

The Experience of the Psychotherapist

Transcript of an interview with Diana Fosha (Version 13/04/2013)

This interview was held in New York on 14 May 2011

Interviewer: Hans Welling

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A video recording of this interview can be seen at:

<http://www.psicoterapiaintegrativa.com/interview%20diana%20fosha.php>

Brackets: comments later added by Diana Fosha

H – Could we just look a little bit. Is that OK?

DF – It's very OK. (Smiling)

H – Just for me to center. So... (long silence) OK. I'm ready. Are you?

DF – I am ready. Thank you. It was a nice idea to center , to let everything else...

H – Yeah. My first question, I thought it was... I think my most important question has to do with your look.

DF – Hum, hum.

H – There is something about your look that is very absorbing, very special. I really don't know how to say it. I think it's such an important tool you have. I don't think you have written about it, maybe you have it. I don't know. I didn't find it, but... I mean, are you aware of that look?

DF – I was gonna say that in a way. That's my question to you. (laughing) What you see or... Cause it isn't cultivated.

H – It's not cultivated?

DF – It's not cultivated.

H – No?

DF – It's natural, so...

H – You think you always have this look?

DF – Well, I don't know what this look ..., so you have to tell me.

H – OK. Is it something a... when you have this look, when you look you really look and you really feel contact and you feel like a little tremor inside, like there is contact, like a heart to heart contact? And it goes through the eyes. That's how I feel it.

DF – Right.

H – You have that strongly, I mean...

DF – Yeah.

H – And... I don't know, open look, but that's... that really captures it... like you're really seeing and looking and making contact through the eyes.

DF – I don't know if I've always had it, but I think it's... I mean, I think it's something that's just me and the psychotherapy context or contact within the psychotherapy world or teaching, allow it.

H – Yes. Allow it.

DF – Right?

H – It's not... you can not always do that.

DF – As in more social interactions or anything, you know? I think if anything that I had learned to moderate it or to look away, because I realized that for some people that it makes them uncomfortable.

H – Yes.

DF – So, the learning has been to avert (laughing). That has been my learning...

H – I see. Yeah. What people commented on it. Sometimes I remember like when I showed your video to other people.

DF – Yes.

H – And they were saying “what a strange lady” you know? “There is something so strange, so serious, so intense, what is this?” but then... then they start to appreciate that. But at first it is “this is strange.” you know?

DF – Hum, hum.

H – Yeah. But I think... I think that the very important tool... but maybe it's simply that you are in tune and that transpires through the eyes.

DF – Well, but it would be a sort of cultivated as it's natural, but in that way, probably other things are natural too, but not necessarily for contact in the therapeutic interaction and there is something about saying “I'm here. I'm with you, I'm interested in everything” and it's also concentration.

H – Yes.

DF – Just concentration and taking everything in.

H – And mirroring also? I feel.

DF – And mirroring and mirror neurons clearly. It's a wonderful conduit, mirror neurons are all through the body but... yeah.

H – OK. , sorry?

DF – No no no, cause I have got and particularly in the APA tape. I think the seriousness which I often have, not always, it has something to do with a tension of the situation, you know?

H – You feel tense when you are...?

DF – In the APA video.

H – Oh, in APA video itself? OK.

DF – That sort of was a little extra

H – Yeah.

DF – Right? Cause... it was like...

H – No, I have to show..

DF – 45 minutes and to get it done I really just wanna focus everything and making something happen again. It was unconscious.

H – Hum, hum. OK. You think you might be more serious than you are maybe.

DF – Well, you've seen the tapes

H – Yeah. You're more like reclining and like relaxed

DF – Some of it.

H – Yes, that's there too.

DF – So, yeah. So, there is that piece in that particular video. And somebody else said, I showed... yes, I showed or I... oh, yeah, cause I did a presentation before the immersion course and I showed the woman, the young woman, who was very concrete with the cloud.

H – Hum, hum.

DF – And there too I'm very serious up until finally it clears into blue skies, and somebody else commented it. So, it made me think. I think it's what we are talking about and I think the seriousness, that wasn't a relaxed situation for me.

H – OK.

DF – Yeah?

H – Let me see what...

DF – What a strange lady...

H – What a strange lady, yeah.

DF – right indeed

H – Well, I just... I mean, it is different from normal...

DF – It's not a social.

H – And it's not a social?

DF – It's not a social.

