changes. But it's good to know that one can change.

Serge: So, the sense that in that co-created moment, in that co-created process, you as the therapist are the person who holds the hope for change.

Michael: Mm hmm, yeah. I have nothing to add to that.

Serge: Yeah.

[I also hold, I think it's not only for change, but for increasing...] well my name happens to be Heller. And "Heller" in German means more light. You have "hell" which means light, "heller" which means more light, and "hellste" which means a lot of light. So I follow my name's direction, which is clarification. I help people to become clearer about what they can become. So I also strive to make them more honest [with themselves], to also accept what Jungians call their shadow, and to learn to live with things they cannot understand. So, it's both strengthening one's capacity to be aware, and strengthening the capacity for change.

Serge: Yes. And you know, what strikes me as we're coming to the end of this, is in a way we made the conscious decision at the beginning that we were not going to talk about your book, we were talking more about you in general. But in a way we come back to something that makes a lot of sense and puts the book in a different light, you know to talk about light. That process is very similar to you having wanted to pay attention to what all the various kinds of body therapies are, what they're coming from, what their orientation is – to have that thinking as a way for you to go beyond the specific theories or approaches, and to have that own, more mediated understanding of where you are.

Michael: Well, I had two main aims. One is, of course, allowing my colleagues, who often are stuck in a school a bit, to situate their school. Giving them enough knowledge – because not all body psychotherapists have studied at the university. So, one of my ideas was to give them the knowledge they could have learned at the university, that they don't have and which is missing for them, and therefore creates a lack of confidence in them. My idea was to say "even if you haven't done academic studies, once you understood a few basic notions that you do learn in academia, you can also accept that there are things you will never learn in the academic world, and that you are the recipient of the reform of knowledge and the aspiration of people that nobody but you can have." Like with things I tried to describe to you in this interview are very intimate details, in fact, is what goes into them. And if I would describe each type of case history that corresponds to what I'm talking of, we immediately have a very deep understanding of whoever we're talking of. It's maybe not a complete understanding, but I know few people who would have such an understanding. For

example, when I described that massage of the back and the arm, and how that brings me to psychological issues on creativity and the psychological connection between anger and creativity, and things like that. There are few people who can both follow the muscle and follow the creative process of the person. I don't know many people who do that – apart from all my colleagues.

Serge: Right, right. Great, so that's also a very big sign of appreciation for that very vast and diversified body of knowledge called body psychotherapy. Yeah, thanks, Michael.

 This conversation was transcribed by Michael Thomas.

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