


Excerpt from Albert Pesso's Chapter in the Book
**"Getting in Touch: A Guide to Body-Centered
Therapies"**

Edited by Christine Caldwell, Theosophical Publishing House, Wheaton,
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Editor's Note: *The Pesso Boyden System Psychomotor* was discovered/founded by Albert Pesso and Diane Boyden-Pesso in 1961. This, then, represents one of the earliest "second generation" systems in somatic psychology. They started as dancers interested in the way movement and the psyche related, both within an individual and within groups. Since that time they have devoted their energy to refining their process and improving and expanding long-term certification training programs in Norway, Denmark, Holland, Belgium, Switzerland, Germany, and in many cities throughout the United States.*

Their careful and thorough articulation of how we come to feel ill and how we can move into health has been a standard for others to follow. The Pessos specialize in creating experiential "structures" or activities that remediate past developmental deficits that are dysfunctionally driving one's current life. Through enacting need satisfaction in a supportive, coaching environment, we can truly come into the present moment.

I once had the pleasure of watching Al demonstrate his work with a workshop participant. I was moved by the power of his presence and vulnerability to create an invitation for another to heal. He is a perfect example of the art of practicing psychotherapy, and this chapter illustrates the dynamic blend of Al and Diane's two powerful minds and two compassionate hearts.

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 I write this from the perspective of thirty-five years of exploration and experience using Pesso Boyden System Psychomotor (PBSP) procedures with thousands of group members, trainees – and more recently – managers and top industry executives.

More than ever, I am impressed with the long-lasting influence that memories of *early-life* events have on people's experience and understanding of *present-day* events, and further, how memories of those *early-life* events limit the range and quality of options available to people as they prepare for, and anticipate, *future* events. I am equally impressed with the general lack of attention given to understanding and working with this phenomenon.

It should be more widely recognized that:

•the experience of the present is always seen through the "lens" of memories of the

past.

·an appreciable portion of what *appears to be transpiring in the present* is actually a *recollection and re-experience of the past*.

·memories of the past directly influence and modify present day actions and interactions.

·anticipations (expectations) regarding the future are largely based on assumptions formed on experiences in the past.

Simply put, the *past* is deeply embedded in the experience of the *present* and woven into anticipations of the *future*.

Without awareness of these phenomena and – more importantly – without techniques which allow control and modification of the storage, retrieval and influence of memories, people are not likely to escape the “fate” predicated on – and predicted by – their early history.

The common wisdom is that the past is over and done with and has little to do with one’s present life. Further, that all one can do about the past is realistically accept its “facts”; and as to the future – that is in the hands of the gods.

The past is neither such a permanently fixed constant, nor is the seemingly inevitable unfolding of the future so shrouded in mystery. Memories of the past are not absolute facts, but are subjective emotional experiences, combined with cognitive assessments of interpersonal events, which are encoded in our nervous systems in ways that affect the appearance of present events and influence future plans and interactions.

A memory is not a mere copy or a simple *internalization* of interactive events, but more accurately, a *translation* of those events. Thus, a memory is not a “fixed thing”, it is a “neural record” about many things. People “digest” events in their minds and convert them into “meaning” stored in neural patterns. We are a living record of the past. Each moment of the present, we tap into the “data base” or “library” of living knowledge that memories of past events have deposited in our beings, to determine how we should respond to the latest challenge/opportunity presented from the outside world.

One might conclude, from my remarks, that I think there is no intrinsic meaning in life and that meaning is only formed individually and subjectively – that individuals only create meaning for *themselves* as they face an essentially unknowable, booming, buzzing, meaningless, external world. That would not be an accurate conclusion.

A person is not born into the world *tabula rasa*. Indeed, by being born, we inherit a virtual treasure trove of meaning that is packed into our genes. This meaning can be externally observed in the determined-to-live, purposefulness of our biological organization. It can be internally experienced in the not-to-be-ignored, felt presence of our deepest emotional needs, longings and tendencies. We have in every cell, “maps”, “blueprints” and inclinations that can lead to a life of pleasure and fulfillment. Our living flesh and nervous system – born of our genes – is a virtual “database” and “library” which “knows” beforehand – in that it is able to recognize when it is present – those experiences and interactions which will result in the continuity of our individual life and the continuity of the human species.

This genetic “information” stored everywhere, inside every part of us, knows – and has successfully played – “the game of life” from the beginning of time. We call that gene-carried information pool – that “living record” which “knows” how to successfully keep life going – “evolutionary memory”. It is not memory in the sense that we have personally lived its history. But it is memory in the sense that our genes contain the record of successful living organisms from the beginning of time. We human beings are the living-generation-stewards of this precious, time-tested “life-knowing” and should be conscious of that awesome responsibility.

This adds a new wrinkle to the understanding of the part memory plays in every moment of our lives. From this standpoint, the “now” of a present-moment is not only filled with the “then” of our personal memory of past-events, it is also full of the “way-back-then” evolutionary memory of gene-captured, life-enhancing, ways of perceiving and acting. Seen this way, a moment in time is quite a dynamic thing.

Like all memory, evolutionary memory influences our experience of the present and our anticipations of the future. Evolutionary memory is not value-free. It is “invested” in – and indeed, it is literally “responsible” for – the continuity of generations to come. It has “knowledge” of all that has lived successfully for eons before us. It contains information about the “yet-to-be-fulfilled” yearnings and present requirements of our “evolutionary past”. Evolutionary memory is alive in us and can supply us with the basic materials and information needed to meet and create our personal and evolutionary future.

Memories should help us cope successfully with the present and guide us to a happy-outcome future. For what good is memory if it does not hold a promise that it will help us handle the present and improve the future? Then what about personal memories that do not support the goals of evolutionary memory? Many remembered past events result in attitudes that are antagonistic to the fulfillment of life. Remembered negative life lessons promote dreadful experiences in the present and prepare the mind and body for wretched events in the future. Why do we experience such life-denying and future-killing events and what can we do to keep those memories from wreaking their havoc inside and outside us?

Why indeed? Those questions are the stimulus behind the creation/discovery and evolution of PBSP.

Not every individual encounters conditions that sufficiently satisfy the developmental needs and longings of life. There are wars, famines, natural and social disasters, all of which make it impossible for parents to provide their children with what their impressionable young beings are genetically primed to anticipate. Memories of need frustrating events encountered in difficult times inevitably leave their negative imprint and prepare people for more of the same in the present and in the future. People with unsatisfying early histories are less inclined to provide their offspring (should they even conceive them) with what they themselves never experienced. They then likely pass on to the next generation a taste of their own personal culture of diminished hope in life (with perhaps a compensating belief in perfect satisfaction in the afterlife – gene expectations for satisfaction have to show up somewhere).

Though these *event-injured people* do manage to *exist* (albeit while suffering greatly) in the world as they find it, *all people* are genetically prepared to be able to more than *simply exist*. People can *flourish* (flower, mature and metaphorically bear fruit) when provided with conditions that fulfill their innate, geared-for-satisfaction, genetic requirements.

By the very nature of existence, people long to have pleasure, satisfaction, meaning and connectedness in their lives. When genetic requirements for maturation are satisfied at the right age, by the right providers, those happy states are the natural outcome of existence. When they are not, the opposites are experienced: not pleasure but pain; not satisfaction, but frustration; not meaning, but despair; and not connectedness, but alienation.

No doubt, you, the reader, noted that I underline the conditions required for appropriate satisfaction of genetic maturational needs. Am I saying that once the appropriate time is gone by that those genetic maturational needs are never rightfully satisfied? Practically speaking, yes, and moreover, though frustrated, the search and longing for fulfillment of those requirements does not go away nor appreciably diminish over time.

Though we are no longer children and our parents may be long dead, those genetic “aches” tirelessly seek relief and lead us to desperately search for (and sometimes seem to find in our spouses, friends, mentors, and others) those necessary, soul-satisfying interactions that would provide the “click” that our evolutionary memory has prepared us to “wait” for. We justifiably hunger for that glorious sense of relief, that “finally felt rightness”, that would let us move more joyfully in the world and be more able to confidently face the next stage of our development.

If we, metaphorically speaking, “missed the boat”, what can we do to alleviate the discomfort that negative history produces? And how can we finally get a taste of – and a ticket to – that heaven on earth our brain/body organization is prepared to encounter? We do not believe it is possible to literally satisfy developmental deficits in “real-time”, in one’s present age, with people in one’s present life – nor do we attempt to do so.

