

Issues of Narcissism and Omnipotence treated by the use of physical limits with a symbolic meaning in Pesso Boyden System Psychomotor

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Abstract

This article discusses the central roles of issues of narcissism, omnipotence and limits in early sequences of human development, as well as how these issues are dealt with in the psychotherapeutic process developed by Al Pesso and Diane Boyden-Pesso (Pesso Boyden System Psychomotor, PBSP). The article describes practical steps for strengthening the client's ability to contain omnipotent forces and wishes, and offers suggestions on how to avoid pitfalls and negative therapeutic outcomes when dealing with these powerful impulses emerging in therapy sessions ('structures') in which the body is involved.

Keywords: Narcissism, Omnipotence, Limits, Pesso Boyden System Psychomotor, PBSP, Pesso-Psychotherapy, Body-based psychotherapy

'A child is born with a powerful genetic nature, having capacities to affect and be affected by the external world. It needs to discover, by loving interactions, that those powers are not uncontrollable, omnipotent, and infinite. The lovingly limited child can evolve into a free spontaneous adult without fear of its genetic forces or going out of control.' These words from Albert Pesso (1994) describe the positive experience of *being limited* as a basic developmental need of the young child. Together with the technique of explicitly establishing a therapeutic climate (Possibility Sphere) and the principle of creating an alternative symbolic event (Antidote), the technique of physical limiting in a therapeutic context is the most important contribution of PBSP to the field of psychotherapy.

In this new millennium, the unmet need for limits and the necessity to contain powerful, violent and destructive forces is alarmingly evident, not only on an individual, psychological level but also on a social, ethical, political and global scale. Although psychotherapy in principle is a profession that is humbly oriented toward individuals and small systems, increasing social fragmentation is forcing our awareness of the need for safe and clear limits in our society as a

whole. This urgent problem stresses the necessity to think about how to apply safe limiting techniques in a therapeutic context. It seems useful to reflect on how methods and techniques developed in a body-based psychotherapy like Pesso Boyden System Psychomotor might contribute to the effectiveness of psychotherapy in general and to our thinking of the issue of limits on a daily life level.

Omnipotence, Limits and the Body

Existence itself is limited by time. We cannot experience everything life has to offer in one lifetime. Our body, too, is limited in space; we can only be in one place at a time and we cannot be omnipresent. The innate qualities and possibilities of our Soul are indeed numerous but limited, and that is what partly defines the uniqueness of every single person. In other words, limits determine and define the being-human of human beings. Limits frame the outer and the inner, the me and not-me. With limits - originally provided 'from the outside' - we are defined and enabled to feel our human integrity; we don't diffuse into others or the space around us. With boundaries we have contours, a psychological 'skin,' an ego (Anzieu 1989). We are also defined by our different abilities to transgress boundaries and feel connected to the Universe. But when we lack adequate boundaries, we experience ourselves as larger than we really are: omnipotent and endless. An inflation of the self results, in which finally we will feel diminished and insignificant, useless and desperate. Feelings of omnipotence, narcissistic and megalomaniac illusions, unlimited aggression, as well as the compensatory feelings of impotence, guilt, powerlessness and self-depreciation inherent to them - all these fall under the rubric of 'issues of narcissism and omnipotence'.

Most often these issues relate to early stages in childhood development. A small child needs a safe environment to be able to integrate the experience of boundaries and to feel the confidence that its own powers are not infinite, omnipotent, and therefore uncontrollable. If all goes well during its development, the child will be able to accept the limitations of life to the extent that it feels freedom, creativity, and joy from within safe confines. Reliable physical interaction with parents and caretakers - such as cuddles and skin-contact when being held - creates the first preverbal notion of one's own contours and boundaries with regard to one's surroundings. These first experiences, which are concrete, literal, and based in the body, establish the psychological ground for the transition to the more abstract and symbolic dynamics of cognition and emotion (Pesso1994).

The formation and maintenance of ego-boundaries and psychological limits are originally physical in their natures and representations. This explains why life topics related to omnipotence are so difficult to treat in verbal adult psychotherapy (Perquin 1994). The unconscious impulses underlying the subjective issues of omnipotence are inseparably welded to physicality and human embodiment. Developmentally speaking, when the small child is furious, screams, stamps with the feet, hits and bites but stays unnoticed by its surroundings and is not safely limited, it will internalize this experience as impossible to handle, frightening, overwhelming and shameful.

