

ENERGY PSYCHOLOGY: A FOCALIZER'S PERSPECTIVE ON PSYCHOTHERAPY

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A= This research is concerned with psychotherapy becoming overly narrow, taught as a techno-rational medical procedure and researched for empirical validation. Research, however, shows how different the practice of therapy is compared to what the literature validates in experimental conditions. Furthermore, effective care of the psyche, soul, mind/body is not unique to the twentieth/twenty-first century. This project is an attempt to understand modern psychotherapy from a diversity of perspectives, to broaden our understanding of what happens in psychotherapy so that students can have a better sense of what really goes on and what is possible in their work. Students learn procedure and content in their courses, but they don't always gain a sense of the process of therapy. So, I'm trying to portray what psychotherapy is like in practice in all of its diversity. I understand that you're interested in the area of energy psychology.

M= I think that in terms of psychotherapy, we are moving towards understanding in terms of energy psychology. There are international conferences on Energy Psychology that draw psychologists, MDs, social workers, and people from various other disciplines and institutes such as the Institute of Noetic Sciences. This institute was founded by one of the first astronauts to go to the moon. He was profoundly affected by seeing the Earth from up there and when he returned he began an organization to study consciousness to try to understand and give a scientific basis for consciousness. That is what the Noetic sciences are all about; it must be thirty years old now.

Peter Levine is also a part of the energy psychology community and he came up with the technique of "somatic experiencing." He wrote a book called "Waking the tiger: Healing trauma: The innate capacity to transform overwhelming experiences." In the United States, it's a bestselling guide to trauma work and generally the best guide to energy psychology that we have presently. Levine came up with a fascinating technique based on thirty years of research. He envisioned how the central nervous system can reorganize itself around frozen energy from overwhelming events that have occurred over the years. His method of therapy was originally developed for substantial overwhelming trauma, like the trauma of war or torture. That is what most of his early research was on.

However, those of us who have been using the technique have discovered that it generates a whole new world of psychotherapy because it is good for all kinds of developmental trauma from light to heavy trauma, and for so called bio-energetic blockages, for example a person's inability to speak in certain situations or a person's ability to make intimate contact. The technique works beautifully for dissolving those types of blocks.

A= Would you call yourself an Energy Psychologist?

M= I haven't yet, but I probably will. That is what I do, that's for sure but it's an evolving process. Originally, I began in the area of addictions counselling and psychotherapy. One of the things that I learned as I became more seasoned working with people in advanced recovery is that addiction is basically self-medication for unhealed trauma and traumatic conflict in the body. Even when a person recovers, once they are through the initial recovery process from the addiction, which is a trauma in itself, after a year or two in, it would be great if they could do what I call "stage two recovery work," which is healing of the underlying traumas.

I won a researcher award from the National Institute of Health for my research in that area. That research demonstrated that there is trauma in all of the addiction cases that I have been studying over the years. It's beneficial to consider healing from trauma as part of the addiction recovery and relapse prevention processes. These are discoveries I had in the late eighties. Since then, over the years, its been a matter of finding ways to efficiently deal with and work with people and the traumas that live in the fabric of their being, preventing them from living a fulfilling life.

A= When you talk of a psychological trauma located in the body what do you mean exactly?

M= Well, we are accustomed to thinking everything is in our thought system, but the reality is that our thought system is a stacking of previous experiences and information that we have received in words. Yet, the reality of rapture or love or connectivity does not exist solely in the logical, linguistic mind. It also exists somewhere else. When a person experiences an overwhelming event, or numerous overwhelming events to the central nervous system he or she will become traumatized. Animals in the wild, however, have nothing like Post Traumatic Stress Disorder. Peter Levine's research studied that difference between human beings and animals in the wild. When an animal in the wild experiences an overwhelming event it is not traumatized, it immediately goes into a release response. For example, if a deer is caught in the headlights of your car and almost gets hit, it will stop, shake for a minute and then become completely normal again. Levine has loads of video to demonstrate this. But human beings have evolved a neo-

cortex and limbic system that is not conditioned to *fully process out* what just happened. In response to an overwhelming event, the body produces an enormous amount of energy and there is a fight/flight/freeze response. When that energy has no place to go, it freezes the whole bioenergetic system of the body. One can end up with layers and layers of these blockages.