We have developed a technology in Pesso Boyden System Psychomotor that enables people to experience the *symbolic* satisfaction of genetic requirements for maturation in a precisely designed event that we call a “structure” – a highly organized and client-controlled activity. In a structure, the client remembers, and simultaneously re-experiences, the emotional/body state when those needs should have been met in their actual past. In that sense, they are at the right age. Then client-selected group members role play “Ideal Mother”, “Ideal Father”, “Ideal Grandmother” etc., who – had they been back there in the client’s “personal memory” of the past – would have responded in ways their “evolutionary memory” had anticipated they would. In that way, they become the right providers, for they move, interact and speak with the client in ways, that provide the “click” of long awaited and internally anticipated satisfaction and relief.

These Ideal figures are not constructed out of elements of clients’ real parents, they are wholly fabricated, new parents who are designed to behave in ways that are most consistent with the client’s “evolutionary memory” expectations. We have learned to gather information about those expectations from clients’ emotional reactions, facial expressions, posture, body sensations and also from their more conscious thoughts and ideas about what would be best.

The kinesthetic, sensory motor, cognitive recording of this symbolic, counter-event is then designated and stored as if it had actually been experienced in a more distant past. These new-map, “virtual memories” serve as alternatives – not replacements – of their negative, present-and-future-disturbing, “actual memories”. Thus, structures can be transformational experiences which free people from the prison of their past and help them escape the fate of a lifetime of pain, frustration, despair, and alienation.

Later in the chapter I shall give a description of an actual structure, but first I will outline the basic theories and techniques of PBSP so that you will readily understand the technical steps taken in the procedure.

The work of building life-enhancing structures is based on four important concepts:

1. The longing for fulfillment of the basic, genetic developmental requirements are experienced bodily and emotionally and incline us to look and move toward the outer world in specific, need-based ways.
 - Each need has its own “shape”
2. The interactions which optimally fulfill these longings for satisfaction must precisely meet and match the interiorly driven longings, and include sensori-motor, kinesthetic, verbal and conceptual, need-specific responses.
 - Each need satisfaction has its own “countershape”
3. These needs are most fully satisfied when provided by the most appropriate kinship relationships.
 - Each need satisfaction has its own “satisfier(s)”.
4. There are specific age levels that must be recalled and re-connected to when virtual memories are constructed.
 - Each need fulfillment has its own “time frame”.

___To sum up, our genes dispose us to anticipate the satisfaction of basic developmental needs necessary for personal development and maturation. They also provide us with hard-wired, sensory-motor “templates” that enable us to recognize and pleurably respond to those outer conditions, people, shapes and interactions that *most optimally* meet those inner requirements. We also have stored within our nervous systems the categories of basic kinship relationships, such as mother, father, sister, brother, grandmother and grandfather, aunt and uncle. Further, we have the innate capacity to register and respond with different kinds of behaviors and expectations at different ages to those in different categories of kinship relationship.

___What exactly are those genetic maturational needs that we are so internally driven to satisfy? These are the five that we attend to in Pesso Boyden System Psychomotor.

We need to:

1. Satisfy the basic developmental needs for:
 - Place
 - Nurture
 - Support

- **Protection**
 - **Limits**
2. **Integrate and unify the polarities of our biological and psychological being:**
 - **Sperm/Egg – own and comfortably identify with mother’s and father’s antecedents and gene pool.**
 - **Neurological – integrate and have good communication between left hemisphere and right hemisphere.**
 - **Sensori-Motor – be comfortable and skillful in all combinations of perception and action.**
 - **Behavioral - have an easy acceptance and comfortable use of all body apertures involved in “putting-out” and “taking-in”.**
 - **Symbolic - at ease with one’s metaphoric androgyny of combined “maleness/femaleness”(Animus and Anima) while able to identify with one’s biological gender.**
 3. **Develop our consciousness – increase subjectivity/objectivity, with a well developed interior world of images and concepts combined with a strong sense of individual identity and ego.**
 4. **Develop our “pilot” – have a strong, active, self-organizing, self initiating center. Akin to taking our rightful place as the “president” of our own “united states of consciousness”.**
 5. **Realize our personal uniqueness and potentiality - come to maturity, ripen and bring the precious fruit of our existence to the world.**

I will go into each requirement in some more detail.

1. **Satisfy the basic developmental needs.**

The basic developmental needs for Place, Nurture, Support, Protection and Limits must be met in three stages.

- **First, in a concrete, literal way by the appropriate satisfiers**
- **Second, in a metaphoric or symbolic way by the appropriate satisfiers**
- **And finally, by ourselves**

I will use Place – the most fundamental need – as an example to illustrate these stages. In the first stage, we need to experience being literally *inside* a safe place that communicates to us that we are loved, wanted, and where we are provided with the

room/space to exist, protected by the ones whose stuff we are made of. Before birth, we have a place *inside* the uterus and after we are born we have a place *inside* the loving embrace of our parents.

In the second stage, we need to experience being metaphorically or symbolically *inside* such a loving, life-sustaining place. After our birth, we can feel the pleasure of living *inside* the metaphoric place of our parents' hearts, lives, gazes, and most importantly, their minds. We can experience – by how they look at us – that we exist in their image of us, *inside* their minds, surrounded by love. Their consciousness of us enables us to be conscious of ourselves.

After the successful completion of the first two stages, we can model/internalize the place-giving behavior and attitudes of our parents and feel literally “at home” *inside* our own bodies. We can feel metaphorically “at home” *inside* our own minds where we have created an image of ourselves, surrounded by the remembered love of our parents, supplemented by our own appropriate love for ourselves. In this final stage, we have gained a firm sense of belonging, so we can feel “at home” *in* the world, anywhere, with full rights to existence.

In this chapter, I will not go into detail regarding the other basic needs except to say that these same three stages must be completed for them as well. In brief, we must first be literally nurtured, supported, protected and limited and then metaphorically nurtured, supported, protected and limited in order for us to be able to confidently do those tasks for ourselves.

If there are major flaws in the provision of the literal and metaphoric satisfaction of those needs, one's capacity to be comfortably self-reliant is damaged. Further, memories of need-frustrating interactions distort the way people experience the present in predictable ways and diminish hope for fulfillment of future life-goals.

2. Integrate and unify the polarities of our biological and psychological being:

We are genetically drawn to take full and conscious ownership of the entire range of our bodily and mental capacities. To be true to our organismic integrity, we must explore, discover and “own” the living being that we are and learn to take pride and mastery in all of our natural functions. In an optimal upbringing our parents would support this endeavor and not prohibit us from awareness and ownership of any parts of ourselves.

· Sperm/Egg – own and comfortably identify with mother's and father's antecedents and gene pool.

In an optimum upbringing, we would not be given any reason to make us want to tear out, discard, or not love those parts of ourselves that remind us of our parents or their antecedents.

However, there are many, not-so-optimal families where the mother or father derides or despises their spouse to the dismay of their children who identify and look like that spouse. There are many maternal or paternal grandparents who make disparaging remarks about the “other side of the family”. Children who hear these criticism are inclined to disown that part of themselves that is descended from the “wrong” part of the family.

· Neurological – integrate and have good communication between left hemisphere

and right hemisphere.

Although the brain functions as a single unit, each hemisphere has its own special features and functions. We need to be raised in an environment that licenses the fullest use of both hemispheres – generally regarded as emotional/spatial and intellectual/linear. Neither hemisphere should be characterized as “male” or “female”. Children, regardless of their gender should not feel that use of any part of their cortical capacities is “off limits”.

Some families and cultures teach children that being emotional or artistic is not “masculine” and discourage boys from expanding or exploring those capabilities. Even in recent times, girls have been discouraged from being too “intelligent” as it would hinder them from getting a good partner. Such cultural and familial restraints result in a psychological numbing of capacities and restrict the fullest use and experience of mental and emotional faculties.

- **Sensori-Motor** – be comfortable and skillful in all combinations of perception and action.

We should be brought up in an environment which encourages us to explore moving in all the ways our nervous systems are designed to allow. We can move reflexively, we can move volitionally, and we can move emotionally. While children are growing up, they experiment, in play and other interactions, with the entire range their systems allow. Some parents get annoyed or irritated with elements of such play. They might not like to see certain behaviors and find them unacceptable, crude, frightening or what you will. Such messages or non-verbal signals will result in children inhibiting those “unacceptable” forms of behavior. In the extreme case, parents may be saying to children in indirect ways, “Parts of you are unacceptable, I will kill all those forms of action and being in your body.”

