Becoming whole: regaining what was lost

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Healing in psychotherapy

Healing. A healing experience. Becoming healed. These are all broad concepts that carry a lot of weight. When I hear the word 'heal', the first thing that comes to my mind is the word's tangible, medical sense: 'the wound needs to heal'. The old saying 'Desperate diseases call for desperate remedies' sounds somewhat primitive in today's highly specialised, modern medicine. Yet we need only to go back seventy years, to WWII, to observe how, before the introduction of penicillin, amputation of a wounded limb was in many cases the only route to survival. For centuries prior, barber surgeons, magnetizers, exorcists – and their patients – acted on the notion that, whatever in the body was damaged, infected or 'bad', should be *removed*.

My own experience over the past five years has taught me that modern oncology attempts to fully remove the primary tumour through surgery and to repress secondary cancer cells in the body using radiation or chemotherapy. I am duly aware of the fact that healing through means of removing has a long and successful track record. The principle of eradication is deeply rooted in our expectations of physical repair, as well as in our expectations around mental or psychological recovery. This holds true for the majority of clients seeking support for psychological problems. Deep down, they expect their complaints, dilemmas and conflicts to be *removed* with the help of medication or a magical solution – a 'super intervention'.
Albert Pesso, who always liked powerful metaphors, compared the therapeutic sessions (or 'Structures') of his method to a neurosurgical operation. Let us be wary of taking this too literally: when undergoing brain surgery, patients are anaesthetised and fully surrender themselves to the surgeon. A client in a psychotherapeutic Structure, on the other hand, is jointly responsible for each step, in clear consciousness and under the guidance of the

observing, executive part of their own ego (or 'Pilot'), which makes decisions and takes responsibility (Pesso, 1990).

As a trainer and therapist applying the Pesso Boyden System Psychomotor (PBSP), I am neither surgeon nor anaesthetist. I am not expecting blind faith. I am not performing an operation. I am not taking over control. Instead, I follow. I ask the client to trust their own intuition and insight. I address the client's Pilot and constantly reinforce the notion that 'the healing is in the client' (Pesso and Perquin, 1996). In short, as a Pesso therapist, I work on different principles to a surgeon's.

The role of catharsis in Pesso therapy

Once again, a step back in time may prove enlightening here. Opinions on catharsis have had considerable influence on psychotherapy. In ancient Greece, catharsis – meaning 'purification and purging' – was used in the Greek Olympic games as a method of expressing emotions such as fear, anxiety, regret and sorrow. Within the public domain of the amphitheatre, it was thought that the soul would repair and renew itself. In the early days of psychiatry and psychotherapy, alongside the medical tradition, Greek drama would help shape the treatment model within psychotherapy. Doctors employed malaria therapy, lobotomy and electric shock therapy to combat schizophrenia; catharsis was the psychological approach to traumatic experiences and neurotic complaints. Cathartic psychotherapies were popular right up until the end of the 1970s. The central principle in these therapies was that the feelings needed to 'get out', to be removed either by subjects voicing them as loudly as possible, as in Encounter groups, Primal scream and Bonding therapy, or by shocking and shaking the body through physical effort and exhaustion, as in Bioenergetics.

Catharsis also played an important role in the Pessos' first experiments with groups of dancers in the late 1960s, with the technique of Negative Accommodation where a group member was enrolled as the symbolic receiver of the expression of anger (Howe, 1991). Diane Boyden-Pesso soon introduced the notion of an Antidote: an experience with symbolic Ideal Parents, diametrically opposed to negatively loaded memories from the past. 'Not something has to be removed, but something new has to be taken in' (Pesso, 1969). It was both visionary and

unique of the Pessos to have intuitively realised that neither the classical medical model nor the cathartic model would suffice (Pesso, 1973).

New treatment models in the field of medicine

In the battle against cancer, the body's own immune system is boosted from the outside with an extra antidote in the form of immunotherapy. Most recently, a genetically modified smallpox vaccine has been used, which stimulates the patient's own immune system to specifically target the cancerous cells. This offers an alternative to curbing cell division of *all* fast-growing tissues in the body – intestines, hair, blood – and the associated side effects. To me, it is fascinating to think of vaccination – until recently used *preventatively* to alert the body to a specific bacterium – as now being used *curatively* to mobilise the body's defences against an illness already present. This paradigm shift could signify the start of a medical revolution.

