

What do Science and psychotherapy have to learn about each other?¹

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1. Introduction: Science and love	1
2. The future paradigm	2
3. Body Psychotherapy's future	3
4. Clinical Research.....	3
4.1. Speculative research.....	3
4.2. Data	4
4.3. The end of individual research.....	5
4.4. Dreams at the end of a successful therapy.....	5
4.4.1. Theme I: Can an individual be a researcher ?.....	6
4.4.2. Theme II: Psychotherapists need to pool what they know to perceive what can be constructed on the knowledge they have an experience of.....	6
4.4.3. Theme III: The need to co-think together critically on published data	6
5. Conclusion.....	7

1. Introduction: Science and love

I once heard a recording of a master class given by the famous cellist, Pablo Casals. A pupil had just played a few bars of a Bach suite. Pablo Casals comments ironically that the pupil had played every note **correctly**. Casals knows that this music can express some of the deeper layers of human spiritual emotions, yet his reading has always respectful of what was written on the score. The irony of his voice makes one expect a comment on the opposition between exactitude and creativity or love. But in fact the wise master is playing with those who believe in such a simple cliché polarity; for he then comes back to the word 'correctly'.

¹ This publication on internet is made available for private use only. Any form of organized distribution of these texts requires my permissions as expected by the copyrights. This is the transcript of an EABP congress in Strasbourg (France), on *Love and Science*. I had been ask to represent the “scientific” dimension of body psychotherapy. Bernard Maul translated it, and published it: Heller, Michel (1993). *Wissenschaft & Psychotherapie – Was sie voneinander lernen müssen. Energie und Charakter*, 24, 8, pp.191-201. A few corrections were made 29.06.2006.

This time the tone of his voice does not express irony, but something between relish and respect: playing exactly what is written is already an immense effort, an expression of respect. It is a sign of respect for the composer, the music, and those who listen. Exactitude is perhaps not the ultimate attribute of love, but it is an important one. You will find this aspect of love in all human arts: drawing, dance, tai-chi, Sufi singing... and science.

For Aristotle science stems from the belief that all creatures, however small, are essential elements of the universe, and deserves the complete attention of all those who wish to understand not only the universe, but also its creator. Science is one of the tools with which we humans can create a more constructive emotional relation with the world we are part of. For example, it is the scientific community which deprived human omnipotence of the support provided by the belief that we have a privileged relationship with god, or that we are the centre of creation. Philosophers then followed, demonstrating that humans, animals, and even gods were of a more complex stuff than what our intelligence can master; and that what we believe to be true is often a mere projection of what our mind can imagine on phenomena we are not able to understand. This demonstration was a collective one, including thousands of thinkers such as Galileo, Spinoza, Hume, Kant, and Freud. The originality of this form of scepticism is that it does not lead to an assimilation of reality to pain, and from there to a form of passive resignation in front of suffering; instead pain is perceived as a force with which one can negotiate and reality is a land in which we can become creative. The many mistakes this project has made shows how human science is, and the few achievements shows that this project will need centuries to mature. Thus science, at its best, is much more than a pile of rational dried leaves: **it is a passionate plea that human creativity can improve what we will become, and that this life in this world can be worth living.** Scientists hope that knowledge will help humans to become less dangerous.

2. The future paradigm

Physics has already a history of at least 20 centuries. While most of the trees from which grew our present scientific knowledge of individual behavior were planted only a century ago. At first each tree grew, with the feeling that its survival depended on a constant fight against its neighbours. Today the situation has evolved so dramatically that psychology has become a forest in which each plant has acquired a function.

