Pierre Morin

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Pierre Morin, MD, PhD, is president of the International Association of Process Oriented Psychology (IAPOP) and a founding faculty member at the Process Work Institute Graduate School in Portland, OR. He was a clinical director of Switzerland's leading rehabilitation clinic for brain and spinal injuries. After moving to Portland, OR, he studied health psychology and rehabilitation psychology. He currently works as a clinical director and supervisor in an outpatient mental health program and in private practice. Dr. Morin is a co-author of Inside Coma and author of Health in Sickness - Sickness in Health. He has written several articles on mind-body medicine and community health.

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 Pierre.

Pierre Morin: Hi Serge, good to be with you.

Serge: Same here. So, you started your professional career as a medical doctor?

Pierre: Yes, I am originally from Switzerland, I now live in Portland, Oregon, but I grew up in Switzerland and went to Medical School and worked there for about 15years in different areas of medicine and then I moved to the United States because I was interested in developing my skills around Psychology, especially around Health Psychology and process work.

Serge: Yeah. So, as you moved here then you shifted to psychology.

Pierre: Yes. So, I moved here and I did a PhD in Health Psychology and I started to study with Arny Mindell who is the developer of process- oriented psychology.

Serge: Yeah. So we are having this conversation, we would have had in any circumstance but what prompted it may be was the publication of your book about Health Psychology.

Pierre: Yeah. So, I have been very much interested in health from different perspective. So, first obviously as a medical doctor, I was interested in health from a physical perspective and then I started looking at the psychological side of health in terms of health psychology and how our own attitude towards health is also influencing the way we get better and that also prompted me to write a book which I called *Health in Sickness and Sickness in Health.*

Serge: So, it is an intriguing title. Do you want to may be talk a little bit about what you mean by that 'Health in Sickness and Sickness in Health.'?

Pierre: Yes. You know, when you think about health there is an intuitive notion that we all hold that when we feel well when we are physically healthy this is what we call health. And from a medical perspective you can look at health from different variables. When you are looking at a blood pressure, looking at your cholesterol levels, your sugar levels and when they are normal, these are all the aspects of health. And I found that health is much more. The complex idea and the complex notion; there are aspects of health and sickness that we marginalize a lot. For example, I was working a few weeks ago with a woman who is experiencing some pretty serious health issues. She is having these little strokes. So these little strokes are really frightening her a lot. She is scared about developing a bigger stroke. The little strokes in themselves have not much consequence because she is recovering from them pretty well but the danger is that she could develop a larger stroke with more consequences. So she decided to call me and work on her symptom to find a way to look at it from a psychological level of … to see if there was some meaning that she could find in the process.

Serge: So, just interrupting for a moment. Because we started saying that you were trained as a medical doctor, in this case you were not working medically, you were working in terms of the psychological meaning of these things for those who are trying to deal with the medical symptom.

Pierre: Yes, exactly. She is asked me to help her to work with her on her symptoms on a psychological level. Obviously, when I … because I am medically trained, I also made sure that she is in good medical care before I worked with her from a psychological point of view. I do not want to marginalize the medical, I always make sure that they have the right medical care that they need to treat the symptom because these are serious symptoms. But in that case she asked me to work with her to look at her experience just to see if there is an aspect that could be meaningful for her. So when I work with someone like this I always go into the experience of the symptoms, of the health issue they have. And she experienced her symptom, for the little strokes that she had, when she had them she would say she experienced them like 'losing her mind'. She had short moments where she totally lost her mind, where she could not remember anything. She did not know who she was, she felt a little dizzy, and there were short moments of what she described as almost having an 'empty mind'. What I then helped her to unfold and go deeper into that experience and we went together into a journey, into that empty mind space and discovered that she really wanted that space to really relax and find a detachment from her from her ordinary life that she really needed in that time period she was in. So, going into the experience and unfolding that experience and helping the person to go deeper into what we see normally as a symptom can have very beneficial information and beneficial effects actually, for the person.