H – Yeah. Therapy isn't social

DF – right exactly. Yeah.

H – I think it's a real contribution, this... this intense contact, from which people shy away usually in society.

DF – Right.

H – That gives a very good feeling, yeah... to do that. I think what you give to people it's wonderful.

DF – Right. The gaze. Right. So, it's started with a gaze

H – Yeah.

DF – Right?

H – Yeah. OK. You said in the workshop, you were going to tell something about the development of AEDP...

DF – Yes.

H – and then that didn't really happen, so, maybe that's an interesting point to start. A little bit like where... where did it come from...?

DF – Yeah...

H – and...

DF – OK. And what?

H – I was thinking also about this... this thing you said the other day, like “This is my...” we were joking about this, “This is for my deprivation of attachment.” (laughing)

DF – Hum, hum. Right.

H – So. that is probably part of it.

DF – It's part of it. But you know, sort of... the psychotherapy story is that I started my clinical program, where I did my graduate...

H – Hum, hum.

DF – in clinical psychology was very, very psychoanalytic,... I mean, at the more extreme. It was a relational particularly... it had two pieces. It had a pretty strict sort of psychoanalytic orientation and it also had a developmental orientation. So, you know, there was always both sort of psychoanalytic developmental but we had a couple of just purely developmental people. So, there was a professor now, that, you know, I'm talking to you and you're an european, a guy called Gilbert Voyat who was a piagetian. He wasn't a clinician, he sort of started to apply some Piaget... anyway, he was a piagetian and he taught child development, so the all developmental piece of my graduate school education is very important, very, very important to me, but as it stance, as a tradition, clinical what we were taught was very, very psychoanalytic and I was very grateful, particularly in a retrospective, grateful for a very rigorous intellectual training. I think it's almost like the classics, like learning Latin and Greek even if you don't do anything with it, it's sort of trains your mind.

H – You think you don't do anything with that or...?

DF – No, I said “even if”. No, no, no. I don't mean that I don't do anything with that, but even if you don't and you leave it behind it's like a wonderful, sort of training for one's mind. But I was always very uncomfortable with what... didn't seem to make my colleagues uncomfortable. And one was... there was a sort of cavalier nature or a cavalier attitude toward efficiency. As long as one adapts. So what if it takes twenty years, so what if the guy's family falls apart and his wife leaves him and his children... God knows. You know? There's depth and that's all.

H – And

DF – What?

H – That was disturbing

DF – That didn't seemed particularly to sit well with me and I think the pathologizing and that kind of interpretive stance that didn't really respect whatever the person was saying. Anyway. So, there was sort of two things of discomfort, so, I started to hear of short term dynamic and I

first read David Malan's work and he was so lucid and such a beautiful writer. I'm giving you the long version, I think it would be the short version.

H – Short would be better I think

DF – OK. Anyway.

H – I'll pick some things when...

DF – Fine, cause I can tell it on 15 minutes or I can tell it 3. So, anyway, to make a longer story shorter, then I got very interested in short term dynamic, first Malan and then Davanloo. Actually, I loved Malan's writing and hated Davanloo's writing, cause it seemed to me to be primitive and ridiculous. But then I went to see Davanloo in a workshop, in person. And I still thought he was out of his mind, but the moment that he played videos, at the end of the day I said... I went up to him and I said "How do I train this?" cause... it just... blew my mind, after like psychoanalysis, in two hours he did more than people did in three years, so...

H – Do you remember what you saw...?

DF – Yes.

H – in that video, that you thought this is it...?

DF – Yes. The case he calls the German Architect, it was the first one I ever saw and this was a very... in a psychoanalytic world that I had grown up with, the man would be called like a schizoid man, cause he was very intellectual, he was contemptuous but really had a little bit of quality of fragility, he stared at ceiling he made no eye contact, he was very philosophical but like... you know. But I just know that in my program, people would have taken two years to just build the relationship with him before even beginning to do any work or something like that. And Davanloo just went after him. He challenged and confronted him from the beginning. He challenged that he was disrespectful but putting his feet on the table and they got in this very confrontational interaction right from the get go and by the end of the two hour session, Oh my god. You had all this intense work on the man's current relationships, a bar scene where he hurt somebody or something like that, and then we went back to his hatred towards his father and, you know, whatever else and the beauty of the universe, literally. I mean, the guy is having a core state experience by the end, cause his all life has been revealed after this all major

confrontation. So, yes, I remember very well, clearly, this was in 1984, that I must have seen that Or 83, so, it's almost 30 years ago. I remember it like yesterday, like...