Al Pesso always drew inspiration from developments in modern medicine and psychotherapy. It is no coincidence that the paradigm shift in modern oncology should reflect the current approach in Pesso Boyden therapy, which no longer relies on catharsis. Furthermore, the discussion taking place within psycho-traumatology, regarding the risk of re-traumatisation as a result of flashbacks in a therapeutic context, explains Al Pesso's moving away from the re-enacting of traumatic biographical information in role-play. Pesso's emphasis on 'reversals' right from the beginning of a therapeutic session places his approach further away from the classical medical and cathartic paradigms, and closer to the mind-set of modern medicine.

What is special about healing in Pesso therapy?

Healing in psychotherapy in general is concerned with mental processes. That these processes are rooted in the body is a notion that has been taken seriously in the Pesso method since the early years of its development. The Pesso therapist helps initiate a mind-body process whereby the client comes to discover which aspects of the self have been inadequately

acknowledged or have been lost. We help the client to pick up the thread where it was lost and to continue 'in the endless act of becoming' (Pesso, 1992).

Pesso therapy embraces humanistic psychology and experience-focused psychotherapy. It assumes an optimistic view of the human condition: our inherent yearning is for a happy, fulfilling life, in solidarity with others, from which we can derive a sense of meaning and purpose. As human beings we have the inborn capacity to live a life of pleasure, satisfaction, meaning and connectedness (Pesso, 1994). But this endeavour is a daily struggle. We must learn to tolerate and to handle the antithesis: pain, frustration, despair and alienation and the grappling for a purpose to our existence in a complex world. In other words, despite ambivalence, defeat, loss and illness, we must learn to say: 'I will not be stuck in my old story. I can take on new experiences and new perspectives and I can take them seriously. I can have a safe place, be nurtured, protected, supported, accept safe limits – it is all possible.'

This is what I find unique about the Pesso approach: a child's basic needs can still be met at a symbolic level in adulthood (Pesso, 1994). It provides a safe environment in which to get back in touch with that part of one's true self which has remained hidden out of fear that the other will not understand it or will take advantage of it, as has happened in the past (Pesso, 1992, 1999). A client who was bullied as a child will say: 'No, no. I mustn't cry. That means they've won'. The possibility of being comforted and protected was, and is, denied; the client still needs to experience this as a possibility and internalise it.

In other words, I view healing as 'taking in something new'. Something you didn't get enough of. This gives whatever was hidden the chance to blossom after all. Becoming whole thus means: becoming complete, filling in the gaps that were left. This is an inherent human need. 'The click of closure' is inevitable: there is a feeling of resolution, it feels good, this is how it was supposed to be, this is how it should be. 'The roots of justice are in the body', Pesso would say (2006).

On a practical level this means that we work with *concrete* sensory material with *symbolic* meaning. If the therapist fails to reach this symbolic level, it is akin to giving the client a sweetie; they may have an enjoyable hour, or a nice ten minutes at the end of the Structure,

but it isn't sustainable. It is a common misconception that the experience endures due to the fact that *we are working physically*. Rather, the experience endures because we are *addressing the pilot* so that the client can take the physical experience away with them. So, not: 'It felt so nice being held by Miriam'. But: 'If only there had been an Ideal Mother with the qualities I'm experiencing now, my life would have turned out differently.'

The symbolising body

As a Pesso therapist and teacher in the method, I address the symbolizing body. We experience things physically through our senses and nervous system. Skin sensations, temperature, touch, pain and movement are registered by the somatic-sensory system. 'Was I held tight and rocked to sleep as a baby? Did my father hold me adventurously in the air above his head?' Even if I have no explicit recollections of this having happened, these experiences are stored in my implicit memory. The positive accommodation exercise and the ideal parent exercise are conducive to intuitively experiencing these aspects all over again. These exercises enable clients to prepare themselves for the more elaborate future sessions (Structures): they learn to give precise instructions to the role players – the Accommodators – as well as how to verify whether or not they get what fits (Perquin, 1993).