Let's have a look at a child who goes through a *temper tantrum*. It rages with fury and frustration, screams from the bottom of the belly and rolls over the floor with its head bent backwards. If the child is not held by a safe figure during such a fit or anoxic episode, it can only self-limit through its own physiological responses. After a while the child turns blue in the face, starts gasping, and due to a lack of oxygen will be unable to give any further expression to its fury. The heart-lung system can no longer supply the energy required by the muscles; it is as if there is more fury available than the body can handle. The child turns pale and limp and finally yields to physical

exhaustion. Most 'good enough' parents and caretakers will intuitively know in such moments what the child needs: the safety, support, and limitation supplied by physical holding. They will pick the child from the floor and hold it and within the confines of their arms let it safely express its fury. When these primitive impulses are being expressed, bodily contact seems to be imperative for the child to eventually integrate these forces into the Ego (Pesso 1984).

Parental denial – due to a lack of limiting physical interaction – and negation – resulting from verbal rejection or prohibition – will be internalized by the child's ego as a general suppression of aggression. In child-development that lacks sufficient holding and containment, the child cannot experience the soulful license to express and own its physical strength. The child will learn to restrict – by its own inner means – forces which have not been limited by others from the outside. The Ego then begins to function as a 'tight fitting suit' or a 'prison for that aspect of the soul' (Pesso 1991). There will be not enough space for the development and management of aggressive impulses, strength but creative powers. At a later age, safe and socially accepted forms of anger-expression and power will be insufficiently practiced and acquired in both physical and verbal ways. Through repression and splitting, anger will have become a dark and unknown force. From fear of destructive consequences, from shame and guilt-feelings, it will remain beyond the threshold of conscious awareness – or it will be expressed unconsciously by means of destructive behavior.

A great deal of psychological problems can be understood and treated as forms of self-limitation. They are the consequences of an inability to express and regulate aggression in a healthy way. They include the gamut of obsessive-compulsive symptoms, somatization, anxiety, depersonalization, depression, self-destructive actions and forms of acting out such as promiscuous behavior and impulse-regulation disturbances.

These remarks about omnipotence and limits are intended to frame the technical discussion on limits in PBSP, to which I will now proceed. The specific elaboration of these developmental experiences – and the intra-psychic structuring that results – falls within the rich purview of psychoanalytic ego and object relations theory and research (Crandell 1991, Amundsen, this journal). Exploration and consideration of that extensive domain, so important to the competent practice of PBSP, is beyond the scope of this paper.

Physical limits in Pesso Boyden System Psychomotor

Pesso Boyden System Psychomotor offers a unique approach to issues of omnipotence. The method of assessing omnipotence issues – through observation and interpreting body-language – and the therapeutic *physical* interventions that enable the client to symbolically experience safe limits have been systematically worked out. The client can contact archaic rage and physical power that is experienced as unlimited, unmanageable and frightening. Expressing these forces within safe limiting physical confines with a symbolic meaning, the client can experience that aggression, long perceived as endless and dangerous, can be limited. When rage meets its target in a safe manner, it will as a matter of course meet its satisfying completion or climactic end (Pesso 1984). An assumption in PBSP is that all energy leads to some kind of action and intends toward interaction. Ideally, power can be acted on (in stead of *out*) and handled *in* interaction with loving people. The client will experience that this power doesn't necessarily need to be destructive to self and others, but can be legitimate, vital, and finally effective.

We should note here that limitation does not merely involve aggression and force. It is just as important to experience that other emotions, such as despair, fear, sadness and jealousy have their appropriate human confines. Equally important, repressed love and sexual wishes can be

experienced by the individual as unlimited and therefore considered as dangerous. The realization that needs can be fulfilled, such as the need for nurture, support or protection, is itself an experience that also has a limiting quality. Hunger can be satisfied and doesn't ask for infinite eating; the chronic fear of falling down can be halted by support; the experience of protection can attenuate feelings of chronic vulnerability or bring them to closure.

The above principles on physical limitation are common knowledge for the competent Pesso Boyden System Psychomotor therapist. Most PBSP therapists will have experienced that guiding a limit-structure is anything but easy in practice. The first difficulty is that the therapist needs to closely work together *with* the client, yet without abandoning a basic stance of guidance. Simultaneously, she or he needs to 'stage-manage' the group. There must be significant knowledge of anatomy and related emotional/physiological functions – or more simply stated, a great deal of practicing and observing how emotions are physically expressed. Above all, the therapist must be confident with the vehement expressions of clients, and confident as well with his/her own power as a therapist and human being.

Therapeutic guidance and the use of limits in PBSP therapy are inevitably best learned 'on the job'. What follows below is a discussion of important technical tools and therapeutic principles that will help the therapist in understanding and working with limit structures. I will discuss several technical issues under the following subject headings: (1) Why physical limits? (2) What issues are dealt with in limit structures? (3) What do physical Limits in PBSP look like? (4) Specific forms within limit structures. (5) Tricky situations and pitfalls.