H – I'm looking for those moments, that's one of my... you know, like...

DF – Yeah.

H – a marker, like “Hey.” and...

DF – That was a marker. Yeah.

H – Maybe another marker is when you decided to leave Davanloo?

DF – That was more gradual. That was not a big thing. I mean, it wasn't a big moment or huge betrayal or massive, hem... it was time. I mean, I actually... it was time.

H – For?

DF – Pardon?

H – Time for?

DF – It was... I had learned a lot, maybe I would have learned more but it had been such a crazy system of sort of submission and no academic free... I mean, all of the values that we had were suspended and I sort of knew that I was going into that, so I didn't get as hurt as others of my colleagues did. I sort of saw him for the genius he was and just this whole medieval mentality but it wasn't me, it was a weird way of learning. I had learned a lot and I think the discomfort of all of that , had been suppressed, and it was time to move on.

H – This... this submission thing...

DF – Yeah.

H – that is something I really appreciate in your attitude. You were having... you bring other people in, you know, into your trainings, you say where things comes from, where you learned... that there are other ways of doing therapy that are wonderful as well. I think that's a very... a fantastic way of...

DF – Yeah.

H – You know? It's a modest way of looking at things and that we really stand on the shoulders of others and...

DF – Yeah. It's important to me.

H – Yeah. And maybe even more important after Davanloo that you saw that I don't want to do it this way or...?

DF – No.

P –was that already clear from the beginning?

DF – I think it was clear, I think, you know, cause much of training is that way, you know? Davanloo was extreme, really extreme, but that kind of authoritarian teaching is not unusual, I mean, with a lot more respect for academic things and so on and so forth , it is not taught insanely (laughs) That was Davanloo's specialty: he was crazy but even that kind of territorial teaching, one way authoritarian way of teaching... you know, psychoanalysis is the truth or EMDR is the truth. Or... this is the truth or...

H – You are not the truth?

DF – Pardon?

H – And you are not the truth?

DF – I was...

H – You are not the truth?

DF – Right.

H – That was what you were saying...

DF – Right, right. You or anything else that you might think, or something like that. So, I don't know. I think that maybe that's one of the things... I did always have somehow from early in my training and maybe even before that, before clinical training. Just the sense of core truth and the ability "OK. I will learn this, because this is important." but even if they think it is the truth "I know it isn't but I'm very happy to sort of suspend and do what I need to do to learn or to acquire this and..." but I don't think I ever fully joined in this kind of way I... and then felt terrible

disappointed or betrayed, like “oh, for a while I too think this is the truth and the only way.”
And...

H – More like this is important, this is something...

DF – You know, conscious or unconscious, but I think it is somewhere a little bit of that the good or bad and being a bit of an outsider to things

H – So, your discoveries, so, you come from all this training and you take all this things and then you start to work in your own, I suppose. I mean, AEDP didn't exist.

DF – Right.

H – So, when is AEDP born?

DF – (ri) AEDP was born in the bathroom with Leigh McCullough

H – I wanna hear that story.

DF – What?

H – I wanna hear that story.

DF – Well, it's a... I had in the 90's, cause Davanloo, I was working with a couple of colleagues, who had all been through the Davanloo training and were now learning and doing sort of being with the patient and bringing an empathy and really working, in one way or another, together to. Get rid of the aggression and the rival, you know? Battling it out and much more empathy based in. So, that shift... I was not alone with. The person who sort of, had an Institute at New Jersey, Michael Alpert, I don't know if you heard of him, anyway...

H – Briefly...

DF – Some people in STDP world know his name. Anyway he was sort of the... more a leader but we were working together and... but I was the one who started to write and he called his approach AET Accelerated Empathic Therapy, which I never liked.

H – Hum, hum.