Levine provides a very simple and elegant technique for gradually titrating and dissolving this tension in the central nervous system. The practitioner doesn't actually do anything; the central nervous system does it on its own. As practitioners, we just create the conditions for it to happen. It's like the body actually knows how to heal itself.

A= Can you tell me a bit about those conditions?

M= Well, somatic experiencing is all about focusing on the *felt-sense* of the body. Eugene Gendlin in his focusing work originally coined the term "felt-sense" in the psychotherapy community. This work teaches people very quickly to bring the lens down to the body and notice the felt-senses. The practitioner begins by asking the person to come up with a pleasant memory, for example a rare afternoon, or rare day, when he or she may have had an hour, or an afternoon when everything made sense, when life seemed good. That is to say they "resource themselves." Almost everyone comes up with an image that is a resource but, if someone has difficulty, then there are a thousand questions you can ask to bring up a pleasant feeling. Then the practitioner asks the person to invite their body to connect with that image. What happens is that the body begins to gradually go into an expansive mode, energetically. The person begins to start breathing more fully, they might begin to have some tingling sensation, they may feel more present, or they may feel sensations they have never felt or noticed before in their body. Once they are in a resource place, then we ask them to visit the traumatic experience they may be dealing with or bioenergetic blockages. We would ask them to just visit the beginning of that traumatic period because we always want to go very slowly with these things. Then we ask them to notice the felt-sense of the body. In going from an expansive state to a contractive state, the felt-senses of course will change dramatically. They may feel constrictions, weight, pain, or funny feelings in their chest, stomach, or in the back of their head. We ask them, if they can tolerate it, to allow it to be with no agenda, just kind of noticing it. This work is a lot about noticing. Then, after they have a very clear picture of what is happening in their body, under those conditions, we then invite them to shift back to the resource. They will re-experience the resource in a different way, sometimes a fuller way. Some people take to this very quickly, for others it is a little harder, especially for those who are very cerebral it may take a little longer. After going back and forth like a pendulum, which we call "pedulating," we then bring some of the resource over to touch the edge of the trauma energy or the contracting energy.

We have them imagine doing that and what happens when the two opposites energies begin to touch and fuse edges, a transformation occurs. All we ask them to do is just

notice what happens. The body will readjust. As practitioners, we have to keep out of the way, follow what the body says and coach them to go with what the body says. The body will lead the process once they are in this condition.

A= How long would this go on for?

M= Forty-five minute to one-hour. I use it probably fifty percent of the time in my private practice. I have certain clients who want to deal on a more cognitive level with life issues, but for me the work is always energetic because we're not just using words, we're tuning into how one's overall body feels. Sometimes people might need or want to talk and I might suggest, "Next time lets try using somatic experiencing to work on that." For other people that is all they want. And then I have some people who do not care for it at all so we don't formally do it but I manage to integrate it because I'm coming from that place in my presence.

A= How long do you generally see your clients?

M= It varies for each individual client. In the past, typically a client would come once a week for three to four years. Today, it is much more variable than that. Some people come every two to three weeks and it works beautifully. I ask that each of my clients find their own rhythm. I don't impose a treatment schedule. For example, trauma healing with people who experienced 911, I had a *New York Times* reporter who spent hours there stuck in the middle of the crisis. She ended up writing a beautiful, highly acclaimed story, but nine-months later she couldn't leave her house. I did no more than five somatic experiencing sessions with her and she was fine. That was after months of not being able to leave the house. So it's hard to say how long. Everyone is really so unique. Socio-economics also play into this. It depends on what people can afford I want to do the best for people with what is available to them.

A= And what you seem to work on is an energy that becomes lodged in the body after experiencing an overwhelming situation.

M= Yes. With most people, it is many overwhelming situations that become layered in a kind of matrix so that when you work on one, you are working on them all.

A= What is the relationship between addictions and these blocked energies?

M= To me, addiction is about self-medicating for unresolved trauma. It may be the only way that a person knows to get away from that uncomfortable feeling inside, the feeling of having one foot fully on the accelerator and the other fully on the brake, at the same

time. What I mean is that they have all this energy inside and no place to go with it or no place to express it. They don't know what it's about and it can turn into one of two things. It can turn into mania and hyperactivity, or it can turn into severe depression and immobility. Drinking or drugging helps to soothe one and brings one out of that, which actually works at first. For many people, when they start drinking or drugging, they really experience it as a lifesaver, being able to do things that they weren't able to do before. Unfortunately, after a time, it works less and they need more and then they can get stuck in an addiction.