In most scientific approaches of human - and animal - individual life, the prevalent contemporary view is that behaviour, mind, physiology, relationships, interact constantly in an important way, and that affect is the 'roundabout' through which these factors are coordinated not only within a person, but also across persons. For example the idea that emotions may influence cancer and deep physiological functions such as the immune system, one of the themes which brought Reich in prison, is today explored in most hospitals. Although these models are not approved by all, they seem to be the preliminary foundations of what will probably become the first real scientific paradigm on psychological realms. The unification of the field around this embryo of a paradigm strengthened during the 80's in journals of biochemistry, physiology, neurology, psychiatry, artificial intelligence, psychology, anthropology, and sociology in academic circles... and in most schools of psychotherapy.

Today, the main factor which seems to prevent all the fields involved to become conscious of the strength of what is emerging, seems to be the lack of curiosity for publications in neighbouring fields. Related to this lack of curiosity is of course insufficient training, making communication between fields nearly impossible. For example fields such as psychophysiology of emotions, or experimental studies on non-verbal communication still refuse to quote from Reichian literature; while body therapists often ignore anything more modern than Darwin, Claude Bernard, or Canon. As an example, let us consider the relation between psychotics and gaze behaviour. In the 40's and the 50's, Reich, and most of his pupils, reported observations showing that psychotic patients had particular ways of communicating with their eyes. Little has been discovered on the subject since by body therapists. In the early '70s, in his Nobel Prize speech, Tinbergen gave birth to human ethology by describing how autistic children only approached adults who accepted **complete** gaze avoidance. Since then these observations have been replicated and refined many times. Yet today, I have never read any references on what ethologists have described in articles on the eye block written by body psychotherapists, or references on the literature written by body psychotherapists in the academic literature on psychotic behaviour.

To cut a long story short, body-psychotherapy has in fact never been the only branch of psychology which developed approaches on how emotions, physiology, representations, and behavior co-ordinate.

3. Body Psychotherapy's future

For a long time, Body psychotherapy has benefited from its paranoiac position, allowing all of us - clients and pupils - to believe that we are in possession of so fantastic a knowledge that the rest of society not only can not understand us, but is incapable of generating approaches which could deal with what ever matters we are expert of. The creativity of this position is obvious, but I doubt it will serve us in the future. What are the elements of our originality today? Only two subjects:

- a) A model on the interaction between cosmic energy, bodily behavior, and affect
- b) Techniques allowing us to help people who need some understanding at this level.

On the other hand techniques such as acupuncture have a better understanding on the relations between cosmic energy, health, and bodily behavior; psycho-pharmacology has a better understanding on the relations between physiology, affect and cognition; and studies on non-verbal behavior are mastering the relations between affect, bodily behavior, and relationships not only through academic knowledge, but also through the relations this field shares with such therapeutic approaches as systemic, cognitive, behavioral therapies, and Neuro-Linguistic-programming.

If this progress is pursued we shall very soon be surrounded by various forms of synthesis which will transform us in an outdated approach clinging to a few remnants of Reich's heroic years. Indeed our field has presented few original ideas since 20 years. Our problem, very obviously, is lack of good clinical research.

Our main advantage is that we have **already** developed powerful techniques and models in a field which is becoming a critical issue in how humans are perceived. Clearly even some of the 'craziest' intuitions of Reich have been proved sound. The world does not need us to

discover that healthier ways of giving birth are required. But if we could share our experience with others disciplines we could still be the 'crossroad through which new ideas and practice could interact. It is for us to decide if we are willing to participate in the psychologies of the future, or just become warriors of the past.

4. Clinical Research

4.1. Speculative research

I am sure I am not being very original if I define imagination as a capacity to combine various known elements in new entities. For example, when I was 6, I often tried to imagine a house with no windows, no doors, no floors, no sealing but which nevertheless was a house. This proved an impossible task, while imagining a house with glass walls, a Chinese roof, an igloo fire place, and middle age fortifications was an easy enough task.

Most of **contemporary** body psychotherapy research can be classed as good imaginative speculations on elements created more than 20 years ago: none of us know exactly the same things, none of us observe the same clients, none of us have the same way of dealing with our experiences, and none of us combine what we know in the same way. We can even imagine that some such speculations are more brilliant than others. Although some times interesting, this type of research is too individual to reflect today's state of the art.