DF – Cause I thought all therapies are empathic if they are any good, I mean (lauging). So, a weird thing to call something, cause you're not doing anything that's distinct, you just... like

accelerate warm therapy. but whatever. And I was doing all of this writing and we had a conference, Michael Alpert presented, I presented, Leigh presented and other people who were in that world at that time and... I felt very excluded. It's almost like my contributions were not seen and everybody was sort of leader focus on this guy, Alpert, you know, who made his own contributions, but not all of them and I think I... you know, I was in the bathroom with Lee McCullough and I sort of started saying to her, to Leigh "Leigh, you read my writings. You know me." you know, but why is it that never... and I just started crying and Leigh was wonderful, wonderful. And I think out of that moment of the ladies room sometime in the 90's, she was very much a facilitator, a transforming other, that I had to take ownership of what I was creating and to pay attention to who was supporting me, who was not or dismissing or stuff like that. So, that's when AEDP was born really. In that moment when it became clear to me that even in terms of roles, this person was, you know, had a certain kind of authority in the group, but that it was not about collaboration. It was, once again, asserting authority even in an empathic world and that I had to separate, cause it wasn't gonna happen there. So, the separation took place at that moment. It took a year to put it to action and then truly from that moment forth, I really started to do my own stuff and started to work on what became AEDP. It took me a year to find the name that would do it justice and that was when I started to do the bulk of the writing that... that came in the book in 2000.

H – I would like to know if there's like a moment in which you have like a crucial idea, like "OK. This is important." It's like this... when is there a moment when you feel "Hey, this is what I do or what I feel or what I found. Is unique, is important and I need to share this, I need to bring this out." That moment...?

DF – Well, I think it's not...

H – An idea...

DF – a personal moment, it's an idea moment or perception moment.

H – Sure.

DF – So, one perception moment is when core state was born. Right? Was again watching people's videotapes. You know, I had... it happened for me too, but I was watching, I don't know who, but the work of somebody, you know? Who had done a piece of emotional work but in a

very intellect... initially intellectualized patient. Like that German Architect, of Davanloo, he was another one, intellectual at the beginning, emotional work. This person is some very calm reflective state so they're talking, they're not crying, they're not weeping, they're not raging, you know?

H – Then what did you think, when you saw that?

DF – That there was no concept to capture the fact that this was profound and affective and that it wasn't intellectual, cause I thought in the current system this beautiful moment is in danger of being interpretive and destroyed as an intellectualized defense. Right? Because the person is just talking.

P- And that's when you say this is emerging?

DF – So, this is...

H – It's new?

DF – This is different, this needs to... and I tried, you know, and again I sort of raised that issue. People...

H – Didn't recognize it?

DF – didn't recognize it. Nothing happened, but... so, that was one moment. So, I have a lot of phenomenology moments. (smiles)

H – You do? Yeah.

DF – Yeah.

H – That's... that's what I like. I think that's important to understand how things are born. Another... I think unique aspect of your work is the meta-processing.

DF – Right.

H – Do you remember when that... when you discovered that, like “Hey, this is important.”

DF – That was the same kind of thing. It was... this was in my own work, right? I'm just getting interested in patients being moved and again knowing it wasn't sadness, it wasn't depression, it wasn't trauma, it wasn't fear, it was something else, but they were crying.

H – And then you said “What's happening?”

DF – And then I said “What's happening? What are you feeling?” and again I got interested in it. I started to ask more questions in sessions, went back, no words for it, you know? Intuitively clinicians know about being moved, it's a human experience, but I think clinically, again the same danger of here is this beautiful thing and if you take it for grief (hisses) you condemn it or you miss an opportunity or if you think that... you know, the person is, they will tell you they're happy, even though they are crying and you will tell them they're in denial or something like that. I mean, I think that sense... you know, that is very important to me preserving the integrity of people's experience. You know, when you don't have concepts or accurate phenomenological descriptions, then you can make so many mistakes or you destroy something precious. So...

H – Yeah. Beautiful...

DF – So, that's important.

H – Something else I've understood... I'm sharing this with you...

DF – Yeah, yeah.

H – cause I'm really trying to study what is here? Like what is she doing and also what's here, what I didn't know, cause I know the intense emotional work, that's not new, but the way you do it, the way you go with it and one thing else I noticed is that if you have to talk about what's between you and me...

DF – Yes.

H – it's very powerful to have immediate attachment...

DF – Yes.

H – and that's kind of surprising to me...

DF – Yeah.

P –because usually I was always thinking about it more in looking, hugging, being close...

DF – Yes.

H – and this... the fact that when you put into words is the moment that really

DF – (clicks fingers)

H – somehow hits base and then you feel the emotion and something new happens. That was very powerful and if you could say something about that...

DF – Yeah, yeah and again I think it's a little counterintuitive because when you just describe it to people, people tend to think that the words are going to mess it up.