A= What do you make of the idea that drugs and alcohol are ways to connect with a higher power, or a semblance of a higher power, a way of touching divine energy that isn't inaccessible in other ways?

M= I definitely believe that an experience of connectivity can be experienced initially on drugs and alcohol, which feels transcendent in some ways and makes it so appealing. That is one of things that's missing because of the trauma – the ability to connect, both inside oneself and outside with the larger world in a meaningful way.

A= That makes a lot of sense. You have mentioned some of the significant influences on your work. I'm also wondering about your background, out of what community have you come?

M= I've come out of many, many communities. First and foremost, I go back to the seventies and the whole human potential movement of the seventies. We had things like EST back then and for gay people there was a program called the Aggregate Experience. These were very powerful, highly transforming events with a lot of energy. There would be a hundred people in the room and very fine tuned dynamics. I was very impressed by seeing and experiencing that such shifts could take place. Interestingly, there was some research two years ago by *Common Boundary Magazine* on people who experienced EST back in the seventies and eighties. Every single one that they interviewed in the year two thousand said that having had that experience in the seventies or the early eighties changed who they are today, unquestionably. As an organization, I have always had problems with it, but the initial product that they offered, I thought, had great value.

A= What was the problem with the organization?

M= The enrolment process and the way they sustained themselves I always found quite uncomfortable.

A= Are there potential dangers involved in releasing energy blocks too quickly such that a person could be re-traumatized?

M= I think that's possible. I haven't had a first-hand experience seeing that but it certainly makes sense that that could happen, particularly if the person doesn't have good support outside, something could be opened up and they could go into what in energy work is called a "Spiritual Emergency." In psychiatry it would be called Psychosis. I haven't seen enough of it to estimate the cost/benefit ratio. I just don't know.

A= Do you remember the psychiatric survivors movement in the eighties when people called themselves survivors of psychiatric rape and described how they had been damaged by receiving psychological services?

M= I have seen lots of that. I'm not familiar with the particular movement you're talking about, but I myself have had so many clients who have had terrible, terrible psychiatric and psychotherapeutic experiences.

A= What is happening there that is so different from the healing experience that you talk about?

M= In almost every case in which there was damage done, there was a therapist trying to impose on the client the ways things should be and trying to get the client to change their way of being, rather than letting the client evolve from where they are and discover and develop who they are, who they want to be, and grow in an organic way. For instance, the most frequent thing that I have seen involves people who were sexually diverse in some way – gay, lesbian, bi-sexual, or transgendered – and they went through years of psychotherapy being told that they could change so they tried not to be that. The damage done to those people by having an authority figure that they trusted, say this over and over and over again. I had one man come to me who was in Psychoanalysis four days a week for eighteen years with the same analyst. After working with me for a period of time, the fury that he had at that analyst was unbelievable. He looked back and realized that for years he was going to this person and he was becoming more and more depressed and drinking more and more through all those years in psychoanalysis. He was trying to be and become something that he wasn't.

A= You have been practicing for a long time?

M= Just going on twenty years and before that was my own recovery process. I have been to my own hell and back, which is helpful I think because I can really identify with what people are going through. For example, I hate to call myself a gay man, it seems

like such a limiting title, but I've been in a same-sex relationship for many years. I myself had a therapist who felt that that shouldn't be my life. I went through a year's torture around that. I had a drinking and drugging history in the seventies that I had to deal with and many health traumas. I have had cancer, HIV, I have had a heart of attack, triple bypass surgery. So there are not too many things that people might be going through where I can't in some way put myself in their shoes. What we are really talking about is human suffering and healing. For human suffering and healing to occur, there has to be authenticity in relationship, a real connection.

I would go back to Carl Rogers because having come out of the recovery community, I experienced very powerful and very significant healing with just one human being helping another, as a recovering drug addict. So in my training in psychotherapy, through the Psychoanalytic Institute and various others forms of psychotherapy training, when I was first exposed to them it felt weird because they suggested doing just the opposite of the kind of healing that I had experienced. They were telling me to keep a distance.