Serge: Yeah. So, in a way, it might have been have been easy to dismiss the mini strokes as not important because they were not threatening but what happened is, you went into it and exploring it in terms of what the experience was and that experience of losing her mind actually is something that led from something threatening to actually something that was beneficial and something that she wanted to have which was to have a little bit more distance on an ongoing basis.
Pierre: Yes, she gained a deep insight into something she was marginalizing at the time for herself. She was very much involved in the care of others, care of her elderly mother and was not taking care of herself. And she needed that kind of space and detachment to find a creative place in herself that she could use to take care of herself. And in a way when we are dismissing our symptoms by just trying to get rid of them, I mean I understand that that is normal and we all do that and we want to do that because we don't like to feel sick and that is a good thing to do. But on the other hand, finding, getting into the experience and being curious about the experience and unfolding the

experience can help us discover something that could possibly be meaningful for us. So, there is some health in sickness, that is why I called this aspect of the word that finding the health that lies in sickness.

Serge: Yeah. So in that sense the stroke itself, the mini strokes can be considered as symptoms because they were signs of something deeper and an underlying cause that was not being paid attention to, and that underlying cause was her needing to take better care of herself.

Pierre: Yes. So, you can look at it from a curative angle but I prefer to look at it more from a holistic perspective and see that there is a process in that symptom that can be meaningful. There is an aspect to the symptom that it not only bad but can be potentially very informative for the person. And not that you do not need to take care of the physical health issues and that you need to go and do whatever that is needed to prevent further strokes and take care of them from a medical perspective also.

Serge: So, as you mentioned process knowing, you mentioned your training and processing and the influence of Arny Mindell's work, so as you talk about the process you may want to explain a little bit more about how these symptoms functions within a process model.

Pierre: So, Arny Mindell came up with this idea that he called the 'dream body'. And he was looking, though he has a background in Jung and analytical psychology he was very much interested in night dreams but was also interested in how dreams somehow appear in different ways. They can appear in for example, body experiences. So there is a dream like quality that our body experiences have and that we can explore and unfold and look at to find out deeper meaning. Like we explore night dreams, we can explore body symptoms and dream like aspects of our processes. So that is what he called the dream body. That is very much what underlies in my type of work.

Serge: So, in other words, that sense, that there is symptoms express themselves in a variety of way not just in dreams. And that what happens in the body if you handle it the same way you would handle dream, then you can unfold it and get to its meaning.

Pierre: I think that is really the new approach that Arnold Mindell developed was to look at body symptoms and something that can be explored that can be unfolded like we do explore night dreams and discover the meaning that is in the physical experiences.

Serge: And so this is where we are coming to that Health in Sickness, is that sickness is also a gateway to exploring some of these meanings.

Pierre: Yes, I really do believe that there is a… that sickness in itself can be that gateway and I always recommend people to really fight the symptoms and fight the sickness and try to prevent getting sick. But also, after fighting them to follow the symptom itself and follow the experience and believe in the experience. So you should do both. Not one or the other, but to do both.

Serge: Yeah. What about the other side of the title? The Sickness and Health?

Pierre: Now this is also a very interesting aspect of the book I wrote, the way we treat health. If we look at health from this one sided perspective, just the physical and trying to cure it, we really marginalize many people who are not very privileged as we are when we are healthy and for

example have to deal with chronic illness or disabilities. And this cultural process of really identifying health from a very narrow perspective makes people sicker when they are sick. Let me give you another example, it is going to be easier to understand. I have been working with a young man who had a bike accident and he hit his head and had a severe brain injury. So he was in coma for about four weeks and woke up and recovered quite extraordinarily. He is now actually in a pretty good health state. Nevertheless, he has still some consequences from the accident and from the brain injury. For example, his personality changed to some degree, he is more impulsive than he was before, he has sometimes difficulties in controlling his anger and then he has also some minor physical limitations. Today the most, his biggest issue today is that he himself … he feels healthy; he feels good about himself, he is ok, he has recovered from this injury. But he feels bad about who he is when other people compare him with who he was before. So his family, his wife of the time, when she just holds him to who he was before the accident, he just starts to feel bad about himself. He is confronted with an aspect of his older self and of having to deny his feeling of being healthy now. So that makes him sick. That is where he feels in the moment, really the most sickness, the aspect of feeling bad and feeling ill is when he has to compare himself with how he was before.

Serge: So that sense of if he only consulted his experience of the present moment, he would just describe himself as healthy. But once he compares it to a bench mark of what he was, then he is acutely aware of the shortcomings, and then he can no longer consider himself healthy.