Why Physical Limits?

Physical limitation can help the client to get in touch with important aspects of the Soul: destructive forces, cruelty, sadism, hatred and healthy aggression: fury, strength, power, sexual forces. We are all born with these powers; they are part of our existence and human heritage. For many clients, aggression has not been honored and contained as a psychic reality, and has therefore not become useful and important either in therapy or in life (Pesso 1973). It has remained insufficiently tested because of inadequate limiting experiences: absence of a parent, excessively harsh reprimands, untenable prohibitions, over-stimulating physical threats, and so on. In a limit structure these aspects of the true self can receive their proper place; they will be given a correct name, they assume their true dimensions, and they will be respected, validated and blessed (Pesso 1991).

In a limit structure this all happens within symbolic, physical boundaries. Our body is present, perceptible and tangible in a concrete form; it wants to be fed and touched; but the body is also a symbolizing body (Pesso 1984, Stern 1985, Bruine 1994). Kinesthetic, sensory, and motoric potentials – expressed in satisfying interaction with symbolic limiting figures – can result in the satisfaction of unfulfilled needs on both the concrete and symbolic levels. In considering the sensory domains within a PBSP session or 'structure', a rarely considered fact deserves mention here. That is, in addition to visual, auditory, and the all-important tactile senses, the sense of smell often has important evocative and recall-inducing powers. In a very basic and primordial way, smells and scents constitute a powerful component of experiencing another human being.

To summarize this point briefly, the awareness of the true unity of the self will be increased by physical limitation. Fear and shame of one's own aggression and strength will be diminished. Healthy, well-controlled aggression will be more easily available and will be experienced as a source of vitality, without guilt feelings. The client will increase in self-confidence and can dare to venture towards more openness, vulnerability and spontaneity.

What Issues are Dealt with in limit structures?

Fear of aggression and power

Aggression and power are basic vital forces for life. They are the instinctual bases for defense of the self, and the primal energies needed by an individual to take a stand for him or herself and on behalf of others. In wartime, a healthy mother will instinctively know how to defend her child against danger. When not sufficiently expressed and practiced during childhood, power and effective aggression remain 'underground'. They will not be available for conscious daily use according to purposes set by the ego, such as defending the self against danger. Aggressive potential will exist as repressed or split-off energy that may escape or burst unexpectedly out of its inadequate container. Unbounded aggressive impulses are then free to emerge in various indirect and inverted forms, such as panic attacks, depressive episodes, and the like. Often this results in chronic fear of not being able to control impulses. The individual worries, often unconsciously, along the lines of : "Once I let myself go, I won't be able to stop; I'd better keep cool." In most cases the clients are even not conscious aware of their aggression; the defenses of anxiety, shyness and physical complaints are instead in the foreground of their awareness. Nor is the lack of ego mastery over aggression limited to self-crippling thoughts and self-damaging actions; explosive, passive-aggressive, and antisocial forms of acting out are equally indicated here. However, the central point remains: aggression and power that are not 'ego-wrapped' by the functional structure of the ego, remain in underground of the psyche and are unavailable for lending legitimacy, power, and firmness to the self.

Aggressive fantasies, guilt feelings

Subconscious, subdued impulses can find a way to the surface of consciousness through sadistic dreams and cruel fantasies. An example might be when someone notices after some minor conflict that, "I hate that guy from the bottom of my heart." Residues of uncorrected, magical, omnipotent thoughts from childhood suddenly intrude upon one: "I wished mother was dead, and then she had a car accident. What you merely think, can really happen!" "Looks can kill!" Sadistic fantasies can be considered as dangerous in themselves, even as they remain 'unpronounced' and un-thought. When they surface in awareness, the client feels ashamed and guilty. Thinking and doing, thought and behavior become intertwined, and the client cannot clearly separate them, but instead tends toward magical thinking. The capacity for cruelty is disowned, seems not to exist and is not experienced as part of the Soul. It remains ego-dystonic, un-integrated, and therefore foreign to the ego. Compulsive aggressive thoughts are an example of this: "I am alarmed at my powerful thoughts that are so mean and aggressive." Another example is in paranoid projection: seeing in another person the fury that one cannot recognize within oneself. More complex is projective identification: projecting one's own aggression 'into' someone else, unconsciously identifying with that projection, and then controlling or attacking the power of that other one (Pohorely 1992).