A= And you're saying healing is about connectivity.

M= Exactly. When I read Carl Rogers I thought, "Oh thank God I have permission, I have permission to do what feels right for me." I think there is a lot of progress that is being made all around the fringes and in between the cracks.

A= Maybe it will reach critical mass at some point.

M= That's what I expect. We will see the good sense in shifting things.

A= So, did you go through a clinical program?

M= I ended up not going to a clinical program. I had my own weird unique course, which is typical for me. I came out of addiction counselling, which was my first entry into the world of mental health. I had addiction counselling training, which is very different from psychoanalytic or psychotherapeutic training for the most part. After the addiction work, I went into trauma work and really began to study body-oriented psychotherapy. I worked with a woman from the Kripalu Yoga Centre who lived there for more than twenty years. She refined a technique called "Wave Work," which is a very refined Yoga breathing technique that brings people into the *felt* sense of their body and is elegantly healing. I studied with her and worked with her for a number of years until she died two years ago.

So, I studied here and there, whatever appealed to me, based on the work that I was doing at the moment. I wrote a book in '96 that primarily focuses on the addictions field, but a little broader, called, "Complete recovery, reclaiming our emotional, spiritual, and sexual wholeness." While writing that book, I was in a transitional time in my life where I was moving from an experiential therapy model, which was very popular in the addiction field in the '80s and early '90s. Experiential therapy helped people to get in touch with their emotions and used catharsis around various developmental histories. I was moving from an experimental model to an energetic model, which is much subtler.

When Peter Levine's book came out right after my book, it made me feel like my book was obsolete. He had the language that I had been looking for. That is Levine's great contribution, the language.

A= Are there other aspects of psychotherapy that you think are crucial for training?

M= If I had my way and someone asked me to teach a college level or a graduate level course in psychotherapy, one of the things that I would teach the students is to put themselves in touch with their own energy and sense of self. Using a scientific or computer term, if you can begin to broaden the bandwidth of student's own energy and understanding, while respecting existing modalities. There are many things that have helped people in many different ways, we want to honour and respect them all. You want to open the students' mind, just a little bit more, to things never considered before.

A= How would you go about doing that?

M= By demonstrating to them that they can experience things in themselves that they have never considered before, giving them a series of options that they may want to study along with the more grounded and accepted modalities that are offered in programs currently. I mean we can't just throw things out and we can't degrade what's there. What is there is there and put there for a reason, but we can grow from it, we can broaden.

A lot of practitioners that I know who use energy related techniques also use some cognitive therapy. We, as practitioners, can accept that there is no one right way for everyone; we have to be willing to know as much as we can know, to keep learning about ourselves and the various ways to help people because if we are not learning about ourselves, there is a big hole there. If we are thinking that we are all put together and that there is nothing that we can learn about ourselves, the quality of the therapy will have limitations to it. That learning can happen in therapy or it can happen outside of therapy. I think practitioners should be in a continual learning mode because we keep changing and keep needing to learn new things. I couldn't image sixteen years ago some of the things that I have learned over that time. Issues or problems provide a doorway for growth to

wholeness. The practitioner can create a safe container both with their education and their energy and support so a person can navigate that course of growth.

A= In the case of someone who is experiencing psychosis or schizophrenia, someone who is having hallucinations or delusions, generally these symptoms are considered anomalies that need to be suppressed or ignored, but not taken on their own terms as a communication. I am wondering what your view on that would be?

M= My view on that, if I allow myself to stay with that emotionally and psychologically too long, I get very sad. We are so off base and so ill equipped to deal with people with those kinds of problems. I have had experiences, read research, and know researchers working with people in psychosis and schizophrenia able to provide these people with enough support and enough grounding where they were able to have an enriching life and perhaps come out of the schizophrenia, certainly out of psychosis. To do that, the reality is that we have to have places where people can be safe. Places where they can be listened to and understood and worked with, where someone can tune in and connect with them, if they are able and willing. We don't do that and we don't have the resources. The resources required are not that great. It takes action and space. More fundamentally, we don't have the psychology to appreciate that these people need support and do not need to be shut-up. We give them medication to numb them, to quite them down because it is the only thing that we know how to do. For the most part, it doesn't make them very happy campers.