The impact of a Structure is most likely to endure if that particular client's preferred sensory perception is stimulated, be it auditory, visual, tactile or kinaesthetic. Indeed, as individuals, we symbolise at different sensory levels. We each vary significantly in this respect and each have a personal sensory preference based on predisposition and history. I may look at something ('Outer Stage') and from it, create my own *visual* scene ('Inner Screen') (Pesso, 2001). I may connect, associate this with a story within me, giving it the power to affect me. This happens in the appreciation of art. Michelangelo's *Pieta* touches me. A mourning mother with her dead son. At an *auditory* level, I may immerse myself in a piece of music, opera or in the dialogue or score to a film. In the classical music radio programme 'Heart & Soul', listeners are asked which piece of music is of special significance to them. The responses that ensue are all unique. 'The very first time I heard Beethoven's Ninth Symphony, I got so emotional, it lasted for days. I was in my teens. I'd never felt anything like it before. For the first time ever, I felt like I belonged.'

It can be useful, though not essential, to ask a client if they are drawn most toward music, dance, sport, film, theatre or art. If I can engage in this conversation, I can glean some idea as to whether the client might be able to take something from the Pesso method's professional use of symbolic meaning of touch and action. After each Structure, the client can then find their own way of holding on to and integrating the new experience – by writing about it, drawing, painting or listening to a recording of their Structure. Whatever suits them.

It would be remiss not to mention smell. Smell is often the 'forgotten sense'. Smell is very basic, but can be difficult to broach as a therapist due to its primitive origin and associated intimacy. It goes a little against the social code. Still, imagine the following scenario: against the pre-agreed group contract, a member of a therapy group member drinks two glasses of wine prior to the session. The man is then chosen by another group member to play the role of her Ideal Father. Her real father was an alcoholic. At the intake session, I say to the group: 'Please make sure you are fresh-smelling and wearing clean clothes, as we will be using physical contact. Refrain from consuming any alcohol the afternoon prior to the evening session.' The concrete sensory experience must be congruent with what the client can accommodate on a symbolic level. This is another reason why we have the Ideal Parents follow the client's requests exactly. They do not improvise, but provide the right physical fit to the form that emerges, precisely according to the client's instructions. I repeatedly ask the client whether the chosen words, contact or movement fit.

A transitional space

The constructed role-play with the Ideal Parents becomes an emotional truth (Pesso, 1973). To symbolise is to find oneself playing in a transitional space (Winnicott, 1974), between the subjective reality of experiences and emotions and the objective reality of facts and events (Jongsma-Tieleman, 1994).

A client says: 'I think I kept it together because my neighbour knew. My father didn't, he was drunk most of the time. But my neighbour must've known my eldest brother was abusing me sexually. That was my lifeline…one day, it'd all come out and someone would stand up for me. Yes, that's how I coped'. The neighbour is not a witness figure who labels emotions in their

context throughout the Structure. Nor are they an Ideal Father. The neighbour did exist, and possibly did see and know. But the client cannot be certain this was the case. This is where creativity and imagination come into play. The client has not invested in the concept of 'father'. 'Don't ask the client to invest in a bank that is bankrupt' (Pesso, 2001). But she has invested in the neighbour, who represents – *in the client's mind* – the *possibility* of being seen and protected.

This warrants attention. The *notion* the neighbour stands for must now be transferred over to the Ideal Father. Though let us not be tempted by the proposition of a new-and-improved *real* father. That would result in a 'mixed' father with positive *and* negative attributes. To the client, this ambivalence would remain life-sized. Instead, we introduce a respectful Ideal Father, who is super attentive and stone-cold sober (i.e. not a member of the group who reeks of alcohol). 'If only I'd had a sober and attentive father who had intervened in time, my life would have turned out differently.' The client can internalise this, reassured that this is not her actual father, but a fantasy, Ideal Father. Putting themselves in the place of their younger self, the client can experience how they might have felt back then. 'It would have freed me; I'd have been able to play.'