Self-hatred and self-destructiveness

Another strategy of the ego is to consciously or unconsciously direct fury towards the self. Self-destructive tendencies, such as seeking dangerous situations, abuse of alcohol and drugs, self-neglect, self-mutilation and suicidal attempts are examples. Frequently this involves clients who

have been abused. Self-hatred and self-destruction originate from underlying intense, aggressive impulses towards the abusers. These powers are insufficiently under the control of the ego. The intense fury towards others is directed towards oneself, because that feels safer. It has been too dangerous in the past to address the fury towards the aggressor. The power of control is being held 'within oneself' in this way. "I am hurting myself; at least I have that power." The aggression is experienced as dangerous and does not surface. Hurting oneself can become a strategy in order to unload the inner tension from the forbidden aggression. The client unconsciously repeats the original situation and becomes aggressor and victim simultaneously. As aggressor the client replays the original abuse. One's body assumes the role of victim, now under the stage-management of the self. In this way the client keeps illusory command over the situation and can foster the illusion of 'controlling the abuse' in present life and of having caused and managed it in the past. According to this complicated mechanism, a magical antidote is attempted, namely, the overt conclusion that, "It was my fault." This can be seen as a hidden omnipotent fantasy: "I had the power to let this happen *and* I could have stopped it." This results in ignoring the true feelings of hurt and rage about the forced, involuntary surrender (Perquin & Pessó 2004).

Megalomaniac fantasies, narcissistic isolation

"I don't need anyone; I can manage on my own. No therapy will really affect me. I'm far above the level of the others. I can save the world." Often there are fantasies about great successes, power and ideal love. The fact that these cannot be attained in the face of all the limitations and limited time frame of real life does not induce the client change his mind. There is an inclination to put oneself into a central position and to demand continuous attention. Criticism and corrections are unbearable. It is one's circumstances or one's fellows that are really deficient. These persons seldom receive unfavorable comments, they are usually carefully spared. This increases the narcissistic isolation, recalling for us here the phrase, 'splendid isolation'. One's counterparts in life intuitively avoid provoking the narcissistic rage that would play up in case of a limiting confrontation. The client has received too little acknowledgment of their realistic possibilities as a child. There is a confusion between fantasy and reality. The child was either left to its own devices or had to comply with parents' narcissistic wishes. "I needed to be someone I never have been." The child, misunderstood, has withdrawn to its own interpretation of the environment. In lonely isolation it developed, as compensation for the cold environment, megalomaniac fantasies or dreams about a perfect world.

Over-responsibility, parentification

Opposite to above pictured pattern, we know of persons who mainly care and arrange things for others. When they are forced to stop these actions, for example because of illness, it seems that they don't feel their rights to exist anymore. For women in our society this seems often to be the case because of a general socialization process. In specific cases this unhappy general pattern seems to be amplified and further exacerbated by the individual life history.

For example, a certain client has taken care of her dying father at the age of nine and has later comforted her grieving mother. She has 'grown up' too early, has been as a consoling parent to her own mother, has replaced the mother's adult partner, and has fallen, as we say, into a 'magical marriage' with her mother. She was given influence and power that were completely out of proportion to her age. This inflated her self-esteem and reinforced a certain omnipotence. But she paid a price; she could not feel free to play and experiment as a child. She did not appropriately experience the justification and meaning of her life from feelings of satisfaction of

her own needs and achieving her own goals and just have pleasure and enjoy. It is still very difficult for her as an adult to enjoy life and have a good time for herself. She can only experience her own value in the course of being useful to others: at these moments she is able to feel important and appreciated, recognized and anchored. Her right to exist with her own needs comes only with the great effort of sealing herself off from the needs and requirements of the outside world. Whenever she manages to do so and spends time for herself, she feels gloomy, dissatisfied, not fulfilled. The tie with her mother has an unconscious and unbound erotic quality and is so strong that a sexual relationship with a male partner seems impossible to her, or at least undesirable. It would feel as a betrayal of the mother and a great loss; she resists giving up the special high position she has in her mother eyes, and the even higher position she maintains in her own fantasy (Sarolea 1986). Tragically, too early in life this girl has been given tasks that lay far beyond her abilities and responsibilities proper to her age. This has simultaneously reinforced omnipotence and dependency. The loving feelings for her mother that she had as a little girl have never been expressed as such, but have assumed a disguised or displaced expression in the form of 'ministering' or 'caring'.