Children are naturally curious and want to use and “play” with all their senses. They touch, everything, smell everything, taste everything and want to see and hear everything. How often are children told, “Keep your hands off that” , “You poke your nose into everything”, “Get that out of your mouth”, and so on. It may be done in the interest of safety or order, but in extreme cases there may be underlying messages: “I can’t stand you being a living, sensing, being – stop being a curious, reacting living creature.”

- **Behavioral** - have an easy acceptance and comfortable use of all body apertures involved in “putting-out” and “taking-in”.

We have many different kinds of fluids that that come out of the openings of our bodies. These have an organismic and life-maintaining function and should be accepted as a natural part of the rhythm and beauty of life. But in many cultures and family settings, they are not. Children are significantly influenced by how they are responded to, and described when they sweat, salivate, have mucous coming from their nostrils; when they have tears coming from their eyes, when they urinate and defecate.

When children reach puberty, parts of their bodies start to change, grow hair or enlarge. These events must be normalized and accepted without humiliation or derision, or it has a detrimental effect on their future capacity to accept and enjoy these parts of their nature. When they experience they have fluids like semen, lubricants and menstrual blood flowing from them, they must be told honestly and respectfully about the place of sexuality in life. Then, as they mature, they can freely and joyously take part in the continuity of the

human species.

Women have breasts which produce milk after they give birth to children. Breast feeding should be a normal, accepted activity, but only today I read in the International Herald Tribune in Basel, Switzerland, that a woman in Philadelphia was arrested for disorderly conduct for nursing her baby in a food court. Clearly, we also need to develop a society that appreciates and supports our genetic nature.

We also have apertures for “intake” that are necessary for the maintenance of the individual self and the species. Our noses breathe in air, our mouths take in sustenance – activities essential for the continuation of our individual lives. When children make the movements and sounds connected with those life-fulfilling functions, they should be normalized and not made to seem strange or ridiculous.

Women have vaginas, that are designed for the “intake” of a penis and its sperm. It should not be seen as a “one down” position (as in the aggressive epithet, “Fuck you!”) They should be honored and respected for this species-sustaining capacity and not be seen as less worthy than men because they have an organ that is made to “take in” sperm and to “output” a baby.

- Symbolic - at ease with one’s metaphoric androgyny of combined “maleness/femaleness”(Animus and Anima) while able to identify with one’s biological gender.

We are born as either biologically male or female (with some mixtures occasionally occurring, recent research tells us), but we all have “male” and “female” hormones. This may explain why we all have “male” and “female” characteristics regardless of our gender. Whatever our sex, we live best when we live what we are genetically organized to be. But what if we are born a girl and our parents wanted a boy – or vice-versa? And what if our culture has very limited ideas about what is “natural” for boys to do and “natural” for girls to do?

And what happens to our understanding and integration of our maleness and femaleness when one parent is not sufficiently in our lives before we can successfully model and internalize their care-taking? We have found that the death or early disappearance of either parent has a profound effect on our behavior in this dimension.

When a parent dies, other outside figures tend to fill in for them, but a less observed phenomenon is that a part of our own psyches tends to take over the place and function of that missing parent. Regardless of our biological gender, we become our own “magical, omnipotent interior father” or our own “magical omnipotent interior mother”, depending on which parent is gone. This has a profound effect on our psychological orientation and outer behavior changes accordingly.

Further, children tend to form a “magical marriage” with the surviving parent, which produces behaviors that reflect cultural, mate-differentiated roles. Put simply, the “magical husband” child tends to be “harder”, more protective and assertive with his/her surviving mother, and the “magical wife” child tends to be “softer” more nurturing and care-taking with his/her surviving father. “Magical marriages” tend to interfere with literal mate-choosing and commitment to marriage later in life. This may explain why some wives and husbands bitterly complain that their spouses are far more “connected” to their own mothers or fathers than they are to them.

3. Develop our consciousness – increase subjectivity/objectivity, with a well developed interior world of images and concepts combined with a strong sense of individual identity and ego.

We are able to *exist* in the world and also able to *know* that we exist in the world. We have the nervous system capacity to subjectively *stand* in the center of our experience, and to also *stand back* and “look” at ourselves as objects in the world. This kind of self consciousness can enhance living and should not result in the inhibition of the fluid experience of “being in the world”. Although we have glass mirrors to see our selves with, the real mirrors of the self are the people who are around us as our personalities are being formed – our parents and family at large. It is their “image” (and treatment) of us that gives us the materials to make our own “self image”. We become “self conscious” in the negative sense – paralyzed and unable to be “in the flow of life” – whenever we become aware that our present behavior is akin to those behaviors we exhibited in the past that were “unacceptable” and brought shame and humiliation.

In an optimal upbringing, our parents would nurture an image of ourselves that was core-validating so that our developing consciousness would contribute to our capacity to live in the world with more pleasure, satisfaction, meaning and connectedness.

Further, our nervous system is organized so that we can construct a micro universe in our minds that is an inner “sensory” equivalent of the outer, macro universe. As we live in and experience the world, we “see” it as it “actually” is in our brains, and we simultaneously make a “mental image” of it for later use when we want to “recall” it and “see it” in our “mind’s-eye”. Now, there are two universes: one, the outer world “as it is” that we see with our “actual” eyes; and two, the outer world (which includes ourselves) constructed in our minds that we “see” with our “mind’s-eye”. (When people have a “far-away” look, they may have stopped “seeing” with their “actual” eyes and may be absorbed, “seeing” with their “mind’s-eye” what is “on their minds”.)

Not only can we “see” the outer world, as we have “remembered” it, in our minds. We can also “fantasize” and make those images in our minds do things in our “mind’s-eye” that we may never have seen done in the “outer” world. Thus, by using the pictures we have created in past events as the raw materials for our creativity, we are able to “play” with the world in our minds and construct imaginary events. Since we have our bodies represented in our minds, we can also “feel” and “react” to those remembered or imaginary events in our “mind’s-body”. (We use this faculty to good advantage when we construct new, “virtual memories” in structures.)

Consciousness includes a third element. We have the brain supported ability to apply verbal symbols (names) to all that we see in the outer world and in our “mind’s-eye”; and further, to all that we feel in our actual body and in our “mind’s-body”. We can then remember the linkage between the name of the thing, the thing itself and our image of it in our “mind’s-eye”. Putting it all together, we can remember the linkage between the name of the actual feeling, the feeling itself, and the feeling in our “mind’s-body”.

Thus we have a “verbally represented universe” in our minds that we can manipulate, using words, just as we have a “visually represented universe” in our minds that we can manipulate, using visual images. It is important that our parents assist us in our drive to accurately portray the world in our minds.

4. Develop our “pilot” – have a strong, active, self-organizing, self initiating center. This is akin to taking our rightful place as the president of our own “united states of

consciousness”.

We have the neural capacity and right to self regulate and self-organize. All that we “see” and “feel” in the outer and inner world arrives at a point of reference that we call the “pilot” aspect of ourselves. It is the place where “the buck stops”. It is not another term for the observing ego, for it includes the executive aspect of the self. The fully developed “pilot”, can, see, feel and understand all that is happening and endeavors to choose the optimal course in each circumstance. The “pilot” then implements its choices in the best interest of the self and the species. Thus the “pilot” is not only influenced by “personal memory” but also by “evolutionary memory”.

Parents should cultivate and support the “pilot” capacity in their children as they are developing. However, some families, institutions and cultures suppress self initiated behavior. Children may be discouraged from thinking and deciding for themselves. They may be told, “I know what is going on in your mind better than you do and I know what is best for you.” Some institutions and cultures teach that simple obedience and suppression of the self is the highest value, placing the “pilot” function out of reach of the individual and in the hands of some selected few.

A child who grows up in a family that supports the development of the “pilot” will develop competence and confidence in their own decisions and actions. When such children grow up, they are more able to cope successfully with difficulties they encounter in the real world.

The “pilot” aspect of the client is constantly addressed in the therapy, so that control of the structure is always in the hands of the client and not in the hands of the “expert who knows best”. An important function of the PBSP therapist is to enrich the client’s “pilot” with information arising from their “evolutionary memory” that can be seen from the outside as behavior, posture and facial expression or heard from the outside as emotional tone.

5. Realize our personal uniqueness and potentiality - come to maturity, ripen and bring the precious fruit of our existence to the world.

Each of us is conceived with a unique set of coiled genes “primed” for realization. We are born with a desire to develop our resources and contribute our matured talents to the pool of human resources. This unfolding and becoming of an individual self is not only a biological activity, it is also a spiritual one. When we bring to life our unique personal contribution, we are active, local participants in the endless cosmic drama of the creation of ultimate meaning as the universe, itself divine, “becomes”.