H – Yes, exactly, it's like we are becoming intellectual or something.

DF – Intellectual or philosophical or.. whereas it's really the next level of deepening, because you really take the risk...

H – intimacy

DF – in the intimacy, cause, I mean, the looking and the hug or touch, you know, they are profound in one way. I mean, they're profound. Period.

H – Yeah. Hum, hum.

DF – But that's intimacy in a shared way, in one way, but then each person is having his or her own subjective experience that you really don't know exactly. You don't know the person is feeling love or sadness or grief or, you know, clearly they're touched that we're together or resonant in some way.

H – I also believe that when you have to put into words there is also a little moment of creation.

DF – Exactly.

H – It becomes clearer and becomes really symbolized what's really...

DF – And it's the next place in you and it is a little more vulnerable, cause now you're really telling the other person what you're really feeling and it's the next level. And I think that's what's not realized that in the communication is this huge, it's the moment of creation, which is always when you take experience and attach a word to it from the inside, not some intellectual construction, but what's the word that's gonna capture this accurately so that it feels real for

me, so it's creation, but it's risk, because as long as you are not in verbal there is still a little ...
privacy

H – Yeah.... Is there anything else that it comes to mind that you find particularly helpful to get closer or...?

DF – What do you mean?

H – Well, in the same sense, you know? If you verbalize what's happening between us that helps, if you look, if you...

DF – Yeah, yeah Millions.

H – Millions?

DF – Yeah.

H – Wonderful, well one or two would be nice

DF – (laughing) A...

H – Just what you think it's an important one.

DF – I feel a sense of being gotten, you know that sense of... “I get it”. In other words, if you tell me something and then I tell you something, tell you, look at.. you know, either verbally or non-verbally respond in a way that then your experience is: she gets it. And it can be through words, it can be through emotions, it can be through... I mean, the vehicle depends... but I guess at some point language comes in, at some point...

H – Hum, hum. It can be as simple as “I know” or... you know? “I heard you say that”.

DF – No, I guess it's beyond that.

H – OK.

DF – That specificity of words, it's just like you were saying. It is one thing to have contact, then if you have contact and then you attach words to the context then something deepens, something else happens, the next thing happens.

H – Is there a next thing after that?

DF – I mean, there is always the next thing. You can keep going but that's the transformational spiral, but with a... I think when you put it into words, because words are or have that specificity that the non-verbal stuff doesn't quite have. What was it I had? (thinking) I had this very interesting exchange with... it was minor, not a huge emotional experience, but it sort of captured it. This patient was telling me something about what happened between her and her boyfriend. He did something that she didn't like. She described the incident to me. We... I must have said ten things about it, but to me were all synonyms. "Oh, so you didn't like it because you felt, you felt you were in it together and he really was standing outside of the interaction or you didn't like..." And she said "Yeah." Or "you didn't like it because you felt this but actually, it turned out that he felt that." "Yeah." And then I said... but it wasn't... and then I said "So, you felt monitored." And she said "Yes!" (clicks fingers) I had expressed the idea that he was standing outside and judging her seven different ways and she always said "That's right."

H – But it wasn't the real..?

DF – But the word "monitored", or "scrutinized", whatever. But it was that word that she said "Yes!" and then you had that drop-down. So that's what words do and it is monitored and not scrutinized or it is monitored and not judged. They are all very equivalent, but every now and then you get that word that says "Yes!" And I think that's what words can do. I think you're right, probably it can happen with just a look. (sighs) It's something inside says "yes, thank you"

H – Are there any clients or problems or... that are difficult for you or...? I mean basically, what is difficult for you in therapy?

DF – Yeah... I think what's personally difficult for me, I mean, people

H – I think it's something like that.

DF – No, go ahead, tell me a little more about what you had in mind.

H – It's basically... it's a bit of two. It's... it's one... is like.... one it's actually what is personally and difficult. So, what things do you find difficult to deal with. What kind of emotions or what kind of things that people do to you interpersonally or... things you find difficult. And the question goes further like where is the limit almost theoretically, what you can help with AEDP, what are the limits of AEDP. A little bit of both, but maybe we start with the first.

DF – Well, I'll start with the second...

H – OK, sure.

