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Therapy Within The Small Screen

Introduction

As the novel coronavirus numbers in Minnesota climbed schools, universities, libraries, and offices began to shutter and increasingly people abandoned their work site for the safety of home. Some clients wondered if I would continue in-person therapy or what accommodations I would make. Having only minimal familiarity with telehealth, I began to ask clients about their comfort level with remote therapy. I also took an online course to better prepare myself for the do's and don'ts of a telehealth practice.

After using telehealth almost exclusively over the last months, I am grateful that I could continue seeing clients. There would have been few real options to serve my client base had telehealth not been available. Still, I would be reticent to rate my experience as a 10.

My ability to find success with telehealth is due in large part to a modality I use, and a technique called “micro-tracking.” As I will explain, micro-tracking is focused on “reading” the client’s face and attending to their words, affect, tone, and voice. Unfortunately, telehealth limits the therapist to working within the framework of a small screen, a situation that is not ideal for neither client nor practitioner. However, micro-tracking overcomes this obstacle, and in some regards, is an ideal tool for telehealth.

How Did I Get Here!

I have been a licensed clinical psychologist since the 1980s. It is no surprise that major advancements in the practice of psychology have been made over these 30 some years. I know I have changed from the neophyte who got their start in a medium security prison to the seasoned professional I am today. Along the way I have continued to learn and to integrate new ideas, methodologies, and perspectives into my practice.

Still, I continue to lean on my primary modality of Pesso Boyden System Psychomotor (PBSP) for which I am a Certified Supervisor and Trainer. I first became interested in this fascinating therapy and its co-creators while a graduate student.

My graduate studies required 600 hours of training in a new modality. My previous orientation had been in Adlerian Psychology; a theory I felt drawn to because of its practical and relational aspects. I would have continued as an Adlerian psychologist had it not been for Al Pesso and Diane Boyden-Pesso.

I first met Al Pesso in a training session conducted in Minneapolis, Minnesota. This was in 1984 and as I walked into the room, I glimpsed a short, white haired elderly man with enormous bushy eyebrows. His lecture was about energy in the body, the soul, and how we are made with the capacity to be happy in an imperfect world.

The Pesso’s method of therapy was based on a “structure,” i.e., a time limited piece of therapy whose components included role-playing and the creation of ideal parents. In the structures an individual (the client) was encouraged to express their anger toward the person responsible for their woundedness. The aggressor was a “negative” figure and role players physically restrained the client to facilitate the release of their rage or fury. This led to a great deal of screaming, kicking, and angry outbursts. During one structure, the noise was so loud a neighbor dialed 911 concerned that an altercation had gotten badly out of hand.

My father was a minister and a traditional stoic Norwegian. He believed anger was a sin, and therefore, I was taught to reject any such emotions. Sitting in a room with screaming people was at once unimaginable and amazing. Reconciling these two vastly different worlds captivated me and I readily decided that an opportunity to expand my thinking and learning was to be had. Over the course of the next 30 years I was an astute learner with Al Pesso and Diane Boyden Pesso.

Why PBSP?

Many theories of personality are particularly good at articulating their principles and underlying concepts but provide little in the way of actual application of the theory. I found PBSP to have the most all-encompassing theory of human behavior and its application was equally comprehensive. I also felt that my own structures with Pesso had a profound impact on my life.

I recall once such structure involving the shame I felt not living up to my father’s image of a man. Pesso’s antidote left me feeling more confident and I began to physically stand taller. Returning home people wondered if I had somehow grown taller! PBSP’s focus on the personal growth and mental health of the therapist allowed me to see how I could become a more authentic individual and a better husband, father, and therapist.

Another attraction was the Pesso and Boyden Pesso themselves. They were very real people, not the strict, rule bound individuals I grew up with in the church. The Pesso’s never hid their own life struggles nor their deep desire to keep growing and learning. On any given day of training Pesso could be found reading about the brain, scouring journals for the latest research, contemplating the impact of trauma, and otherwise immersing himself in the science of psychology.

The Pesso’s, originally classical ballet dancers and instructors, believed that therapy was more than getting beyond our past, rather it was to bring in new information and experiences that could radically change one’s personal narrative. Watching them over the decades building and modifying PBSP was truly a gift. I have not met many geniuses in my life. Pesso was such a person, and more importantly he was my mentor and friend.

A 30-year Journey

Unbeknownst to me, training in the early days of my PBSP experience was grueling and, at times, seemed never ending. It was, and continues to be, the most life enriching endeavor I could ever have imagined. My belief in this modality is shared by practitioners, students, and trainers across the globe. Still, becoming proficient in PBSP makes the ultimate destination worthy of the arduous learning process.