Pierre: Yes. And so this process happens with a lot of people who have to deal with chronic health issues. Another example of people who suffered from what it is called Asperger's Syndrome or ADHD, these are issues of diversity of differences of different abilities, of different ways of being in the world but they are then thought to be diseases or sicknesses or disabilities. Whereas when you have that experience yourself, you don't know that there is something wrong. It is just a different experience; you are in your own experience and experience of your brain, of how you are in the world but you are confronted as being different and being sick by others telling you the way you are in the world, the way you behave or the way your brain works is different; it is not the right way. There is a cultural aspect of putting people in a different box of disability or chronic illness, which I do understand… I do also understand the validity of this but I want to stress the aspect of diversity. That these are just different experience, diverse experience that we also can open up as a community; open up more to the diversity of experience.

Serge: Right. There is a benefit to, in a way, of having norms to evaluate people but there is also a heavy cost because instead of thinking in terms of diversity and people having their own experiences, then we evaluate the experiences based on that norm.

Pierre: Exactly, and we make, we add an additional dimension of suffering and pain to the actual disability or chronic illness. So we as a culture, we put people in a marginalized position and we add some pain and suffering to their experience.

Serge: Yeah. So something that happens in the process of aging and of people conceptualizing or dealing with their own aging of either feeling happy with what they are at the moment or comparing themselves and experiencing a sense of loss compared to how they were functioning when they were at age 20.

Pierre: Exactly, that happens with aging. It happens with every aspects of our experience that changes over time and we are only temporarily healthy, and we are only temporarily young …we all

have to go through the changes of life into the process of evolving and changing throughout our life span. But we have a tendency to hold on to this limited notion of health. Then we add the suffering from losing in the cultural aspect of health. Whereas, we can look at it as a change and as an aspect of diversity that has its own meaning.

Serge: Yeah. So, of course we even add another layer if we think of it as mental health as well, because we start adding these kinds of criteria to the psychological dimensions as well.

Pierre: Exactly. This is obviously a process that does not limit to physical health. It is very relevant also in behavioral health and in mental health and people who suffer from these conditions will always experience this aspect of being stigmatized or marginalized or somehow pushed to side. And I really advocate for the new attitude that is trying to look at these processes not only as diseases and disabilities but also as experiences of diversity and that can be also informative for us as a community. \

Serge: So, do you want to still talk more about that?

Pierre: Well, you know for example, I have worked with people who have suffered from or are suffering from ADHD and they are very much… often cannot focus on one thing, they jump from one topic to the other or they are very much… it is hard for them to concentrate or be … to thinking. On the other hand they are very good in doing many things at the same time and being able to do many projects and go from one thing to the other very quickly, move from one subject to the other and so, if you help them to appreciate that different ability that they have of going very quickly from one project to another and to see the beauty and the value of such a way of being in the world can help them very much. Many people then also find ways that they can live with it in a very creative way but in our culture we have a tendency to think we should behave in a very specific way. That it is better to be a linear and focused on one project and we marginalize also the value of being able to jump and go quickly from one project to the other. For example, a person like this can be very good in a crisis, an extreme crisis situation, working in an emergency room for example where you need the ability to really be in multiple places at the same time you can see that certain aspect of that process can be very valuable in certain situations and that we can in fact learn from them, how to be instead of just judging that one behavior of being pathological.

Serge: Yeah. So then, in that sense in that kind of examples, health is clearly something that is influenced by the social norm and then the limiting thing being there is room in society for only one kind of person. And you used the example in your book of the Procrustes's bed, of trying to adjust everybody to the same side by cutting them down or stretching them instead of taking them for who they are.

Pierre: Yes. I really like that old Greek myth of Procrustes who in the Greek mythology is an ogre, he is a big mean person who has this Inn where everybody who wants to go to Athens has to stop in his Inn. And overnight, Procrustes then comes and adjusts your body to the one size bed that he has. So he stretches you or cuts your legs off, so you can fit to the social norm of the bed that he has and that allows you then to go to Athens, which at the time was the center of dominant culture and so it shows that, it shows how we almost act like Procrustes on an everyday basis; we do that to ourselves to fit social and cultural norms which obviously is very valid and important because if we didn't do that it would be very difficult for us to live as a community. You want people to stop at a red light in traffic because if not, you would create more chaos and create more accidents. But on

the other hand, if you do cut off very meaningful aspects of ourselves that can be important for us and important for us as a community, not just to cut blindly but to be aware of what we are doing and to open up to the awareness of the value of these aspects that we are cutting off and how we can we bring them closer back into the discussion and dialogue within communities. Many people who suffer chronic illness and Arny Mindell in a way looked at for example, Mental Health, he called them City Shadows, meaning people with extreme mental experiences also have some information, a shadow information for the community that might be valuable to open up to.