If we do not find “our calling” or determine “what we were meant to do” in this world, we are left with the bitter taste of meaninglessness and despair. It is the greatest misery imaginable to find, as we near the end of our days, that we have missed being active, meaningful participants on this – one and only – stage of life because we had neither found, nor developed our special part to play in the extraordinary drama of physical existence.

Parents should always treat their children with the full knowledge that they are the carriers of the treasure of existence. They should provide opportunities for their children to explore all their native capabilities so that they can discover for themselves what it is within them that they most love to do.

Parents who dampen children's natural enthusiasm and curiosity about themselves and their lives imprison their spirits and virtually prohibit them from stepping on the grand stage of life where they can proudly and confidently "strut their stuff".

This completes the short survey of what people need to have experienced in their past in order for them to live a life of pleasure, satisfaction, meaning and connectedness.

Obviously, there are few people who have had the good fortune to have had *all* those elements successfully attended to in their pasts. It is our belief that the unmet requirements of our genetic nature and the painful memories of their frustration underlies – and is interwoven with – the suffering and desperation that people experience in the present. This is not to say that people who have had histories of "evolutionary memory" satisfactions, or who have successfully undergone a therapy which attends to that, do not experience troubling times – certainly they do, but they are in a much better position and condition to effectively cope with life's difficulties.

Most importantly, they are much more ready and able to respond to other's feelings and needs, to enjoy living with other people, love and be loved – and if they choose – much more prepared to naturally and joyfully be a parent.

Now we shall turn to describe the technology, concepts and practices we use to help people contact what is going on inside their bodies, emotions and thoughts as they face the issues that concern them in their immediate present.

These are the procedures that are typically followed in a PBSP session called a "structure":

1. Offering the "possibility sphere".
2. Helping the client be in the "center of truth".
3. Developing the "true scene".
4. Developing the "historical scene".
5. Developing the "healing scene" ("antidote").

A structure is typically done in a group with the understanding that other group members (clients or trainees) will play the necessary roles. Clients in Individual therapy sessions designate objects in the room to represent the various roles and figures that are relevant to the work.

The goals of a structure are to help the client discover and attend to:

- the memories, emotions and attitudes of the past that are embedded in their experience of the present that prevent them from successfully coping with what is going on in their lives.
- the expression of buried emotions connected to those past events.
- the satisfaction of needs that were originally not met in those past events.

- establishing and experiencing the appropriate age level when those needs should have been met.
- the satisfaction of those needs with the, gene-anticipated appropriate satisfiers of those needs.
- the construction and accurate storage of the “virtual memory” (new-map) in association with the literal memory.

I will now elaborate on those five steps.

1. Offering the “possibility sphere”.

The “possibility sphere” is the name given to the literal and metaphoric space that the therapist extends to the client in PBSP. It is called the “possibility sphere” because it proffers the non-verbal message that life is possible and that the unfulfilled possibilities of the client will be allowed to emerge and find what is necessary for their fullest expression in this setting. It provides a safe, respectful, highly structured environment where clients can consciously attend to the meaning of verbal, nonverbal, cognitive and emotional information as it rises to the surface of their minds and bodies.

Before the session begins, the therapist connects with his/her therapeutic center – out of which all therapeutic moves and interventions will arise. The “possibility sphere” is empty of the therapists needs, hopes or expectations and only filled with his/her consciousness and awareness of the client. The PBSP therapist has trust in the self-organizing power in the client as well as in him/herself and depends on the inner, motive force of “evolutionary memory” to provide the impetus and pathways to healing.

This attitude defines the client-therapist relationship. The therapist, recognizes that the client is most knowledgeable about what they feel, think and long for and only takes responsibility for providing:

- the capacity to understand and decode literal and symbolic body expression.
- technical interventions based on knowledge of human interactive processes and psychological theory.
- mature, non-needing caring.

The therapist is not the healer but uses his/her caring to sustain the belief and trust in the “possibility sphere”.

Although the “possibility sphere” is empty, the therapist is certainly not idle. Even before the client begins to talk about whatever s/he might have on his/her mind the PBSP therapist has taken a “snapshot” of his/her appearance in the moment to get a picture of what might be forthcoming. The client’s posture, gestures, facial expressions, facial color, gaze and voice are assessed to get a clue as to what kinds of feeling states, situations, needs and ages might be present or on the threshold of emergence. The therapist runs this data past his/her “grid” of theory regarding evolutionary requirements to prepare possible future frames and figures.

2. Helping the client be in the “center of truth”.

This simply means directing clients to attend to their centers of information about how to live life – namely, their emotions and their thoughts. The question, “What are you feeling in your body and what are you thinking in your mind?” is typically asked to elicit this information. The idea behind that instruction is to help clients attend to the two vast data bases of information within them that they can tap into for guidance in making decisions as they face the world and its opportunities and frustrations, moment to moment. What is felt in the body is connected to both “personal memory” and “evolutionary memory”.

“Personal memory” has an emotional aspect, because we have emotional, body-felt reactions associated with pleasurable or painful events in our past; and “evolutionary memory” has an emotional aspect because the “as yet unfulfilled longings” of the unborn self will show up as emotional drives and longings as we talk about events in the present which have evoked genetic “unfinished business”.

“Personal memory” has a cognitive, verbal side, because our thoughts are the constituent parts of the verbally based interior world we have constructed out of the values, ideas, beliefs and injunctions that we have gleaned from our personal experience with life. As far as I understand it, “evolutionary memory” has left no cognitive traces in individuals. However, individuals may consciously construct scenarios of what they think would have been an optimal upbringing and use their cognitive functions in the service of their “evolutionary memory” which “communicates” with us primarily through “body language”.

3. Developing the “true scene”.

The “true scene” is constructed for an audience of one, the client, who is directed to begin the session by talking about what is on their mind or what they are feeling (emotions, body sensations, and impulses) about people and events in their lives that are disturbing them. The “true scene” provides them with a unique perspective that illuminates the architecture and organization of their psychological and physical processes in the immediate present – moment to moment. Remember, the fabric of the present is woven mostly from threads spun out of “personal memory” and “evolutionary memory”.

The presenting symptoms of clients who come to Psychomotor therapy for help and relief are always observed against the background of the life of the client. PBSP therapy seeks to relieve the symptoms by releasing their energy as behavior and changing the history which caused them to emerge.

In the “true scene” we isolate those threads by “micro-tracking” the ebb and flow of, and between, clients’ emotional states and cognitive stance, their personal memories and their evolutionary longings. We trace the strands of “personal memory” back to the events, emotions, thoughts and life-rules clients encountered in the past; and we follow the subtler fibers of “evolutionary memory” to determine what interactions are still longed for in the client’s life-journey toward self fulfillment and maturation.

We employ two types of role-played hypothetical figures to facilitate this process. The therapist listens carefully to what they are saying and tries to take in their overall state of being from their posture, gestures and facial expressions in order to be prepared to use the appropriate figures. We use a “witness figure” to track clients’ emotions as they become evident in changes in gaze, facial expressions, and vocal tones. We use several different “voice figures” who are called by a variety of descriptive names including, the

“voice of truth”, the “voice of negative prediction” the “voice of warning”, the “voice of judgment”, and so forth, to track clients’ thoughts, attitudes, and injunctions. The title given each voice is dependent on the type of message it delivers.

We posit the “witness” as a caring, compassionate figure who sees, names and implicitly licenses (just as our parents should have done when we first learned that everything has a name) whatever emotion the client is feeling. People have emotions which have never been accurately named or sanctioned and therefore do not exist in the client’s verbally represented universe. The witnessing process provides the client’s “pilot” with a model/template for seeing, naming and licensing their own emotions and thus facilitates the entrance of those “stateless” emotions into verbal consciousness.

The formula statement by a “witness figure” runs like this: “I see how (*affective word*) you feel as you (*context* – using the words describing the situation that the client is talking about).” For example, if the client looks pained as she speaks about her father not having come to see her school graduation, the therapist might say, “If there were a witness present, the witness might say, ‘I see how hurt you feel when you remember that your father did not come to your school graduation.’ Would that be correct?” The therapist always checks whether the affective term used is accurate and strikes a chord of recognition and receptivity in the client.

The “witness figure” is posited in the present and does not speak as if he/she had seen what had happened in the past. That is why the figure says, “....as you remember...” making it clear that the client is having a memory and has not “drifted” out of the present time frame and “landed” somehow in the past. This helps anchor the client’s “pilot” in the present.