I have had to deal with a number of clients over the years, but what I have found most upsetting is people with what we call dissociative disorder, or multiple personality. When high functioning, I have been able to do really good work because I could provide enough of a safe setting for them, but some of the ones with more severe trauma histories and perhaps even transpersonal stuff going on, there just isn't any safe place for them. It doesn't exist. It's heart breaking to watch brilliant people go down hill because our society is not enlightened enough. There are just some people who are so sensitive and so vulnerable they can't live in today's crazy world.

A= One last question about termination, how do you know a person is done therapy? Can you give me a bit of a picture of what that looks like?

M= Well you have to understand that the therapy that I practice is continually evolving, so the words used to describe it also evolve. I use the word "therapist" but I don't like thinking of myself as a therapist because at this point the word is somewhat contaminated as is the word "psychotherapy," but I use it to be understood, for example for insurance purposes.

A= Ideally, what would you call yourself?

M= The most current word that we are using in our inner circle at workshops and retreats is “focalizers.” We call ourselves focalizers, not that our clients totally understand it, but we are people who focus intelligently on the matter at hand and bring energy to the highest level for all concerned. We have a way that we call “the five wisdoms” that help us remain centred to empower the client. So when you ask me, “How does the client exit therapy?” I would say, “When the client feels that is the right thing for them to do.”

In the beginning, I always try to educate the client that this therapy will be a co-created process. I want them to bring with them not only their struggles and challenges but, also, whatever they think might be helpful and I will do the same thing, based on my experience. This is a way of tuning our energy and finding an alignment. It is the same when discontinuing therapy. Clients will come in saying “I have been thinking that I want to go it on my own for a while, what do you think?” and I will tell them honestly what I think. I’d say about eighty percent of the time I agree with them, maybe with another twenty percent I will say, “Well, my sense is that unless you really have some financial considerations, or other considerations, you may want to consider cutting back to more periodical sessions for a while, to make sure that you are grounded where you want to be.” It would be very important that they felt comfortable, and that I felt comfortable with it, that we co-created an exist process, and it wasn’t being imposed on them. I would never make the person come back for completion if they didn’t want to.

I do psychotherapy in a community format, even if it is a community of two. So once they are in the community, they are always in the community as far as I am concerned. I have people calling that haven’t seen me in six or seven years. They come back for a tune-up. I had a client yesterday who called who I haven’t seen in three years who wants to come in with his wife next week. It’s almost like a family thing. People come when they need to come. When they come they may say, “I waited too long. I really should have called three months ago or six months ago, but it took me awhile. I had to wait until things got really bad, but here I am.”

We’re real with each other. There is a very powerful sense of respect in the room, that I respect them and that they respect me. I have almost never had a client be disrespectful to me, skip out owing me money, or not show up. I mean there are a few people with addictions problems who stop showing up because they became active in their addiction. I totally understand that. But in terms of a hostile act, or the result of just being unhappy, that doesn’t happen because usually when you show respect to people they give it back to you. If you are authoritative, placing yourself on a different level than them, then they’re going to act out against you and I totally understand that.

A= Again, just be as authentic as possible.

M= Yeah, we are all human being on this boat of life together. Hopefully there are therapists who have some skills and life experiences to bring to the table to help shed some light on a person's challenges and struggles and to help identify what the next step might be to bring them to a place that is more comfortable and to a world that is more fulfilling.

A= There is always some sense of movement that defines healing.

M= Yes. I will be curious, to see what comes out of the research that you want to share. Tell me again what is the end result that you are hoping for from the research that you are doing?

A= I thinking that it will come into a book as a series of conversations with different therapists, healers, people who care, aid heal, the psyche, the soul, mind/body. I'm aiming to represent marginalized voices of psychotherapy and as diverse a representation as possible. At the end of each conversation, which would be a chapter, I intend to provide a summary of the themes that came out, the most important points, to condense the meaning of the conversation. I'll also provide an introduction and a concluding chapter to try to thread all of the conversations together, and talk about them collectively perhaps by positioning them in the history of psychology. Perhaps this could be useful for people choosing a therapy that makes sense for them and it could be useful for students to gain a broader understanding of what is possible in psychotherapy.