DF – because it's easier and it's not that related to the first it may be related narrowly but not broadly. You know, I think the first is that I'm such a trial and error person, and such a believer in the dyad, that I think there are always limits for a given individual or for a given individual or for a given dyad, me and this person are just not doing it. Or you and that person it's not happening, but it says nothing about this person with somebody else. OK, that says a little something or maybe it says half or 60% of something, it's not nothing. But to my mind there are no limits. For instance I don't work with psychotic patients. I haven't worked with psychotic patients since I was early in my training and so on and so forth , but not in my practice. So, I would say no. I don't think AEDP is good for psychotic patients. I wouldn't apply it. Now, there are several people in the AEDP community...

H – Who are trying that out

DF – Who are using it and I'm sure they're making certain modifications or using this part but not this part, maybe, but in any case, They are getting it and they are getting wonderful, wonderful results. [Or similarly with] addictions or... you know.

H – Can we just go back to the previous point, because I think that's... when... it's not working, it seems to... it's possible to simply it not a good match.

DF – That's it. You and he don't...

H – But sometimes I also feel that this is part of the problem, because the person has difficulty making contact with everybody, basically. But that is not what you are talking about.

DF – No, no, cause I think “OK. So this is not working with me.”

H – How do you know that? I mean...

DF – How do I know it's not working?

H – What's your marker for... how you distinguish between...?

DF – Difficult and not working?

H – Difficulty versus this is not a good match, there is no chemistry or whatever

DF – For instance, I'm working right now with a person who is really difficult, but really engaged. I don't know if he is gonna be able to stay with the treatment. I don't know if I'm gonna be able to find a way to get him to settle and stay and make it through, but we are engaged.

H – Hum, hum.

DF – But something really difficult is happening and maybe I'm a little too intense and I should be a little more supportive, slower with her, maybe... he certain has lots of difficulties with every , lots of people.

H – But there is life in your...

DF – But there's such life in it. You know, she may drop out, but that's a not good outcome but we're engaged.

H – Very difficult, but engaged?

DF – Really difficult and it might even turn out poorly. Right? We don't know, we will see. This is a relatively new therapy, new case. But with other people, it just feels like something doesn't grip, like nothing that alive is happening for them and frankly nothing that is happening for me, it just feels a little flat or I don't love them, I don't hate them either, but, you know, it's a little... it's just like...

H – How much time would you need to notice that?

DF – I don't know, cause that's... you know, then it changes, I try to think of some specifics, but...

H – It's not very... just, would you notice after a couple of sessions or...?

DF – I think I'd notice immediately, but then I'll give it a couple of sessions...

H – You still have hope that tings might change

DF – Oh, totally. But... you know, this guy came to me, that I came very highly recommended, blablabla, Diana Fosha, like he came with all of these stuff, but he had had a previous meeting with, I don't know Alexander Technique person or massage therapist, somebody without very fancy credentials at all, but he... she had really connected with him and he felt something happened in the meeting with her. And in his one consultation with me. Well, I didn't like him that much.”

H – And you felt there is something there?

DF – And somehow we got on a psychopathology track rather than on a transference track, because I guess I felt a little critical of him or... you know, it ended up in that. And he didn't like what was happening that much, but he recognized that, what we were talking about was accurate. He didn't feel that I hated him, you know, he didn't love the interaction, but he saw it was value to it and he felt conflicted, because I was the fancy expert and that person didn't have credentials particularly. I advised him to go to her and he felt so relieved. So, that to me is a...

H – Hmm, that is a beautiful intervention.

DF – Yeah, cause I knew... we could struggle our way through it, but he had it (claps hands) with her and he will have it for a while, so go for that.

H – Fancy therapist?

DF – Yeah.

H – Let me see what I would like to ask. It was something, which I felt during the workshop, you know? I mean, you are very easy to idealize...

DF – Yes.

H – Such a pleasant way and it's... I guess, for many people, completely new and to be so close and... I mean, like “Wow!” and there are all these hyperboles and then you said something very, very beautiful. I thought it was like “OK. I made my contribution and I don't deny this, but there is also something that channels through me”. I didn't really get it, because you were far away, I would like to know a little bit more about that. How... how you see that and how you deal with, you know, with these people who like put you in a pedestal. This is it and it's exactly what you... you told in the beginning of our interview, this is not what I like or what I believe in. So, how do you do that?

DF – I don't like it. So, [therefore] I don't...

H – Feed it?

DF – feed it.

H – Yes.