The Pesso’s were astute enough to realize that their theory of childhood developmental deficits would evolve over time, rather than remain immutable. Their willingness to engage in theory refinement proved critical in their attempt to formulate a psychomotor system that combined the motoric with the domains of emotion and cognition. The evolutionary history of PBSP continued throughout their lives and even days before his death Pesso offered insightful new adaptations to his work.

PBSP is an elegant theory and often referred to as a “power tool.” Like a pneumatic nail gun or a jack hammer, learning relies on a seasoned teacher and a detailed instruction manual. With PBSP the “tool” is complex, the learning manual extensive, and the teacher a master at their craft. Rising to the level of Certified Supervisor and Trainer is highly coveted because of the exacting standards for proficiency that the Pesso’s demanded. These standards ensured that the theory would remain relevant beyond their lifetime.

Learning PBSP involves both understanding the theory and its underpinnings and engaging in experiential work. Students learn to integrate the theory into their thinking by seeing the world through the lens of a client’s thoughts, actions, and feelings; essentially suspending their own world view to step into the client’s history. Experiential exercises and intense structure work provide a type of visceral learning that is both instructional and personally therapeutic. Becoming an authentic, whole individual is a critical goal of the PBSP practitioner.

Most of my training came directly from the Pesso’s. Strolling Woods, their New Hampshire training center on Webster Lake, was an idyllic educational setting. Amongst the towering pines and acres of open land, I learned to observe the body, to micro-track, to create a “possibility sphere,” to move from the present to the past, and to find an antidote for unmet childhood needs. The Pesso’s were patient, yet perfectionistic and exacting, instructors.

The training group I was fortunate to be a part of became a close-knit cohort. Together, we spent hundreds and hundreds of hours with the Pesso’s perfecting our craft and challenging each other in our pursuit of Certification, and eventually as Supervisors and Trainers.

Personal Contributions

One of the pieces of PBSP that I found troubling was the lack of clinical research. Dissertations had focused on the theory, studies compared PBSP to other modalities, and research examined its efficacy based on neurological data. Convinced that there ought to be a way to measure one’s childhood developmental deficits, I set about developing an assessment tool to do just that.

My assessment, the Levang Inventory of Family Experiences (LIFE), is an online instrument for determining need satisfaction as theorized in PBSP therapy. The data generated pinpoints one’s deficits and provides guidance for therapeutic interventions. The LIFE has application for individuals, couples, families, educators, and employees.

One of Boyden-Pesso’s life goals was to use PBSP to help children overcome the challenges and difficulties of their early years and to become better able to live fully. The LIFE fulfills her goal with a series of learning materials directed at the parent-child relationship.

Telehealth: The Small Screen

As expected, not all my clients made the switch to telehealth as a few insisted on in-person sessions. Others wanted to test run the platform before opting in. But by in large clients chose science and safety over the risk of contracting covid-19 by being in public. While the change was quite seamless that is not to say that I did not face the inherent challenges of digital literacy and technology.

To my amazement there were several immediate benefits with telehealth. Not commuting to my office gave me a little more shut eye. I could take a quick walk or run an errand during gaps in my schedule or have a leisurely coffee break or lunch. Most striking was the decrease in stress I began to feel. Telehealth meant I no longer worried about clients waiting in the lobby, about privacy, a ringing phone or fax machine, or even about the typical distractions of office doors opening and closing.

Still, my reason for shifting my practice to telehealth was not for my benefit. Rather it was to carry out my ethical responsibility to my clients, and to provide for their physical safety.

As I noted in the introduction, the transition to telehealth was made smoother because of my training and expertise in PBSP. The technique of micro-tracking, i.e., carefully, and exactingly reading facial expressions and attentively listening to words, voice, tone, and affect, has, and remains, a tremendous asset. When therapy is limited to what is viewed on the small screen micro-tracking blocks out distractions and creates an exclusive universe between client and therapist.

PBSP posits that our bank of memories directs our present-day consciousness. That is, all of what we see in our present consciousness is based on, and linked to, past interactions and experiences. With micro-tracking a window into a client's biographical history can open to the origins of their thinking, feeling, and unmet childhood needs.

Micro-tracking is a learned skill that takes extensive training and practice to reach proficiency. I have been a PBSP practitioner for 30+ years and this skill is well-entrenched in how I work with clients. From the moment a client sits down, I begin micro-tracking and use the material gleaned from this process to direct my focus and navigate the emotional landscape of the client.

Simply said, micro-tracking captures the client’s affective state and feeds it back to them. The therapist provides this feedback as if it comes from a "witness." In PBSP, the "witness" is an observer in the room. They do not interpret or otherwise interfere with the client, rather they are an eyewitness extension of the therapist. Witness figures act in a benign, caring way and are akin to an ideal, loving parent who validates and provides the language for their child’s present state of mind.