Physical satisfaction on the symbolic level

I continue to find the old, trusty sequence provided by Al Pesso back in the seventies both useful and relevant (Pesso, 1973, 1994). This sequence is:

Energy – Action – Interaction Satisfaction, Validation, Internalisation of meaning

To elaborate: when working with a client, I look for the corporeal energy that is prevalent in, for instance, the movement of a hand, the client's speech – tone and tempo – and their facial expression. Together, we establish what action might ensue from it.
Imagine you are the client and you say: 'I'm in despair', then the *energy* would be: 'I can't cope any more,' and the *action* is: 'I want to give up, I will fall down.' The *interaction* is: 'I'll lift you, I'll support you'. You bow your head and slump your upper body and are, literally, picked up at your shoulders and upper arms by two members of the group, enrolled as supporting

figures. You give in to the impulse, which appears less risky than you thought; you do have some faith after all. Next comes the bit that feels good. Your need to be supported and lifted is acknowledged and confirmed: *validation*. You are now able to experience that protection and support *do* exist, and that your despair can be contained. You *internalise*: 'There are people who will pick me up and who do support me. They are out there. They can handle my despair' (Pesso, 1991a). In allowing this experience to take place at a symbolic level, you are simultaneously making the decision that you are open to the experiment, taking control and giving out instructions: 'Now lower my head a little.' You are in control and responsible for what it is you are experiencing at that moment (Pilot). As the therapist, I facilitate this further and establish whether, through the believable and convincing physical interaction with these support figures as precursors or fragments of ideal figures, the client is ready to extend these roles to Ideal Parents.

Is it always feasible to work on a symbolic level?

One pitfall is when a client gets stuck on a concrete level. For example, a client is held firmly in a so called 'limit Structure' having the opportunity to express all her physical power. This requires the effort of not only two safe limiting parents, but of an additional four group members as extensions of the role of the Ideal Parents. Physically, everything looks natural and genuine. Yet, undetected, the protagonist is in the midst of an internal battle with the group members. She says to herself: 'Aha, it takes six people to limit my strength. Those so-called Ideal Parents aren't up to it after all.' This means that the client is now fighting against the group on a concrete level. She is not in touch with limiting parents on a *symbolic* level: Ideal Parents who – if they had been there – would have allowed her to experiment with her power without getting angry with her (Perquin 2000).

What can I, the therapist, do in this scenario? I can try and take the client to the symbolic level by offering her a transitional area. I do this initially by holding up a mirror. 'It seems as though you're in a physical struggle with the group.' I then enquire as to the age at which she experiences this physical contact: 'What you are experiencing now, at what age level does this happen, how old were you when you needed this most as a child?' Here, it is also important to differentiate between the concrete and the symbolic level: 'It makes sense to have six people around you now; you're no longer in the body of a little four year old. But now imagine

yourself as that four year old girl, testing that power in contact with a father and a mother you needed at that time, who'd have been physically strong enough to keep hold of you and give you safe limits.' With this, I am addressing the symbolic level for the relevant age.

Concrete and symbolic meet

Electing Ideal Parents

By consistently using the *conditional perfect verb tense*, it remains clear that we are talking about a hypothetical, symbolic past. This underlines that Ideal Parents were *not* there at the time. This is also illustrated in the phraseology Al Pesso increasingly used: 'She will take the role of your Ideal Mother, *no part of your real mother'*. The ideal parent is cognitively disassociated from the real parent. At the same time, it becomes all too clear that the situation 'back then' was far from ideal. Space is then created for the client to grieve about what was not available historically, and an alternative, well-fitting 'back then' is experienced: the 'grief-relief' sequence.

Stepping-stones

The therapist supports the transition from concrete to symbolic by introducing plausible steps. These steps create a bridge, and are kept realistic for the client by constant adjustment and readjustment. 'Don't give the client an elephant pill; they cannot swallow something too big.' (Pesso, 2001).