DF – You know, I do think it's important for people to have those profound positive experiences in a context of a relationship with another, so... I know it gets a little much, they group like that, and they are a very important part of the work, and I think they're very genuine and that's OK. They don't go to my head THAT I am this unbelievable, extraordinary being. So, I don't know.

H – Maybe the channeling?

DF – The channeling? I mean, I have gifts and they have to do with, you know, things that feel right, articulation, I can really put things into words and describe. I have a theoretical ... I have a very coherent integrative mind, so it allowed me to develop what I have developed, so yeah, I own that, but I think what people are so moved by is the transformational process. I think people are moved by human contact. I think people are moved by deep experiences and then they are moved and they give me the credit and if... you know, I'm glad I've been able to contribute to access this stuff deeply and quickly, and in trainings and in two minutes of contact on the first... you know, the eye contact in the first day of the course and all of that with the fact that people have astonishing experiences when they are looking into each others eyes. I'm not taking credit for that. (laughs) But it goes to me because I'm facilitating it. So...

H – It must be wonderful to be able to show people “Look. Look what you can do”

DF – It's wonderful. Yes, because I love that stuff. That's... that's the gratification that, you know, sharing and finding other people who love it as well, but actually.... that's... that's the gift. That's the gift. That's not the channeling but a fair amount of order and articulation and coherence and map and techniques and, you know all sort of

H – Not some kind of magic thing.

DF – It's not magic.

H – It's actually very biological basic innate resource that you reestablish or put into work? Actually this was what I thought a little bit, it's like... like it's something we lost. Clients say that very often, you know, the thing you're giving me back what I never had or something like that.

DF – Something I never had, right.

H – But sometimes I also wonder if it's something that we have lost in society or... something so natural, so basic...

DF – simple

H – so simple, so... true and deep and... you know, it's... it's really the essence of being social... a social being, a social... what we all are. Somehow we got lost of something. Can you relate to that?

DF – Yeah, but, you know, for instance, sort of psychoanalysis, you know, it's such a profound contribution to deep understanding of our unconscious forces and all of that, but it's gotten so disconnected from fundamental aspects of human experience. It's very distant and it's a very rich theory, but the theory is here. You put this heavy theory on... and there's also... well, there is also the phenomenon of healing, as opposed to psychopathology is complicated, You know, health is not, health is simple, contact is simple. Feeling good is simple. Feeling bad is really complicated. To understand how it has happened and how it got to be this. Yeah. But this is easy. Right?

H – I was thinking about the phrase you said, that you were an emotion junky?

DF – Yes. (laughs)

H – Can you comment on that, what do you mean by that?

DF – Well, that's... to my mind, you know where the aliveness is.

H – Hum, hum.

DF – and... well, it's a few things, it's liveness it's contact and then it's the way of accessing sort of deeper aspects of self, so it always lead somewhere, you know? When it's adaptive core emotion and also... it takes me, it takes one, it takes the person feeling it , you know, if it's...

H – Why are people scared of that?

DF – (Sighs)

H – I feel a little scared about that.

DF – Yeah... Well, this sort of where I think I grew up... I mean, and again, you know, maybe it's something fundamental about how I am wired

H – Yes.

DF – You know, that I... a... but I grew up in an environment, you know, where emotion was so not part of the environment, the family environment, where either it was like “you're weak” or “getting emotional” said as an insult or as a criticism or a judgment. “You are getting emotional, like “control yourself, get rational, get...”, “be strong, don't be weak” you know? That was my mother very much, my parents were sort of sex role stereotypes but reversed. My mother was the tough one, my father was sort of more hysterical, bipolar one. So he... you know, he had emotion, but his emotions were so out of control some of the time and for her and that whole side of the family was all about control and...

H – It's a kind of dramatic situation one telling you that it's not good and the other one showing it. That's not so good (laughs)

DF – Exactly, exactly.

H – So, how did you get out here?

DF – Books.

H – Books?

DF – Books.

H – Intellectual things?

DF – Novels.

H – OK.

DF – Novels... I mean, I was a kid who read. So, I think in novels I sort of found resonance for this whole...

H – Fantastic, how people can create...

DF – It's amazing.

H – parallel universes.

DF – It's amazing.

H – It's what you told us about neighbors and grandparents?

DF – Exactly.

H – And they go and find that resource and somehow they know “This is not OK. This is not...”

DF – That's right.

H – That's fantastic.