Though the therapist is the source of the words given to the witness to say, the therapist is *not* the witness nor does the therapist role-play the witness. Through extensive testing we have found that the client experiences less dependency and more autonomy and inclination to master their own inner process when the “witness figure” is either posited “in the air” or role-played by another group member.

The witnessing procedure tracks both “personal memory” and “evolutionary memory”. The witness, noting the client’s hurt about the absence of her father at her graduation, tracks the “personal memory” of disappointment. But beneath the hurt may lie the “longing” for the father’s presence at the graduation ceremony which publicly validates her intelligence. Further in that session, the client might say, “I wish he would have put aside his business appointments and put me first.” Then (if her face showed the appropriate expression) the therapist would say, “If a witness were present the witness would say, ‘I see how much you long for your father to have put aside his business appointments and put you first.’” The witness procedure which observes her longing for validation of her intelligence thus tracks her “evolutionary memory” requirement for the “integration and unification of polarities”, i.e. the need for ownership and blessing of both cerebral hemispheres.

Further in the session, the client might say, “He came to my brother’s graduation but just couldn’t make mine. If I had been a boy, he would have been there.” That would be a cue for the therapist to suggest using a “voice” figure and say, “That sounds like we could posit a “voice of truth” that would say, ‘If you had been a boy, he would have been there.’” Notice that the therapist changed the pronoun from “I” to “you”, taking her thought and presenting it back to her as if it were a statement of fact coming from an outside “truth speaking” figure. That helps the client’s “pilot” feel the full impact of what had first been taken as a simple thought and begins to see and feel the life-controlling lesson contained in

that part of history. In this way, the use of the “voices” tracks the cognitive aspect of “personal memory”.

4. Developing the “historical scene”

When clients have strong emotions as they speak of a figure, we surmise that they are not only accessing information from their “verbally represented universe” but also from their “visually represented universe”, for we assume they are “seeing” that figure in their “mind’s-eye”. That condition is a cue for the therapist to attempt to create a similar figure in his/her own mind in relation to their already created image of the client. Thus there should be two inner arenas operating in tandem, playing essentially the same “show”. When the client has intense feelings and seems to be in a dialogue with the figure they are talking about, the therapist can say, “You seem to have a very vivid picture in your mind of your father, as you remember feeling so angry with him, why not have someone role play your negative image of your father?”.

If the client agrees and chooses a group member to role play that negative image of her father, the group member says, “I will role play the negative aspect of your father.” That group member has then agreed to be an “accommodator”, the name given to role players in PBSP. Accommodation means the role player will not invent their role but will be instructed by the client to respond to their emotions in ways that provide maximum satisfaction to the feelings or need expressed. The client is then free to construct a visual representation, in the therapy room, of what is in her mind.

This representation becomes a third, physical- space arena, that is running the same “show” as the two previous mind-space arenas. As soon as that charged figure is represented in the room, the intensity of feeling that the client had in relation to the figure in her “mind’s-eye” is transferred to the figure she sees with her actual eyes. She still “sees” the memory in her “mind’s-eye”, and uses that inner scene to perfect the projection process so that even though she knows that a group member is role-playing her father she “virtually” “sees” her father’s characteristics and persona in the role player and reacts with authentic emotions to that combined inner and outer image.

The function of the “historical scene” is to bring to the client and the therapist the clearest picture of the past event and its significance. It gives clients the opportunity to feel the impact it had on them in a safe, controlled setting. When people have a powerful memory, it is as if they had inserted a video tape into some part of their brain – their entire beings become the monitor as they feel and perceive the outside world very much as if they were in the original event. Now, with the aid of their “pilot”, they can attend to all the body sensations and emotions that they may have not adequately experienced or expressed in the original event.

If it were possible to simply and without consequence eliminate disturbing body sensations it would perhaps make life more comfortable for the client. However, it is questionable whether it would serve him/her well in the long run when one considers that buried in the symptom might be the first step of a healing, self-realizing sequence.

Those physical and emotional sensations are called “energy” in PBSP. In this phase, we follow the formula of: “energy” which presses toward “action”– the outward expression of what is felt inside (shape) – seeking an “interaction” – with the appropriate object that would give satisfaction to that action (countershape) – resulting in “meaning” – the learning that is drawn from the event and then internalized as thoughts and memory.

They may have felt fear, rage, disappointment or whatever in the original event and may have determined then that there was no way to openly, or safely, express those feelings. Now, in the structure, they can give vent to those emotions that are still in their body, evidenced by the symptoms they produce: trembling, pain, quickened heart beat, constricted breathing, etc. We encourage the client to follow whatever might emerge from those sensations, aided by the role-playing figures, (accommodators) who are instructed to respond to the action directed toward them in ways that would provide the satisfaction that was not available in the original event.

It is relieving for clients to process feelings that have lain dormant so long. Sometimes it is fury, sometimes it is terror or despair, sometimes it is even love that has been kept from full expression. The therapist oversees the accommodators' "countershaping" function to ensure that they properly carry out the wished for responses for the client. Although this expression is necessary to reduce symptoms, it is nonetheless not the most important change agent. It is the healing power of believable, new memories that produces deep and long-lasting change.

A secondary value of the "historical scene" is that it provides clear details about what was most significant in the original, deficit-ridden, wounding events. The memory of those details must be brought to light so that the behaviors of the healing "ideal figures" can be properly organized to neutralize and repair the damage of the original events. This is attended to in the last phase of the structure process.

5. Developing the "healing scene" ("antidote")

The "healing scene" refers to those moments in a structure when a "new memory" can successfully be constructed. There is a technology in this process requiring specific and clear procedures. We have found that to insure that the new memory has the most long-lasting effect, it should be recorded in association with vivid recollection of the original, damaging memory.

Therefore, during the "healing scene" the client should be aware of:

- the age when they had anticipated that those needs would be met
- the active and conscious desire for the satisfaction of that unmet past need (shape)
- the places in their body (there are "evolutionary memory" location-specific, "receptor sites") that are primed and ready to experience the satisfying interaction (countershape)
- the appropriate satisfiers that would minister to those needs

The "healing scene", experienced by the client in the therapy room, should simultaneously be "seen" in the client's mind's-eye, in combination with vivid, emotionally-laden images (memories) of themselves in the past event. The "healing scene" is constructed with the "utilization" of the client's *adult body*, linked with the memory of their *childhood body-experience* in their mind's-body.

It is imperative that the client is operating from their "pilot" position (with the assistance of the therapist) so that s/he can monitor the situation and see to it that all these elements are present and in proper order. Otherwise the situation could become chaotic, with little distinction made between present age and childhood age. Between what *is happening*, and who *is participating*, in the "here-and-now"; and what *should have*

happened, and who should have been present, in the “there-and-then”. Therapists who follow these procedures avoid the pitfalls of literal regression and acting-out, neither of which has much therapeutic benefit.

Therapy is not simply a matter of deciding that the client needed support in the past and then having the group, as themselves, carry the client around the room, in real time, whether or not the client longs for it at that moment and whether or not the client is in touch with child level desires for that kind of interaction.

The “healing scene” should never be posited as an actual, literal event in the present, that would provide literal satisfaction of a childhood need. That is not possible to accomplish. The “healing scene” is a hypothetical event that is composed for the mind to accept as real enough to construct a “virtual memory” of an interaction that should have taken place in the actual past.

Therefore, the ideal figures are instructed to preface their statements with the phrase, “If I had been your ideal father (or mother) back then, I would have given you etc.”

Sometimes the statements of the healing figures need to recount negative actions that had been carried out by the original figures so they say, “I never would have done.....” “If I had been back there then, I would have done....” and then adds what would have been the opposite behavior. That is why the “healing scene” is sometimes referred to as an antidote in the sense that it gives the opposite of what was toxic.

There is no predetermined time to construct an “antidote” in a structure. However, there are situations which sometimes precede the moment when a “healing scene” might arise. If a client is in the midst of a historical scene, trembling and sobbing in the vivid memory of abuse or abandonment, it might be the time to introduce a “contact figure” who is posited as being in the *immediate present* (as is a “witness figure”). The “contact figure” is available to hold the client in ways to support the distressed areas of the body involved in the expression of grief – the heaving shoulders, chest and belly – while saying, “I’ll help you handle how much grief you feel.” Meaning, “I am here now in the present, helping you handle the pain you feel as you see yourself in your “mind’s-eye in that distressful situation.”