Unlimited erotic and sexual feelings

When the client has been sexually abused as a child, he/she may be convinced of possessing an almighty seductive power, which the abuser could not resist at the time. Unwittingly, the client will have developed a strong physical, almost reflex-like reaction of openness, for which many actual or potential abusers seem to have an unholy instinct or intuition; sexual abuse is often committed again when the child has become an adult. To have had to submit oneself sexually to someone with more power at the time, to have had to have been physically open, was an experience that happened without the control of the ego. The traumatic *events* were partially *recorded* in memory because they could not be *experienced* from a place of true feeling. To *express* what the child really felt was literally impossible; the whole event was undergone in a dissociative state. The feelings and emotions were not 'ego-wrapped,' not integrated. The overwhelming openness results in an unpredictable, unlimited kind of apperception – a susceptibility for aggression and erotic advances over which the client has minimal control. This lack of ego control very often displays itself without his or her conscious wish. On the other hand, unlimited or over-stimulated sexuality can manifest in the client being involved in promiscuous relationships. This is another unconscious piece of evidence or confirmation of the client's omnipotent sense that, "No one ordinary person can handle or satisfy my sexual desires."

Acting out

Sadism and cruelty can unconsciously be sought from others, reflecting the client's archaic developmental need to be limited in those impulses. Often the client does not recognize this mechanism. For instance, a male client does not understand that his very demanding, testing behavior results in rejection again and again. He doesn't know that he is unconsciously seeking for parent-figures who accept, validate and safely limit his behavior. His companions in real life understandably do not accept this limiting role, but end up involuntarily in a punishing, sadistic role. The result is that the client, as a grown-up, is rejected again. Acting out is the more visible form of this dynamic. The person has only one way of handling aggression: by concrete physical expressions, actions, and behavior in daily life for which the final limit can literally become jail.

What Does Physical Limitation in PBSP Look Like?

Accepting and validating

Limiting parent figures show to the client in verbal and non-verbal ways that they fully accept the testing, furious child. They accept primitive rage for what it is: a universal instinct. They encourage the child, and they are cognizant and appropriately respectful of his or her power. In the structure they meet it with appropriate vigor, get tired from the efforts, but will 'hang on'. The limiting figures do not discourage the client, by rushing to let him know that they are stronger. They will only make that point clear if it is absolutely needed, namely, when the client tests them strongly. The interaction with the limiting figures needs to fit as exactly as possible the *shape* of the impulse's actual presentation (Schenker & Fisher Bartelsmann, this journal); they should fit the form or attitude of the body or body-contour and the expressed power of the client. The client must never be 'pushed over' or overpowered. This counter-shaping does not only mean fitting with the form and force, but also with the direction, the rhythm and the speed of the physical expression. In PBSP therapy, helpful validation of the Soul and its essential impulses is usually experienced in direct proportion to the accuracy and precision of the interactions provided by the accommodating role figures.

One final point remains to be made in regard to the issue of 'validating the impulses of the Soul' through limit structures. In life or in therapy, when one truly validates another, it is better described as a kind of recognition rather than any kind of tangible gift or transaction. The main task of the accommodators is to assist the enactor come to his/her own validation. It is not the responsibility of the accommodator to decide what has to satisfy the enactor. That is a matter for agreement between the worker and the therapist (Belooof 1986).

Step by step: under one's own control

Limitation means also managing time and working with the awareness of time-limits. For every therapeutic experience there is a time-frame; only a limited number of issues can be dealt with in one therapy session. This makes selection and a clear focus necessary. One clear and structured step that can be integrated by the client is vastly preferable to a murky situation in which the client gets overwhelmed by emotions, complexity, or novelty. It is important that the client acquires a clear overview of what has been happening.

The client should be able to indicate every step by him/herself, in order to have autonomy and to enable the therapist and the role-figures to be prepared. It is necessary to make clear-cut arrangements with the client: "Let me know in what way you intend to test the parent-figures, before you start." Or: "Tell me in advance what you feel like doing. We will shape the expression into a safe form and we can instruct the limiting figures accordingly." And: "Whenever I say "Stop, please, wait a moment; we will need some time to arrange things safely with the accommodators."

It is true that this will diminish somewhat the spontaneous course of the session. But more important is that the client then creates his/her own scenario, has his/her own ego control, and that the alertness and awareness of the group members are optimized. The delay resulting from 'hitting the brakes' during the setup of a limit-structure rarely results in the client losing important feelings or motivation. The therapist should not be miserly with the time during this important phase of the structure but will attend to the placement of sitting-blocks, cushions, and mattresses,

for positioning the limiting figures, and for having members of the group 'stand by' to act as an extension to the limiting parents, if needed. When the issue is sufficiently clear in the client's mind and the motivation comes from inside, the process will restart automatically, despite the delay for improving the scene. After some physical experimenting, the client will usually resume contact with the original need rather quickly. Please note two things. (1) The 'step by step' style of working prevents the *client* from being seduced prematurely into overwhelming, unknown experiences that are extremely difficult to integrate and which can variously result in anxiety, shame, and dissociative phenomena. (2) Working 'step by step' protects the therapist and group from being caught unawares and unprepared in the event of strong abreactions.