DF – Exactly. Exactly. What's happening here, you know, is “I have to stay, cause I'm 5 years old or 8 for whatever and I love my parents. And this is my family. But... you know, it's... in books that I found that resonance that I didn't find, you know, in my sort of ... you know?”

H – Beautiful, that...

DF – Right. So, novels and emotions... I never put that together, till this moment but that's what novels are, emotion through words. You convey emotion. You can have a movie and have a picture, you know, and you have people, you have words on a page.

H – Hum, hum. Do you remember a book you've read that was really important?

DF – Ooh (sigh) Yeah. Well, there was this French book that I've read, that I read in both French and Romanian was “Seul au Monde” [Alone in the World] Yes. It was not a big classic, or something

H – Tell me about it

DF – Oh no, I don't want to tell you about it, because I'll cry.

H – Really?

DF – Yes, yes.

H – It would still move you?

DF – Totally. Totally.

H – OK. I won't push it. But I find it out amazing that... that... that the book must have been important to you.

DF – It was like... it was that, there are several like that, so... you know? Between six and ten. I guess had some core truth for me, cause they made me cry and I loved them.

H – They comforted you and then you cried silently hidden with your books (laughs)

DF – Right (laughs) Having healing affects and deep grief and the whole bit

H – Core affect maybe?

DF – Core affect and core state, both probably but a lot of core affect to the books. That was OK. I don't think anybody gave me a hard time about crying when reading, but I probably did it privately. I have no idea. But it doesn't matter.

H – OK. Where are we in terms of time?

DF – Oh my goodness, we should stop

P- Is that so?

DF – Yes, 10.15.

H – OK.

DF – You should bring it to an end

H – Let me give you my final question.

DF – OK.

H – Is that OK?

DF – Yeah, yeah. Totally. Totally.

H – See all these questions? I didn't look at it once.

DF – Yeah, of course. Of course. You know, they provide the... and I looked again, I just looked at my e-mail just to... but it was not like I thought “What would I say to this question?” or “What would I say to that question?”

H – OK. That was one of the questions that I was considering for the last. Asking you maybe about other dreams you had or other things... but maybe this one. If you look at this list, if you bring this list into mind ... was there like one question that you'd say “Oh, that's a nice question that I would like to answer.”

DF – Answer? That doesn't come to mind. I mean, you know, I think there was a moment that I said "wow. Yes. Let's actually talk about that." I think it was just a sense of "Oh! OK. I understand what you are trying to do and I can resonate with that" that feels all fine and whatever happens it's OK. So, I think that's why I wanted the questions, because it told me something about how you were coming into it. So, I wanna ask you a question.

H – Of course. (laughing)

DF – (laughing) I want to metaprocess

H – Me too.

DF – Excellent. So I wanna hear about your experience of having done this interview together, I mean, you asked the questions and spoke a lot, but...

H – Of course.

DF – You created this

H – Hum, hum. Yes. I think I found what I was looking for, because I really wanted to understand a little bit of... how you are in this as a person, as a traveller, you know, how you discovered it, how you deal with it, what is really motivating you in this work and to understand a little bit about the modesty you have...

DF – Hum, hum.

H – and a kind of the secret, you know, what is... and I think we've touched upon... for me, it's really, what... what did you add, you know, to what already existed and... I feel that you added like a couple of really essential beautiful things and... I think I got closer to understanding them and to understand a little bit more also where you are and...

DF – So, what is that like for you?

H – How is that for me? That's a good question. I think it gives me more security if I'm doing things right, or something. (silence) and there is more (laughs)

DF – Yeah.

H – I know that it is

DF – What is it like?

H – And there is more, which is more important, which is bigger..

DF – Yeah.

P – I think I just also wanted just to meet you, that is also very important.

DF – Hum, hum. Do you have like a word or can you name, the bigger thing, that you started to touch or you don't want to ?

H – I don't have a word yet.

DF – You don't have a word yet.

H – (silence) A longing to be in contact.

DF – Hum. (silence) That's beautiful to find that.

H – That is much closer to what it is

DF – Hum, hum.

H – Yeah. Still not everything (laughs)

DF – Yeah. OK. Yeah. I'm glad. (deep sigh) Thank you. It is amazing, but, in a way, sort of... I was talking and talking and I think in a very real way...

H – Yes.

DF – and we feel good, but it really did get deeper.

H – Aha.

DF – Right? And... well, that's both of us but also turning at into you, so... it's beautiful.

H – Yeah. Very (silence)