At some point, the client might remember that s/he had hidden in the closet when s/he had to stay at home by him/herself at night and might cry the same bitter tears they had then. S/he might say, “I was so alone and there was no one there if anyone wanted to hurt me.” That is a moment when their “evolutionary memory” is activating the longing for protection. The therapist could then say, “Would you like to have the “contact figure” expand their role to be an “ideal mother” (or “ideal father, depending on the gender of the “contact figure”) who would never have left you alone and would have given you protection when you felt the need of it?”

If s/he agrees, the “contact figure” then says, “I will change my role to that of the “ideal mother” (or father). Thus the category of kinship relationships shifts in the client’s “mind’s-eye” and in the therapist’s mind’s-eye” as the accommodator moves from the designation of “contact figure” – a peer in the present – to the designation of “ideal mother or father” – a parent in the past. Also, the time frame shifts and the client can now *experience* in their “mind’s-body” (facilitated by the actual, immediate sensations in their adult body) and *imagine* in their “mind’s-eye”, how it would have felt to be held and protected in the arms of a loving parent in that past situation.

With agreement by the client, the “ideal mother” can say, “If I had been back there then, I would never have left you alone and would have given you protection when you felt the need of it.” This is a crucial, ego-preserving statement. In effect the figure is saying, “I am here with you now in your symbolic experience of being parented, but if I were with you then – *as you are imagining it in your mind in conjunction with your memory of what it actually was like when you longed for such protection* – this is what I would have done and this is how it would have felt.”

This kind of precise clarification – and conscious combination and re-organization of memory and experience, past and present, physical eye and “mind’s-eye, physical body and “mind’s body” – is what it takes to construct a “virtual memory” of the past. Without such critical attention to consciousness of time-and-body states, the client would be left with only a “literal memory” of a “happening” in the immediate present with the actual people in the room.

There are times when it might appear evident to the therapist that the client has not made the inner shift of taking in the “healing scene” in terms of the past – for the client seems to be basking in the arms of the “ideal parent” while they are in their *adult consciousness* and in *their adult body*. That is akin to an adult eating the sweets that were intended for a child. Though it feels pleasant, the “remembered child” is not getting the benefits it has waited for and dreamed of for so long. It is impressive and illuminating to see the dramatic changes in the quality of satisfaction that occurs when the client is helped to make the necessary shifts.

To assist the client in making this shift, the therapist can say, “Can you remember how it felt when you were a child and did not have that protection you so longed for?” Try “being” that child-self in your “mind’s-eye” and in your “mind’s-body” and let that part of you experience the protection you are getting now in your adult body. When the shift occurs it is astonishing to behold. The expression on the client’s face as the experience is processed this other way is ecstatic and wonderstruck. Often, this is followed by intense grief, for they have finally felt what it was they longed for. Now by seeing the contrast they can feel the full impact of what they had missed. Clients will often say with great amazement and wide eyes, as if they were seeing in their “mind’s-eye” how it might have been, “My entire life would have been so different if I had been loved like this when I was a child. The whole world would have looked safe to me and I wouldn’t have been scared all the time.”

Thus the new memory is already the base for making new predictions about the remembered child’s future. Later, the adult, with this “virtual memory” may be able to look at their present through the lens of this new past and see less danger and can forecast a future that is less fraught with threat.

A Structure1[1]

I will now describe a structure from a workshop for practicing, professional psychotherapists. There was some question as to who would have the next structure when one of the women in the group raised her hand to say that she wished a turn. I looked about and saw that no one else had raised their hand and I said to her that it was her turn then. She turned red, looked a bit anxious and smiled with a look of surprise and dismay, saying, “I didn’t expect to have a turn or that I would be the one to have a turn. I was sure

some one else would get it."

Moving directly toward creating the "true scene", I said to her, "If there was a witness here now, he or she would say, 'I see how shocked, surprised and unsettled you are that you were the one to get the turn.'" "Is that right?"

"Yes", she said. "Things aren't supposed to come so easy."

"That could be posited as the voice of your truth saying that" I said. "It would say, 'Things aren't supposed to come so easy.'"

"Yes." she said in agreement. "You have to work for what you get in this world."

At my suggestion she enrolled both the witness and the voice of her truth and the scene was created. The witness saw how surprised she was, and she flushed again remembering that feeling.

She said, "I really didn't expect that I would get it."

"That implied a voice of negative prediction," I reminded her, "that would say, 'you shouldn't really expect to get it.'"

"That's true," she said. "My sister always got there first. My mother preferred her and she was always the favorite."

She said she was an adopted child and her eyes filled with tears when she said that she taken from her biological mother on the day she was born and given to her adoptive mother.

I asked her if she wanted to enroll her adoptive mother in the structure. She then asked one of the group members to do so and placed her further away in the room.

"My mother never really wanted me or liked me," she said.

The adoptive mother was instructed to say that.

Hearing that, she looked forlorn and slumped as she sat on the corduroy covered foam couch. I suggested that the witness could say, "I see how forlorn or dejected you feel when you remember that your mother never really wanted or liked you." She agreed.

"How does that feel in your body to hear that?" I asked.

"It hurts in my chest," she said.

I instructed her to contract the muscles around the feeling and see what movement, sounds or emotions arose from there. She made a sound that gave me the impression of a wounded animal, or a very small injured child calling weakly and hopelessly for help.

"How does it sound to you, hearing that?" I asked.

"I heard it, but it didn't seem like it was coming from me," she said. "It didn't feel like it came from my body."

I suggested to her that the feeling was split away from her or she was split from her feelings and that this might be the time to enroll a voice of dissociation, which would say, "Don't feel that it came from your body."

"Yes," she said, "I often dissociate. It is an old habit and problem of mine."

I suggested to her that it was normal for people to dissociate when encountering too powerful or uncomfortable feelings.

Then she looked at the negative mother and said she was angry, at her for rejecting her and favoring her sister. She spoke forcefully and made gestures emphasizing her aggressive feelings. I asked her if she wanted her negative mother to act as if the anger had struck her. She said yes and the accommodator did so. She was pleased to see the effect of her anger on her and then directed the accommodator to fall as she aimed her blows in her direction. The accommodator fell to the ground.

Seeing that, the client suddenly began to cry. "I feel so alone she said. Now I have nobody."

The witness said that she could see how sad she was now that she had nobody. She wrapped her arms around her body and tightly gripped her own shoulder and leg, her fingers digging into her flesh.

I asked her if she wanted to have someone other than herself that she could hold onto like that, as it appeared she was doing so in the absence of having someone to hang onto.

She chose a group member to enroll as a figure she could hold onto. In my mind I was associating that clutching, finger penetrating, gesture with my understanding of the child wish to be embedded in the flesh of another and was doing it to herself in the absence of having someone to do it with, but at the moment I did not say that to her.

She held on to that figure and began to smile and look happy. The witness duly noted that. Then she began to have motion in her pelvis and I asked her to find a way to move that part of her body in some way that would produce a satisfying interaction with the role figure. She maneuvered her body and the accommodator's body in an interesting fashion. For a moment it even looked like she was about to separate the legs of the accommodator as if to climb into her. Then she began to rock together with the role player and a look of pleasure and delight came over her face.

"It is as if we are on a boat together and sailing. It feels wonderful." She continued rocking for some time with a look on her face that was near ecstatic. I saw a combination of infantile feelings and sensual feelings showing on her body. But mostly I imagined that the water metaphor had to do with the wish to be rocked and safely intimate with a female figure.

All at once she stopped and said, "It can't last. Nothing good lasts." She separated from that figure and lay crumpled on the couch. The voice of negative prediction was

instructed to say. "Nothing good lasts."

She agreed with that statement and her body got more and more shrunken. She said, "I feel like I want to shrink until I disappear." I said let yourself follow that feeling and give movement to it. She wound up in a little ball.

Once again she said, "I feel a tension in my throat."

"Tighten the muscles around that tension and see what comes of it," I said. "Make the sounds that would seem to come from there." Once more she made those helpless sounds, this time they escalated until she began to cry with bitter desperation.

"Do you want a contact figure to hold you while you cry?" I asked, softly. This is an intervention I often make when there is deep grief that seems unbounded and without sufficient physical support to handle it.

She said, "No, I have to be alone. I have to take care of myself."

This attitude was underlined by the group member who role-played the voice of truth, saying, "You have to take care of yourself."

She stretched out on the couch. She was limp and looked helplessly upwards as if to an absent god. Once again her pelvic movements began and she reached up helplessly.

I said, "What do you need that would bring some satisfying interaction?" She said, "There is nothing and no one that I can turn to."

When people make that kind of statement I assume that somewhere they have projected satisfaction and I asked her if she had such thoughts. After some time, she said that in the afterlife she knew she would be happy, but not in this one.