From partial to total

The first experiences with limits in PBSP can best be offered by the therapist in a partial way. Representative approaches might include: "Where in your body do you feel most of the energy?" "With which part of your body would you first choose to test the strength of the ideal, limiting parents?" When the client hastily rises, wanting to use the arms and legs and full body weight, there is a good chance that heavy wrestling will quickly ensue, which no therapist or group can reliably regulate. It is never a promising situation when the limiting figures lack the time and opportunity to receive instructions, prepare, take a firm stand. Haste or naiveté at this point merely exposes the limiters to the risk of losing their balance or being otherwise ineffective. For the client this will mean: "They are not so strong and reliable after all, and it is my fault that they fail." It may also happen that the limiting figures react adequately and quickly, however without consultation or instructions. They grab the client by the arms and shoulders. He/she will continue to fight on with all possible strength, but will suddenly stop and ask: "What, for heaven's sake, am I doing here?"

At this point, the therapist might best try to save the moment by offering something like, "Apparently the child within you has a strong need to test its strength." Such a statement may supply needed humor, and may in a curious way fit the moment, being the best the therapist has offer, but it will actually be too late. It is a cognition afterwards, concerning the moment wherein the client did not have his/her own executive ego or 'Pilot' enough available. It is far better to anticipate, test a small hypothesis, start with a step that is surveyable. For example, the therapist might ask: "What would it be like for you to test a parent-figure using one hand?" In this instance, the client might push against the shoulder of the limiting figure with one hand. If that yields a clear validation and feels good, the next step will follow, e.g., pushing with more force or with both hands. Now the role-figures can be supported by other members of the group to become involved as an extension. It may also happen that the client, while trying things out, may change strategy: pushing with one hand to a shoulder may change into pressing with one fist against two hands of the role figure. In this way, the limit-session can develop step by step. From an initially hesitating interaction of one finger testing the smoothness and strength of a limiting figure's palm, a complete limit, where the body is limited from all sides, can develop in measured, comprehensible, step by step fashion.

Flexible

Limitation must not be fixed or rigid, but flexible. Good parents have a natural, self-evident authority over the child, and they are of flesh and blood. By nature they are stronger and do not need to flaunt this obvious fact. A limiting figure who uses excessive power to show the client that he/she will not be moved 'even an inch' may harbor a unproductive conflict about power. In

this and related cases, the therapist needs to explicitly inform role-figures that the counterforce to be given needs to exactly fit the muscle power that the client uses. In a flexible counter, the client can experience that his power does have results. This is the validating side of the limit-structure. In other words, a limitation that is premature and/or too strong may lead to discouragement and a feeling of being powerless – a repetition of some earlier 'straitjacket' experience. Receiving ample free latitude within the limitation is experienced variously as consent, permission, and respect. The client is allowed to share fury and force in interaction with others, it must have an impact on the limiting figures, they will react flexible to it, there is space for it, and they appreciate the result.

Definite

The inherent flexibility of a good limit structure does not alter the fact that eventually it must become clear where the 'final stop' and boundary is located. This principle might be explained by offering an example of a specific limitation-exercise. It is called 'arm-wrestling-with-a-limiting-figure'. This is identical with the familiar arm wrestling between two opponents lying prone on the floor, facing each other. The enactor would ordinarily and theoretically be able to win this game, but that is an experience of another dimension than 'being limited'. If the enactor wins, the game is over and he/she can no longer test the limiter's strength, nor will the enactor be able to reach the limit of his/her own strength. Therefore the instructions for arm-wrestling-with-a-limiting-figure allow the limiting figure to use the other hand to additionally support his own limiting arm, for instance, near the wrist of the limiting hand. The enactor is allowed to only use one hand. He/she will enjoy it when succeeding in slowly moving the hand of the limiting figure, having an impact and experiencing at least the symbolic possibility of a 'win'. Therefore there is a second rule for this exercise: Before the hands touch the ground, the enactor will have to indicate the 'final limit', the spot he/she will not be able to pass, the location that symbolizes that the limiting figure is offering enough counterforce and will not lose. It will only be at the moment when the enactor reaches that area that you will see him/her test the opposing arm with full force. First there is frustration, expressible as: "*That way I can never win!*" Later, when the limiting figure has countered: "You may test all your force with me, but I will remain steady," the enactor might be relieved and pleased that his/her strength is really allowed, validated, but ultimately able to be contained and limited.

According to the sequence: Energy-Action-Interaction-Satisfaction, Validation, Integration

The familiar sequence of elements in a PBSP structure mentioned above suggests a number of useful and important questions that can be used to evaluate the limit-session itself:

Where is most of the energy? - What is the actual physical experience?

What action results from it? - In which direction does the movement go?

