

# TO MY FELLOW HEALERS

by

Michael Picucci, PhD, MAC, SEP

I see a lack in the field of counseling and psychotherapy today, a lack as conspicuous and ignored as the proverbial elephant in the living room. It is this: We as counselors and psychotherapists have not come to terms with what our clients can fairly expect from our work. Our clients do not know what they can expect from us, nor are we clear about what we can offer. Simple as it sounds, this neglect or failure reflects a serious imbalance in the practitioner-client relationship and has equally serious repercussions.

I relate my concern first to addictions recovery because addiction--dependence on external sources to escape from unpleasantness, pain, or suffering--seems to lie at the very core of our world crisis. And those who address addiction directly are the ones I see in the vanguard, cutting the new and most direct pathways to healing. It is the recovery movement, for example, specifically the 12-Step programs, that has revived, *at a grass roots level* and after centuries of being abandoned for dead by our alienated, mechanized culture, the means of healing in community and healing by following spiritual (as distinguished from religious) principles. By the same token, it is the recovery movement that offers, along with the 12 Steps, clear and specific promises of what those who follow its steps can expect as rewards for their efforts.

It is only natural, then, that we who have appointed ourselves guides and healers to those in recovery do same, that we clearly state what we can promise. Given the acceleration in the rate of change in our world and the resulting increase in trauma and dissociation that we are seeing in our clients, given the increasing costs and decreasing institutional support for health care, it is *essential* that we do same. I believe this is so for all those whose profession is healing the psyche and spirit, whether or not you accept the recovery movement as trailblazer.

What can we promise? It is my belief, as well as my experience, that healing--what I term *complete recovery*--can be achieved, and it can be achieved *in three to five years*, once the addiction itself and denial of childhood trauma have been surrendered. By complete recovery I mean the complete self-acceptance that is fundamental to the experience of wholeness and the shameless presentation of self. This in turn fosters the capacity to engage in sexually and otherwise satisfying intimate relationships and to recognize and begin to fulfill one's unique purpose in being. It is complete recovery *of*, rather than *from*--recovery of spirit, aliveness, connection, intuitive knowing, safety, and compassion for all beings, those qualities expressive of our true essential nature.

I realize that, to many, this claim will seem extravagant, if not downright irresponsible. Yet I have seen it actualized by some of my clients, and I myself have come to complete recovery, although over a period of some 20 years. But then, as we continue to refine our healing arts and technologies and strengthen our belief that complete recovery is a realistic goal, the time it takes to actualize will lessen. This is in fact already happening. We have been conditioned to believe only what we have experienced; therefore we believe that experience creates belief. I am quite convinced that belief also creates experience. By clearly stating to our clients that they can recover completely, and in a finite period of time, we can help them to set a goal to work for and against which to measure their progress, as well as the effectiveness of their practitioner and the therapy itself. Energy Psychology techniques such as Somatic Experiencing, EMDR, and Thought Field Therapy (among others) can be quite helpful in this regard.

In addition to the belief in complete recovery achieving a critical mass, what other adjustments must we make to realize the quality and rate of healing I am advocating? I suggest there are at least four major areas of concern:

First, we need to address what I referred to above as an imbalance in the practitioner-client relationship. This imbalance is in essence an imbalance in power, founded in a belief held by both therapist and client that “there is something wrong” with the client. Were this true, it would most likely be true, if less apparent, of the practitioner as well. Certainly we all must wrestle with incompleteness. But whatever the client’s presenting dysfunctions, they are at least in some measure a reflection of his/her conditioning, whether familial, societal, cultural, and/or religious. To interpret dysfunction as a failure or lack in the client’s own being and to name it as a pathology merely reinforces the experience of limitation, so that it can easily become a self-fulfilling prophecy. We cannot help people find wholeness by labeling and treating them as deficient. We *can*, however, model wholeness and affirm our clients’ entitlement and empowerment--with support and suitable tools--to realize it for themselves.

We practitioners must be willing to share our knowledge. Knowledge *is* power. We must relinquish our power advantage by educating our clients as to what specifically they are experiencing and where it may fit in the bigger picture of their recovery process. In this way, transference, counter-transference, and client resistance can be disarmed most efficiently and clients can consciously set and align themselves with specific intentions for healing. In this way, too, the potential for harm through over-empowerment of the practitioner and over-passivity of the client is minimized.

Of course, in this way the practitioner becomes more vulnerable. We must make the choice between being wounded healers or unhealed wounders. We must admit we don’t know when we don’t know. We must draw on our own experiences and become willing to share our own fears and shortcomings when to do so can be helpful. We must recognize that buried within each client is the key--and no one else has a copy--to her/his

own healing. It is our job to help them find it, but only they can turn it in the lock. That power we do not have and must never presume. The practitioner-client exchange can become an authentic, vital, mutually respectful relationship, in which both parties are equally empowered in cutting the path to the client's healing; for there are as many paths to healing as there are people to heal.

Secondly, we must educate ourselves. More and more, our clients are turning to so-called "alternative" practices, practices that include meditation, shamanic journeying, visualization, body work such as shiatsu and acupuncture, occult arts such as astrology, and energy work based on the Vedic system of chakras. As we are beginning to discover, our ability to integrate these practices with more conventional therapeutic protocols can greatly enhance our effectiveness. I believe this is so in part because these alternative practices, derived as most of them are from ancient wisdom, recognize and address, in a way that our modern therapies do not, the intrinsic integrity of each individual, as well as her/his unique place in this universe.

Thirdly, we must build communities, communities of those sharing the goal of recovery, similar to 12-Step programs in principle, but with a much broader base for their memberships and utilizing a wider and more flexible variety of tools. In such communities, the individual can access support, mirroring, affirmation, exposure to new ideas, models of qualities and behaviors she/he may want to develop, a synergistic boost to the healing process, and a sense of connection and self-worth as she/he provides these things for others. To my mind there is no greater single factor in expediting complete recovery than the healing power of community.

And lastly, we as practitioners must commit ourselves to achieving and documenting *demonstrable results*. These will, of course, clarify what works and what doesn't, and so help to streamline the therapeutic process. But of equal significance, these results will help to convince insurance companies and other financial institutions of the advisability not only of maintaining their support of conventional protocols, but of broadening their support to include alternative practices as well. In using alternative practices in the treatment of heart disease, Dean Ornish has achieved such results, and the results have convinced insurance companies to back him, for his way saves them money.

And so I write this now to share this approach to healing primarily because my spirit moves me to do so, and because the fragility of this experience that we call life now rarely escapes me. In this time of turbulent changes we must--we *must*-- respond to the challenge and find a pragmatic and enlivening way through those changes, for there is much suffering to relieve and a world to help save.