I said, "Create a place in the room where that afterlife condition would be and then place someone there to be the voice or the spokes-person of that place." She chose another woman in the group to enroll as that figure.

She said that there she knew she would find peace. The accommodator was instructed to say, "Here you can find peace."

On hearing that she began to cry, saying, "There I wouldn't have to do anything to get things, I would just have to be myself." The role player said back to her, "Here you wouldn't have to do anything to get things, you would just have to be yourself."

I asked her if she wanted to be in contact with that figure. She said yes, but looked puzzled. She said, "Does this mean that I am suicidal or that I want to be dead?"

I reassured her saying that she could be in contact with that figure, knowing that she had projected peace and relief there, and that it would be a symbolic process and not an expression of a wish for literal death.

She asked the role player to sit on the couch and then moved her and herself until she found a way to climb into her lap pulling the arms of the accommodator around her.

Being held in that position brought up a great well of sadness, longing and relief and she began to cry deeply in a way that was very moving to the group as several members began to weep.

While sobbing, she began to clutch desperately at the figure and at an appropriate moment I suggested that perhaps the wish that had shown up before was again being expressed and that she should try to squeeze that figure as tightly as she wished. She said she was afraid to do that thinking it would hurt the role-player. It was not that she wished to hurt her but she felt the wish to clutch was so great she was certain it would be too much to bear.

The voice of her truth could then say, "Your need to clutch someone so tightly is too much for anyone to bear."

She cried desperately at that and buried her head in the shoulder of the accommodator.

I asked her if she wanted that figure to say that she could bear how much she was clutching her. On hearing that she dared to hold her tighter and her crying this time included the relief that bespoke the possibility of having the new license.

Here, I thought it useful to point out to her that this was no longer merely a figure from the next life but was functioning more in the style of an ideal mother. I suggested that we change the enrollment of that figure into an ideal mother category, for that was what was wished for in the first place but she had not expected to be experienced until the next life.

She agreed and then began to feel the beginning of pleasure and relief that had surfaced with the earlier figure of contact, but this time she was not holding her as if to ride on the waves but clearly as a little child holds onto a mother.

After some time she said, "This won't last either."

Here was the latest expression of the pattern established early in her history – that all good things came swiftly to an end. The voice of negative prediction said, "This won't last either.", and she agreed with it.

Now I thought would be the appropriate time to provide an antidote, I felt sure that her life had been one long continuous series of losses after another. The root of which was the first loss of being too early plucked from her biological mother.

Therefore I suggested that she construct this figure as an ideal biological mother who would not have given her up for adoption as her original mother had, but would have raised her herself.

The remembrance of the pleasure of a few moments before, coupled with the possibility that it could last with this ideal mother who would never have given her up, lit up her face. Clearly, this new thought presented hope and she began to return to the peace and satisfaction she had felt when she first contacted that figure as someone representing the next world.

To cement the connection between the two images, I asked her if she would like to hear her ideal mother say, "I would make you feel as wonderful as you expected to feel in

the next world." She agreed and thus linked the two experiences.

Now she settled into the embrace of the mother, her breathing becoming deeper and slower and her body visibly relaxed.

She said, "I could stay here forever."

I asked her if she wanted to hear from her ideal mother that she could stay there forever, meaning that on the feeling level that she need never leave this state of bliss with the mother.

The ideal mother said, "You can symbolically stay here forever."

I asked her to make an image of herself at that age, with all the blissful feelings that she was having included in it. And then to make another image of the ideal mother providing those feelings around her. That way, she could internalize that composite image within herself so that when the structure was over it was not as if the ideal mother was leaving. Her "pilot" could note that the structure had come to an end.

She stayed some time in the arms of the ideal mother, consciously establishing and recording the feeling of acceptance and bliss. She wanted one more thing, she said. She wanted to hear the ideal mother say that she didn't have to do anything special to have attention or have her needs met but that she would be there for her just as she was. The ideal mother said that and she smiled with her eyes closed nodded her head as if saying yes as she included that feeling in the image she created.

After some moments she opened her eyes, having the look of peace and satisfaction that people have when they have come to the end of a structure. I asked her if she had the images firmly in place. She said yes, and I asked her if she was ready to de-role the figures. She said she was. She first de-rolled all the negative figures and ended with the de-roling of the ideal mother.

The accommodators returned to their places and thus the structure came to an end.

Afterward the client spoke to me and told me how much she appreciated the work. Although it was only one structure, it did give her new perspective and the healing reconditioning nature of the antidote gave her some of the means as well as the hope that she could effect positive changes.

Some Personal History

Diane and I grew up never taking things for granted. We both wanted to understand how things came out the way they did. Diane never took other people's explanations for how things were at face value. She had to find for herself why *this way* and not *that way* was more or less useful in all things. She was never satisfied to simply repeat what she was told, and would never accept a "fact" until she understood the reality of it for herself. I was very curious as a child. I would take things apart so that I could learn how the parts related to one another and then see how to put them together again.

These in-born attitudes directly influenced the development of the essential features of Psychomotor. We never began with pre-formed theoretical or technical assumptions. Each step in the evolution of the process was the outcome of this attitude in tandem with

the information we gathered in reports we were given by people in our early psychomotor and dance groups. We also learned much from the experiences we personally had in the exercises we devised. Only after we saw what worked and understood how it worked did we formalize it into a theory or a technique. We tried never to take anything for granted.

We did believe that people had the right to know, experience and accept whatever emotions or impulses came into their bodies. I am sure that attitude came from our dance backgrounds. But we discovered by trial and error what made it possible for people to accept and feel better about what came welling up from their insides.

We met at Bennington college in 1949, where we were both on dance scholarships. The educational policy at Bennington, the learning atmosphere and faculty encouragement to follow our own bent were major influences in the development of our own attitudes and views on life.

After leaving the dance mecca of New York City (to better raise our growing daughter) we opened a dance studio in a Boston suburb and took upon ourselves the task of redefining dance. We looked at every aspect of dance technique and examined whether it was the best possible way to get knowledge across.

We continued in that spirit, as Diane taught dance at Wheaton College in Massachusetts and also at Sargent College of Boston University and Emerson College in Boston. I too taught at Wheaton and then at Emerson College, where I became a tenured associate professor and was appointed head of the Dance Division of the Theater Arts Department.

Being dancers, we knew how good it felt to be totally integrated and move exactly and directly as one felt. Although our backgrounds in dance were quite different we entirely believed in the value of emotionally based dance and were devoted to living the truth of our inner experience through movement. Dance was not superficial, ornamental or frivolous for us. It was – as it was for artists like our teachers, Martha Graham and Jose Limon – a precious art form that we loved because it brought us exquisite awareness of life and was a medium that communicated life's deepest meanings to both dancer and audience.

When Psychomotor was in its infancy, or better, less than a gleam in our eyes, we were busy developing exercises for our students so that they might better improve their technique, creativity, individuality, and their emotional expression. Those exercises had a profound effect on their lives as well as on their dancing skills.

Our intentions, as artists, were to find ways for our dance and choreography to communicate to audiences more precisely what we intended. This desire led us to explore the fundamental relationship between emotion and motion. We wanted to find out how we moved, what different ways there were and what moving in those different ways communicated to and affected the viewer. We wanted to find out how our emotions became actions and how they affected our bodies if they did not. We looked for answers as we examined our own dance process, watched our students' performance and choreographic experiments. We had endless discussions about the nature of all things. From constant observation of emotional action we hypothesized the cerebral organizations that must underlay them – even then trying to make a model of the brain from a deep understanding of how the body worked.

Teaching these theories, exercises and techniques to large numbers of students and particularly to members of our performing company had important results. It gave our

students the capacity to be more relaxed as they expressed themselves freely, and it developed in us a very fine sensitivity to determine emotional states from facial expression, posture, gesture and movement. It also taught us to recognize the disparity between what people *verbally* told us they felt and what our sensitivity to their bodily state *non verbally* told us they felt. We were fascinated with these discrepancies and grew more interested in the path of personal development over the path of artistic development.

After seven years of exploration, we began to call what we had discovered, Psychomotor therapy, for we had led our first structures and the unexpected journey to the domain of psychotherapy and personal growth had begun.