Serge: So, for instance, when we talk about say somebody who had been having a sense of extreme suffering, extreme pain, and there seems to be no regaining value. There is also something in it that's not just the pain is bad and in that case there is nothing to gain from it and there is all you can do is, you want to eliminate it off course, you still want to eliminate it but there is also something there.

Pierre: Yes. It's again; it is not one or the other. It's trying to improve the health and improve the health of people in the community and improve people's mental health also. But then also to see the value that is in the experience that people have and the value that it can have for us, for all of us as a community. A simple example, if you look at depression, depression is in itself a severe health issue and it is very painful for people who are afflicted by severe depression. But if you look at the individual experience you can help them individually but you also can look as a culture at depression or how can it be meaningful for us as a community. And if you see the depression as of being more inward, more going inside, more slowing down, not doing everything, not functioning in a very factual and in a very task oriented way, you can see there may be some meaning for us to look at the way we treat our life as a community, how we live, how fast we live and there might be some benefit from slowing down and thinking and learning from the experience of depression. And I do not want to be too positive about depression because I know how painful that can be but I want to just show that having a different attitude for these processes can help us, can help the individual but can help also the community.

Serge: Yeah, you are very clear throughout this conversation that you are not in any way minimizing the issues and you are very careful to point out, you talk about dealing with them, healing them, curing them, doing what it takes, whether it is medically or otherwise to deal with it, but it is not one or the other. It is also that other side.

Pierre: Yes. You know, we are currently in the processes in the United States in this big Health Care transformation and it is all about changing access to care and going from a big cure model to a truly health care model and I really support all these transformations but I would love for us to also see another inner transformation, not just the outer transformation but an inner transformation about our own attitude towards health and I call them developing a notion of big health which is what Nietzsche, a German philosopher coins that term for himself , so he was including in the term of big health, he was including all aspects of illness and disease and aging as powers that he calls 'fish hooks' for awareness, of opportunities for development and awareness. So all these difficult experiences that we as a community and as an individual are trying to or have the tendency to marginalize but if we can include them in our notion of health and include them in this aspect of big health and see them as opportunities for learning, opportunities for growth both as individuals and as a community.

Serge: Yes, and may be that is where we come back to that concept of dream body because for instance when you mentioned the rule of depression. If you look at it at a social level then depression is like society dreaming and having through the dream a sense of having to pay attention to that

aspect of how we function. You know, the speed, the not paying too much attention to the inner experience, so that is the fish hook that draws us into what needs to be paid attention to.

Pierre: Exactly. I love that image that we as communities and as cultures and societies, we do dream; and that aspects of our cultures and community that we have a tendency to marginalize and to put at the margin of our societies create the opportunities for us to learn and to develop and grow as communities. We can actually open up to this and open up to listen to people who go through these experience and learn from them.

Serge: Yeah. So as opposed to treating them as just treating them bad, ill, sick, damaged but they carry the dream that society has of itself, that needs to be paid attention to. They are messengers, they are carriers.

Pierre: They are carriers of information, they may be carriers of the information that we cut off on an everyday basis. May be they carry that information that we lost and we had to cut off. So, they can be messengers for us to really open up to and think about how we conduct our life and how we conduct our communities and how we can improve.

Serge: So in a way as I am listening to you and putting together, the metaphor of the 'big health' and 'Procrustes's bed', in a way that larger concept of big health, it includes more than what we traditionally talk about as health. We put it through Procrustes's bed and we cut off those people, those experiences, you know, that we call sickness. But by cutting them off we actually do not pay attention to them and miss that information. And we actually reintegrate those parts that have been cut off then we have access to big health.

Pierre: Exactly. We lose, I think that might be the main message of my book is that by marginalizing sickness, by marginalizing sick people, as communities we lose very important aspects of life and by opening up to these marginalized experiences we can learn and we can benefit and add diversity and add value to our experiences as individuals and as communities.

Serge: Yes. So, this might be a good place to end? Would do you think?

Pierre: I think that is a very positive vision and a hope that I have for this kind of health care transformation and I wish would go parallel to the more structural transformation that we are all witnessing today.

Serge: Thanks Pierre.

This conversation was transcribed by *Chiroshri Bhattacharjee*.

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