Which interaction fits? - How much counterforce is necessary?

1. How much counterforce will be necessary, should the expression require it?
2. Are there enough role-figures available; are others necessary as an extension or extensions?
3. Does the client already demonstrate a need for interaction?

4. How does the client's use of muscle power suggest a likely direction for a satisfying experience?
5. Does the client restrain him/herself?
6. Is the use of sound indicated?

Are the role figures validating to the client?

7. Is their verbal and non-verbal reaction encouraging?
8. Does their sound of voice fit that of the client?
9. Do they show that they enjoy his or her strength?
10. Is there space for humor, playfulness, and pleasure?

Does it seem that the client *integrates the experience at the level of the historical child* who did not have enough of this experience?

1. Does the client take some time for reflection now and then?
2. Does the client give enough directions and does he/she show enough management, or take responsibility for his/her work?
3. Does the client look at the limiting parent-figures so as to absorb a visual memory?
4. Is the new experience a clear antidote to past events?

Specific Themes for Limiting Sessions

Verbal limiting

Physical limiting will only address the client's ego difficulties when the client can first test or weigh the therapist's authenticity, and can judge the therapist to be genuine as a human being - quite apart from professional and social roles. Within the symbolism of the Possibility Sphere and the therapy-session itself, trust can only manifest when the therapist's implicit and explicit limiting capacity – functions of his/her actual ego strength – are first experienced and accepted within the therapist-client relationship itself. We often see the client measuring the reliability and authenticity of the therapist by checking his or her nonverbal and verbal communications. For instance, the client will subtly and often unconsciously bring into consideration ideas and values that the therapist has about the meaning of life. In these 'preliminary' discussions the working alliance will be built up slowly: the client needs to test the therapist's firmness and receptivity on a transference level as well as on the level of the real relationship. The client must first experience real trust and actual interpersonal limits with the therapist before physical limitation with role figures can be acceptable and believable. If this is not the case, a limit structure will turn into a mere physical measuring of power, a kind of contest that lacks the symbolic meanings crucial to reaching real therapeutic goals.

In order for truly adequate enrollment to occur – that is, for group members to become powerful symbolic figures in a client's structure – role figures must be understood as extensions, so to speak, of the therapist's life-affirming attitude and healing function. In a very real way, it is the therapist's personal, spiritual, and ethical limits that support and maintain the boundaries of the Possibility Sphere. Similarly, group members cannot become potent symbolic role figures for the client unless and until the client experiences them as trustworthy, authentic human beings - apart from their roles as group members. Only then can interactions with them be believable and integrated, truly symbolic of safety, closeness, and acceptance. We might say that *real* limits in the relationship between the therapist and group members – ethics, values, maturity – are necessary precursors that precede any *symbolic* limits that are introduced within a structure.

Parentification

It is not easy to give up the position of a parentified child. The client derives self-esteem, influence, power and intimate closeness from this former function. A limit-structure will deal with the inclinations to take care of the parent, to deeply merge into and identify oneself with the parent's needs. Recall the previous example given under the heading 'Over-responsibility and parentification'. Ideal, limiting parents will tell this girl: "To take care of the mother is not your task". Ideal grandparents, who take care of the real mother, may assume this task by literally wresting care for the real mother away from the client. They comfort and protect the mother, while the client observes the situation from a safe distance. When the client feels an impulse to again take care of the needy mother, she may be held by the ideal parents who limit her from her archaic duty. The client in a standing position can struggle with all her force, testing the ideal parents, who will not let her go and minister to the mother. Another direction the structure might take is that she will be invited to fully give in to her inclination by physically expressing her tendency to take care of the mother. She may go over to the needy mother and embrace her, whilst her ideal parents hold her arms and give limiting counter-pressure. The ideal parents might say: "You *may* express your inclination to take care of your needy mother, but it is not your *obligation*." At this point the client may embrace the needy mother even with more intensity, but may suddenly encounter an unexpected feeling of fury and disgust for the sad and plaintive mother: "Go to hell with your sadness!" She now expresses the motoric impulse to take the mother into a stranglehold, whilst the ideal parents limit her by firmly holding her arms. The ideal parents now make it possible for her to express her ambivalent feelings of affection and disgust. She can give place to the hatred that has been hidden for so long, and at the same time, the limiting parents will take care that she cannot actually strangle the needy aspects of mother.