Back to the Present

People come to Pesso Boyden System Psychomotor to work on many problems including:

- Depression
- Anxiety
- Abuse
- Addiction
- Problems with work
- In a crisis
 - Divorce
 - Death of spouse, parent, sibling, offspring
 - Job loss
 - Loss of home
 - Move to a different country or culture

Personal capacities necessary to benefit from PBSP

- Motivation
- Able to respond to symbolic images and situations
- Access to emotions and body sensations
- Capacity to distinguish between role-play and reality

Certification Training in PBSP for Practicing Psychotherapists

Leading and helping create effective and believable structures is not a casual or simple undertaking. It takes much training, discipline and the good and timely use of a large number of theoretical and technical procedures. It also takes a mature, intelligent, caring, sensitive, life-trusting individual.

Here are the personal qualities and capacities we look for when we interview a practicing psychotherapist who is a candidate for training in Pesso Boyden System Psychomotor:

- **Mature**
- **In touch with own feelings**
- **Trusts own emotions and organismic/emotional intelligence**
- **Unafraid of strong emotions in others**
- **Sense of inclusiveness**
- **Capable of teaching a group**
- **Empathic**
- **Capacity to learn**
- **Creative**
- **Playful**
- **Sense of humor**
- **Respect for life and others**
- **Good sense of boundaries**
- **Protective of rights of others**
- **Realistically optimistic**

Short Term Training for Members of the Helping Professions

Training in PBSP elements has been found to be useful for medical doctors, teachers, social workers, counselors, nurses, occupational therapists, physical therapists and others. PBSP theories and exercises are valuable by themselves without direct application in structures. Workshops are held during the year at Strolling Woods and in other locations throughout Europe and the United States.

**The following elements are covered in a long-term certification training program in Pesso
Boyden System Psychomotor**

CURRICULUM

I. THEORY

A. Philosophical and Theoretical Foundations of PBSP

1. What People Hope to Get from Life
2. Genetic Nature Propensities
 - a) Satisfy Basic Developmental Needs
 - b) Integrate and Unify Polarities of Being
 - c) Develop Consciousness
 - d) Develop “Pilot”
 - e) Realize Uniqueness and Potentiality
3. Overview and Comparison of Different Therapeutic Approaches

B. Overview of Structure Sequence

1. Extending “possibility sphere”
2. Helping Client to “center of truth”
3. Developing the “true scene”
4. Constructing the “historical scene” (Old Map)
5. Establishing the Symbolic “healing scene” (Antidote/New Map)

C. Energy-Action-Interaction-Significance/Internalization

1. Defining the soul
2. Defining the ego

D. Record, Experience, Expression, Map

E. Motivation, Contract, Relationship

F. Transference

G. Elaboration of Basic Needs

1. Nurturance
2. Support
3. Protection
4. Limits
5. Respect
6. Place

H. Elaboration of Basic Polarities

1. Genetic
2. Neurological
3. Sensori-motor
4. Behavioral
5. Symbolic

I. Ego Construction via satisfaction of basic needs

J. Body parts and meanings associated with them

1. Symptoms and signals
 - a) Psychosomatic indications
 - (1) Chronic pain
 - b) Body sensations and potential meanings

K. The three circle notion (second book) and how energy moves toward figures in absence of original figures

1. Turning energy to one's own organs

L. Clarification of figure

1. Polarization
 - a) Negative figures

- b) Ideal figures
 - c) Loved aspect figures
 - 2. Understanding the basic assumptions and characteristics in roles such as parent, partner, sibling, etc.
 - 3. Understanding and using the Witness Figure
 - 4. Understanding and using Fragment figures
- M. Interventions using
- 1. Predict, Produce, Recognize
 - 2. ContRact the muscles around the sensation or pain
 - 3. ContAct the muscles around the sensation or pain
- N. The notion of Ego Wrapping
- O. Monitoring ego level of the client
- 1. Assessing which level(s) client is working on
 - a) Structure
 - b) Transference (Acting out vis-a-vis therapist)
 - c) Regression (No differentiation between past and present)
 - d) Acting out vis-a-vis group
 - e) Inability or unwillingness to use symbolic structure level (staying in "reality")
- P. Working with notion of antidote and how to construct the ideal out of the negative
- Q. Symbolic, Literal, Magical
- 1. Symbolic body parts
 - a) Consequences of early loss of parent (with diagrams)
 - b) Eat, Merge, Marry, Murder
 - c) Magical Marriage
- R. Intake

1. Gaining family history
 2. Assessing historical deficits and compensatory attempts in reality, fantasy or psychic structure
- S. Phases and rhythm of a structure
1. Energy seeking and tracking
 2. Structure hypotheses
 - a) Forming
 - b) Testing
 - c) Rejection
 - d) Confirming
 - e) (See Structure check list)
 3. Blocks negative reconstruction
 4. Gives positive alternative
 5. Noting structure phase markers
 6. Structure endings to avoid
 - a) Negative reconstructions
 - b) Staying with dead positive figures
 - c) Magical endings
 - d) Structure as prayer
 7. Valid structure ending markers
- T. Working with notions of God
- U. Working with suicidal clients and working with the notion of symbolic death
- V. Soul projection
- W. Structure endings to avoid
1. Negative reconstructions

2. Magical endings
 3. Structure as prayer
- X. Treatment of physical and sexual abuse
- II. EXERCISES
- A. Movement Modalities
1. Reflexive Movement
 - a) Reflex Relaxed Stance (Species Stance)
 - c) Fall Catch
 2. Voluntary Movement
 - a) Conscious Voluntary Exercise
 - b) Voluntary Patterns in the service of Interest and Curiosity
 3. Emotional Movement
 - a) Breathing Exercise
 - b) Emotional Movement Exercise
 4. Shifting from one modality to another
- B. Spatial exercises
1. Circle Exercises
 - a) Diameter of circle
 - b) Gesture Exercise (figure in Center Circle)
 2. Group in line formation and meanings in variations of that
 3. Controlled Approach
- C. Accommodation Exercises
1. Positive Accommodation
 2. Negative Accommodation
 3. Ideal Parents Exercises

4. Expressing own sensations and imaging the accommodation wanted
5. Mini accommodation exercises

D. Touch Exercises

1. Touching objects in room
2. Touching Self
3. Touching Others
4. Face Telling, Body Telling
5. Self/self - Self/others

E. Structure Preparation Exercises

1. Testing “possibility sphere” Exercise
2. First five minutes of structure exercise
3. How to hold a figure for:
 - a) Nurturance
 - b) Support
 - c) Protection
 - d) Limits
 - e) Resistance intervention

F. Structure Exercises

1. Leading Mini-Structures
2. Body Reading
3. Listening on three levels

G. Relationship between exercises and structure.

1. Prescribing an exercise within a structure
2. Going from an exercise to a structure

Biography of Albert Pessa

Albert Pessa is the co-founder of Pessa Boyden System Psychomotor Therapy (PBSP) which was discovered and developed with his wife, Diane Boyden Pessa, in 1961. He has been Supervisor of Psychomotor Therapy at McLean Hospital in Belmont, Massachusetts, Consultant in Psychiatric Research (on a research grant to explore diagnostic applications of PBSP to mental disorders) at the Boston Veteran's Administration Hospital, and Director of Psychomotor Therapy at the Pain Unit of the New England Rehabilitation Hospital. He has given lectures on PBSP at many universities, hospitals and clinics throughout the US. and Europe.

At present, he is President of the Psychomotor Institute, Inc. in Cambridge, Massachusetts and conducts training seminars and experiential programs in PBSP at his and Diane's, Strolling Woods Farm in Franklin, New Hampshire. Seven months each year, he is busy teaching Pessa Boyden System Psychomotor Therapy to Psychiatrists, Psychologists and Social Workers in long term training programs in The Netherlands, Belgium, Germany Switzerland, Denmark, Norway, and in many cities throughout the US.

He is the author of "Movement in Psychotherapy", New York University Press, 1969 and "Experience in Action", New York University Press, 1973, co-author (with Tilmann Moser) of "The Dramaturgie of the Unconscious", Klett Cotta, (Stuttgart, Germany) 1988 and "Structures of the Unconscious", 1991, Klett Cotta, (Stuttgart, Germany), co- author (with Willy van Haver) of "The Wounded Self", 1990, Acco (Louvaine, Belgium), co-editor (with John Crandell) of "Moving Psychotherapy : Theory and Applications of Pessa System/Psychomotor Therapy", Brookline Books, 1991 and many articles on Pessa Boyden System Psychomotor Therapy.

2[1] Descriptions of structures by two other authors can be found in: "The Fragile Bond", by Augustus, Y. Napier, Ph.D., Harper and Row, New York, NY, 1988, pp. 21-33 and pp. 370-377; and "A Time to say Goodbye" by Mary Goulding, Papier-Mache Press, Watsonville, CA, 1996, pp. 121-123.