The therapist introduces the witness by holding out their arm and gesturing as if the witness figure is sitting nearby. The therapist then gives voice to the witness as they are a narrator. A typical example would be the therapist saying to the client, "If a witness were here, the witness would say I see how forlorn or desperate your feel as you remember your mother being ill." The client's emotions have now been named (forlorn or desperate) within the context of the client's own narrative. And, their actual words have been repeated. Note that the emotional response always comes first (forlorn or desperate), followed by the specific words of the client (mother being ill).

By mirroring these words back to the client and duplicating the tenor and voice, the witness figure validates the individual's emotional truth and strengthens the connection to their body. The client feels listened to, accepted, fully embraced, and perhaps even more engaged. Micro-tracking gives the client permission or license to express themselves without fear of being dismissed, misunderstood, or further wounded. Pesso stated, "The emotional naming words give clothing to the emotional states and makes them more manageable."

In the brief example above, the therapist responded to the client using their exact words while providing a feeling that the client has not stated. What may have previously evoked strong emotions for the client suddenly becomes clearer and easier to accept. Consequently, the client feels a sense of not being alone, of having someone to come alongside them, and of being seen in an accepting manner. These new understandings support a therapeutic alliance between the client and therapist.

As the therapy progresses the client organically reveals their inner narrative. These inner thoughts are “scripts” by which the client lives. For example, "Nothing good ever happens to me," "Just when things are turning around something bad happens." These cognitive statements, or voices, declare how the client was to respond to the world or what to expect from others. Often, the therapist will have the witness figure respond to the client. For example, the witness figure may say, "That's a voice that says, ‘nothing good ever happens to you.’" As these words are repeated, the client usually perceives them as foreign, harsh, or wounding.

These toxic voices echo the past as they were learned somewhere along the road to adulthood. And, as explained by Pesso,"... our present consciousness is loaded with the tapestry of our past." Rather than escaping our past, we carry it forward.

Thus, microtracking relies on listening, remembering, and responding with precision. The therapist does not engage in interpretation or add their own insights to the narrative. Microtracking may seem difficult, yet our role as therapist has always been based on our ability to accurately track the client's dialogue. In my experience, the power of microtracking cannot be underestimated.

The keen attention the therapist gives to a client's face and voice is an asset in telehealth. For me, the video and audio feeds zero in on the body so my view is largely limited to the facets of the client's face and to their voice. I can adjust the audio volume if need be or hit mute if I were to sneeze, cough, or clear my throat. An easy push of the button allows me to record the session for the client to review if they so choose.

Telemed also eliminates common office preparations like monitoring the temperature, checking the lighting, ensuring the room is tidied after a client departs, seeing to the need for kleenex, or checking to see that nothing was left behind. The client oversees their space and comfort needs, and I in mine.

Still, as the weeks have folded into months, some of the initial benefits of telehealth have dwindled. Like many others, I am cognizant of telemed fatigue. I now find remote care stressful and worry about my client's experience and level of satisfaction. Eyeing a screen through six or seven clients is physically tiring. Concentrating and focusing non-stop is sometimes mind-numbing. Small things like having an ergonomic chair, keeping myself in the camera's range, and resting my eyes from time to time weigh on me. What originally seemed like a temporary situation has now become a new reality with the sense of confinement mounting. Unfortunately, after working in a medium security prison for 13 years I now find those old feelings of incarceration are back.

I think self-care is of utmost importance for us to maintain our professional standards with this new mode of therapy. By self-care I mean taking a holistic, proactive approach to our health. My amount of exercise these days is far short of my near daily trips to the gym. I have gained 10 to 12 pounds from burning less calories and relying on chocolate and comfort foods for quick energy boosts. My eyes burn from time to time because of eyestrain. I have been working at walking more, eating “clean,” and getting to bed earlier.

While many clients come wrapped up in the devastating effect of the pandemic and the divisive political climate, we must not lose sight of their therapy goals. Thus, it is my professional responsibility to help my clients see how the trauma they feel today hooks their past trauma. By addressing the earlier trauma and working through those painful memories, clients can move beyond the there and then to the here and now.

I am grateful for my expertise in PBSP and the level of skill it brings to my use of telehealth. Still, I am learning and adapting to this new way of conducting my practice. If the pandemic does not abate, I want to feel confident in my abilities to successfully serve my clients.

References

*PBSP Microtracking Technique Modular Training*. (2020) Pesso Boyden System Psychomotor®. Retrieved August 1, 2020, https://pbsp.com/train/modular-training/pbsp-microtracking-technique/