4.2. Data

With such speculative models we already function better in our practice than without them. If all you believe psychotherapy can do is to provide helpful support, then all you need to find is a bunch of such models which enhance your basic human capacities. Personally, I believe therapy can do more than this, and mostly that it should be at least ambitious for our future development.

The limits of speculative models is that they makes us approach the data we encounter in a way which allows us to see better what these models describe, and less well what these models do not describe. So that once we have exploited them, we often end up confronted to all that is not dealt with by the models that we have acquired which can be a very depressing experience. As speculation does not provide research strategies other than developing narcissism, many think they can solve the problem by joining a new training program, which just provides them with another bunch of speculative models. This new bunch motivates the practitioner for a while, and then brings him back to the same dead end.

I believe that the only thing which can surprise the mechanics of speculation is a passionate confrontation with hard data. By hard data I mean specific events. By creative I mean a bit the same thing a painter does when he fights to produce a certain impression in a painting. For a psychotherapist, data are good detailed clinical observations illustrating a

series of specific themes. A good model then would be what can be derived from a series of **published** cases.

The poverty of speculative thought isolated from data is clearly visible if one considers the development of dream analysis. Dream analysis was renewed the day Freud listened to the meaning given to each dream element by his patient's associations. As soon as some of these associations supported a reduction of dreams to sexual symbolic, or to transpersonal archetypes, dream work became again speculative and relatively uninteresting. Because therapists of today prefer interpreting dreams rather than rediscovering with the patient the meaning of each dream, therapists tend to find in dreams only what they look for... which means mostly stuff to seduce their clients, pupils, and themselves. Thus not much valuable work on dreams has been proposed since Freud, Jung and Pearls. If I want new food for thought on dream analysis, I prefer to read books by sleep physiologists such as Jouvet. This touches on our training programs, so drastically oriented on creating immediate possibilities for practice, that no knowledge for clinical research is provided. If this remains true, governments may have good reasons to consider training groups as specialisation for psychologists and psychiatrists. The only suggestion I can make to avoid this, would be to create a form of general training for non academics, on top of what is provided by individual schools.

4.3. The end of individual research

Maybe because individuality is such a central theme in our work, the basic flaw in our way of thinking is how we co-ordinate individual / and group research. As Jerome Liss often points out, authors of bodily therapy seldom quote from journals of other schools than theirs... as if our production was so boring, that only those who use a set of models in their practice are interested by them.

As our discipline was still a new born, people like Freud and Reich could still have a fairly encyclopaedic of contemporary knowledge. This has become impossible. Knowing all that is managed in the field of contemporary body-psychotherapy is already more than what an individual can master. Academic and spiritual knowledge have abandoned, long ago, the illusion that an individual could alone discover anything of importance. I do not think we will be able to provide many more illuminating views to humanity if we do not acknowledge that knowledge is first of all an institutional product.

4.4. Dreams at the end of a successful therapy

It is difficult to know how colleagues we like and respect actually work. A few years ago, in Geneva, Claire Colliard, Françoise Werner and myself decided that the only way to satisfy the curiosity we had about each other's way of working was to meet regularly (nearly every month) and focus on a specific theme: our way of dealing with dreams. The original plan was the following. Our meeting would last 3 hours approximately. During these three hours, one of us presents a client, his process, a dream, how this dream was analysed, what was discovered and experienced while exploring this dream, and what happened to the client after this exploration. This easily took from 1 to 2 hours. During the last hour we discussed what we had heard. We followed this plan for three meeting. The forth time, one of us brought a

dream made just before the ending of a psychotherapeutic process. This dream brought our attention on such fascinating questions, that the next times the two others also brought an end of therapy dream.