A further step for this client is to experience and test ideal parents who are equal and strongly attached to each other. She can see and feel a father who remains appropriately vital and autonomous, and a mother who relates to him as a partner sexually and separately to the child in a caring, tender way. The client can energetically confirm that she cannot divide, split, or separate these parents. It is important to pay attention to the fact that there are often some very mixed feelings that result when the client fails in the attempt to separate the ideal parents. Gain and relief appear, as she finally can abandon the parental neediness and play appropriately as a little girl. Loss and grief also result, as she loses her special position, and will tend to feel alone, useless, placeless, and meaningless. Considerable time is required to enable the client experience that she can now take her own place as close to the parents as she wishes, without separating them physically or emotionally. Now she can experience that these parents are equal and strongly attached to each other as peers and to her as a child (Sarolea 1986).

Sexual abuse

Limiting figures can help the client to experience their own openness within safe boundaries. The client him/herself decides upon the moment and mode for openness, which is not forced by anyone as it was in the past. When the client becomes aware of strong impulses in the legs to trample, push, or close the legs tightly together, the client can then be asked if the role-figures might help keep the knees closed together. The being held serves as a symbol of protection against the external world. The child may experience openness and power without any danger of being exploited; the client may safely experiment while being reliably protected against any aggressor. The purpose of testing the role-figures who hold the client is also to allow the client to feel the connection with their sexual energy, previously fantasized as almighty and irresistibly seductive. The client is enabled to re-assess the inclination to a reflex-like openness that resulted from the abuse but is now limited by the role-figures.

In principle here the knees are held firmly together. The client will test the protecting figures by trying to separate the knees and will discover that the limiters really do make an effective offer of protection and limitation. The client determines where the limit is, and indicates the moment at which the limiting figures should give more counter-pressure. Usually two role-figures are needed to keep the client's knees and legs together and at least two role-figure extensions to offer resistance at the hips. The intervention should carefully fit with the client's inputs to the structure; accurate preparation is essential. Caution is necessary because of the risk that the client may experience being held as another overpowering act in itself. Another risk is that the client, in spite of the therapist's explanation, may feel ashamed of the wish to be open and may therefore completely close off. Above all, a client who has been sexually abused must feel confidence and safety within the therapy group as a group of authentic and reliable people before the therapists even considers working symbolically in a structure that aims to protect and limit the client's openness. Initially and for a considerable period of time, an ongoing group should direct attention to the client's need for experiencing autonomy and control within the relationship between the therapist and group-members (Perquin & Pessó 2004).

The interventions just described are offered here in a simplified and abridged fashion. Due to their complexity, it is certainly advisable to first practice them extensively in an intervention context.

Possible 'Tricky Situations'

The client or the accommodators get hurt

This will either quickly regress the client back into the role of a person who compulsively takes care of others, or their chronic feelings of guilt will be further consolidated. The client's fear is again affirmed: his/her power is essentially destructive.

The limitation is not strong enough

At the first physical testing, the client concludes that the role-figures are not strong enough to restrict him/her. The client has not mentioned this, the therapist has not noticed it, and the client has decided to restrict him/herself, which boils down to limiting him/herself and sparing the others, a classical example of what we call a negative reconstruction of the past.

The group-members cannot hold the client

If this happens, the client will be reaffirmed in their omnipotence. This is often accompanied by feelings of triumph that later – sometimes within a few days of the session – turn into extreme feelings of guilt, abandonment, or depression. In later stages, an interrupted limit-structure can lead to heavy, unexpected outbursts of rage or ruthless and self-damaging behavior. Rage results from the fact that the client is still looking unconsciously for a safe limiting experience in his day-to-day life, the limitation that again was not given — "not even in therapy!"

The client starts a physical fight within the group

Here, the client starts a measuring of power in concrete, present reality without regard to the symbolic and therapeutic nature of the group. This is a pure and literal power game, devoid of any symbolic meaning. The correct historical circumstances and the age-level remain unclear. The client is fighting as a grown-up agent in the present. No historical reconstruction takes place, and there is no re-experiencing of the sequence of events and interactions that the child previously needed and missed. Therefore the new experience with the limiting ideal parent figures cannot be integrated and cannot serve as an antidote to the original history.

The client reaches strong emotions too quickly

Here, the client cannot sufficiently integrate new and unfamiliar experience. The client will stop the process, owing to shame, guilt, or fear. When a client who is unready experiences such strong expressions of power for the first time, shame is commonly the first conscious feeling. The client feels a strong impulse to hide the face and cover the eyes, or wishes to disappear into the ground. Such a person wants to become invisible, to cease existing, in order to escape the gazes of the observers. The small child doesn't want to be exposed to the 'shaming eyes of the world'. Shame refers to feelings of being too small, insignificant, being ridiculed, feeling naked. Shame can be the involuted anger that the self originally would have directed towards the people to whom the child was originally exposed. Instead of expressing the impulse to destroy the eyes of the people who look, the child deflects the aggression inwards.

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