What attracted our attention was the following mechanism. The three clients for which we had an end of therapy dream were fairly successful cases. In fact we had no end of therapy dream for what we evaluated as unsuccessful therapies. This is already an interesting fact in itself. The earlier dreams of these patients often contained a flow of fairly sterile images. Their last dream contained what appeared to us a richer symbolic. Further more in these three dreams we found archetypes of what the therapist represented for the client.

In one dream, associations led to a vivid representation of the therapist meditating on a sunny day, in the shadow of a big tree, in a beautiful park of the city. In another dream the therapist was in association with Saint Christopher: that giant saint who carried a child on his shoulder to cross stormy waters. To cut a long story short we noticed through these dreams that our clients had constructed a positive image of us, which could support our clients through future turmoil. We of course wondered if this was often the case, and if the presence of such a positive image of the therapist could be a sign confirming that it is a good moment to end a successful psychotherapy. We also wanted to collect more carefully dreams at the end of unsuccessful processes... But then came the summer holidays, and then a new academic year which left no time to continue our meetings. The matter was never pursued further.

I will use this example to illustrate several themes.

4.4.1. Theme I: Can an individual be a researcher?

What happened during these meetings is typical of many others I have been to: as soon as colleagues spend time discussing specific clinical issues, they usually end up finding fascinating stuff! Actually, there are so many undiscovered phenomena that nearly that you can pick nearly any subject, and you will observe that - given a minimum of intellectual openness - as soon as you start sniffing around details you come up with something worthwhile.

But the problem begins when you think of what can be done of the thousand interesting things I hear from colleagues. This is where institutional support becomes vital. We all have a lot of work, fairly complex private lives. Finding such moments for the mere heck of course provides us with very pleasant and fruitful experiences, but how can they survive the attacks of the multitude of requirements of our lives, if they do not become part of our professional lives through active financial involvement, and narcissically nourishing conferences, meetings, and publications?

4.4.2. Theme II: Psychotherapists need to pool what they know to perceive what can be constructed on the knowledge they have an experience of

Psycho-therapists do not see that many patients, so that it is difficult for them to consider simultaneously something like several end of therapy dreams. Furthermore our work requires from us forms of human involvement which does not help us to consider 'cases' as a mean to discuss theoretical models.

As soon as Claire, Françoise and I met, pooled what we had, something interesting happened. Each of us produced precise clinical descriptions. But it is only when we, as a

group, compared our material that we noticed the existence of an image of the therapist. This is what I mean when I say that the individual therapist can produce cases, while it is only a group of therapist who can really find what can be done with this material.

4.4.3. Theme III: The need to co-think together critically on published data

But even if a group of therapists could be paid to meet and discuss clinical material, there findings would soon disappear as smoke in the sky, if the cases and what they have found through them is not published, and then used by the community of psychotherapist as a basis for further exploration.

I have chosen on purpose a phenomenon which is not highly original, for I do not want the content of the observation to become an issue. But now that I have told you of this observation, what will become of it? I have never heard or read about this observation, but I strongly suspect that what we observed is only a rediscovery. Colleagues could tell us if they know some literature on the subject. More important: colleagues could look through there dreams and see if they have also observed that at the end of what they consider a successful therapy they had a dream in which an archetype figuration of the therapist occurred. Maybe they can confirm and elaborate on this theme, while others might find out what happens in clearly unsuccessful therapies. Other might find that there is something in what I said, but not quite what I thought; while others may find out that what I have said is perfectly true, but that pursuing in this direction is in fact a waste of time.

Having done this, what will you do with your findings? Keep them to yourself? If you do, how can our common knowledge progress?

Nearly every time new data leads to new models and techniques a new chapter of therapy is born. What often happened after such creative work, is that the innovator ends up by building a 'complete' new theory, and creates a 'new' type of therapy around his findings... which explains the present proliferation of schools. This, of course, is exactly how hysteria functions: findings are dispersed instead of pooled in a coherent whole. A new finding replaces an old one. Our field is not really enriched by this way of functioning, it just renews itself like the water of a river reflecting new skies as days follow each other. The cumulative advantages of constructing together a powerful form of knowledge is thus made impossible. The only explanation I find for such a way of functioning is that many of us are afraid of the consequences real knowledge and know-how on our subject matter could lead to.

5. Conclusion

Scientific knowledge is constructed on systematic observations, carried out by observers who use systematic ways of coding reality, and then annualise them with standardised procedures. Clinical knowledge is constructed on unconscious knowledge accumulated in fixed settings, creating experiences which can be discussed between people who have experienced similar settings. Setting is here a mixture between social rituals and psycho-physiological exercises which create certain type of experiences. Different type of people will react differently in a similar setting, thus yielding information on how they function. Validation of the unconscious ways of functioning a psychotherapist develops through such a procedure is provided by the positive transformations people experience in various rituals.

Theorisation is then understood as attempts to describe unconscious procedures which seem to have an experientially replicable effect.

These two definitions could of course be developed. They are, I hope, sufficient to stress a few conclusive points. Practical knowledge is often like tying knots to a shoe: it is easily carried out, easily taught to children, yet impossible to describe with words only. Our knowledge is of this type. Science will maybe be able to describe what we are dealing with in a century or two. In the mean time we are the only source of information on certain aspects of this affective 'roundabout' which seems to co-ordinate physiology, mind, behavior, and relationships in an individual life. I have not heard of many people who have the type of information we have on orgasm, elation, deep regressions which may lead to birth experiences or the oral orgasms of a baby; who can explicit what happens in a person when she is being contacted by a hand or a gaze. The descriptions on individual behavior we can provide are still unique and I believe of the utmost importance. We therefore have a responsibility. The responsibility of transmitting to our fellow citizens what we learn in terms they can understand, but also in terms which are relevant to our subject matter. The worst literatures we can produce are articles seeking respectability by using scientific or psycho-analytical terms. What scientists want to learn from us is what we know which they do not know. They don't want to give respectability to our knowledge, they need to be confronted and given ideas they couldn't have by themselves. It is **then** for them to find good associations between what we observe and what they observe.

For example Gerda Boyesen uses such diagnostic terms as 'princess of the small pea' or 'stone people'. Such distinctions make perfect sense when one uses massage. 'Translating' such terms in psychiatric language, with the hope that we could equate the princess of the small pea with psychosis, or the stone person with the neurotic just leads us to a dead end, as there are also hysteric princess of the small pea, and psychotic - pseudo armoured - stone people. What is much more useful, is that what can be done with such terms can be made explicit. Such a study might lead to formulations the more 'respectable' disciplines have not heard of, and lead them to review their clearly clumsy way of classifying mental pathologies.

It is because I believe that so much in our work is really precious, that I have accepted to speak today, and plead for the creation of research structures through which our knowledge could really grow, co-ordinating as much as what every one finds in a series of coherent wholes expressing the different relevant trends.

The only consistent effort in this direction I know of, is the one supported by David Boadella, who created more than twenty years ago a journal called Energy & Character, opened to nearly all the interesting trends of therapy related to the Reichian paradigm. I can only hope that this example will not become a dead end. It is with this energy that Yves Brault, Jacqueline Besson, Michael Randolph and myself can announce the foundation of a French journal through which what has been suggested in this conference can exist².

summary

For André Haynal "science and psychoanalysis regard each other like china dogs: tense, critical, almost hostile". The relations between body psychotherapy and academic forms of

² Only one number of the Journal *Diagonales* came out.

knowledge are even worst... even if 80% of the European Association of Body Psychotherapy have an academic training. One of the reasons being that many seem to take their body psychotherapy knowledge as something exotic and personal, rather than one at the centre of some of the most crucial questions on individual behavior and potential. In this talk I will try to suggest that it is high time that we attempt a reappraisal of where we are, and where science is, on those questions we have defined ourselves as experts of. And I will plead that it is high time that we all take our knowledge more seriously, and structure ourselves to make it grow.

Basic bibliography:

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