With a client who has never known their father, it would be inappropriate to jump straight to an Ideal Father. What will strike a chord, on the other hand, is 'the man who would have accepted you and stayed with his wife'. 'My mother's pregnancy wasn't planned, but my ideal biological father would have been pleased with my arrival, he'd have stayed around. Yes, I can see and imagine that.' Later, we offer the following stepping-stone: 'How do you feel about him now taking on the role of your Ideal Father?' Lastly, we introduce the stage in which the Ideal Parents would have stayed together and purposely planned the pregnancy, anticipating and preparing for the child's birth (Pesso, 2003).

From imaginary to concrete

Another way to gradually progress through the Structure is to shift from the imaginary to the concrete, initially as a Reversal. This is an idea that is formulated jointly by the therapist and client, which directly contradicts the client's negative childhood experience and does not involve objects or role-play. The idea is subsequently elaborated by the client and therapist, culminating in members of the group taking on the role of Ideal Parents. Slowly but surely, the client can let go of their old story of pain and disappointment (Jongsma-Tieleman, 1994).

Credible

Ideal Parents do not exist. They are figures of the imagination, but have human qualities, which make them credible (Pesso, 1997). A client says: 'I was born in 1943 in Germany. I don't know what it feels like to feel peace around me. It's not in my system'. This client will not instantly swallow: 'Imagine a place that is always peaceful.' That would be a step too far, a place the client can't reach. Though perhaps: 'Imagine, when war broke out, that Ideal Parents would have seen it coming and decided in time: "We don't want to go through this. Let us emigrate."' This offers the client a more credible alternative.

It's important that the therapist stays realistic and doesn't set expectations too high. The antidote creates a new, alternative memory path, but does not erase the memory of the past. The wound never completely heals. A scar remains. That compelling, prohibitive voice can raise its ugly head at any time. Perhaps in a milder form, yet it remains an old and familiar pattern, and 'old map'. What's more, it has served as a useful, respectable survival strategy for many years. I am therefore careful not to imply or suggest to the client that, 'after the Structure, you'll see that life gets better. It's all behind you. That old wound is now healed.' This would be an over-enthusiastic use of the word 'healing'.

The Ideal Parents remain implausible for the client

It may happen that the client does not quite manage to get to the stage of allocating Ideal Parent roles. The client insists that Ideal Parents do not exist and is not convinced. The problem often lies in insufficient safety within the group or lack of clarity on the group rules,

but can also be in lack of clarity around the therapeutic contract: the client is expecting a magical solution from me, the therapist. She has not taken on board her part in the agreement, which says that the antidote is primarily motivated by her, and that my role in this is merely that of facilitator. If the client does not volunteer to voice her doubts, despite clear evidence of stagnation, I will rely on the picture before me to convince me.

Two group members playing the Ideal Parents stand behind the client, but have no meaningful connection with one another or with the client. I look at the picture to tell whether it speaks to *me*. Does it look right? Is it beautiful? I trust in our inherent sense of beauty, which tells me that this antidote is appropriate and is imminent. It can help to have a broad selection of imagery to hand here: scenes from movies, theatre plays, paintings, sculptures or other Structures. I also remain mindful of whether the client comes across as genuine and touches me personally on an emotional level. I think back to a point during the intake session at which she became emotional – and I witness that again now. I look to the moments that are real, when the client becomes one with her 'true self'. If I find myself in doubt, the client will often pick up on the fact that something isn't quite right or that something is missing.

On asking: 'Are you really connecting with it?' the reply might come: 'Since you ask, it does feel a bit embarrassing sitting here like this.' A critical voice can now repeat this text, as though it were an external commentary. The client may herself take a stance against this internal message, which is a conclusion 'extrapolated' from part of her history. So I never *overrule* the client, but treat this ambivalence with respect right through to the end of the Structure. I often see this go awry during supervision and training. The therapist is inclined to take too much initiative: 'Perhaps a pillow behind your head; maybe you want the hand of a supportive figure on your shoulder?' A compliant client will oblige – the supportive figure is introduced and stands behind her, but no connection is formed.

The role of the Pesso therapist

This brings me to the task of the therapist. He or she as a human being has also suffered, but has overcome their suffering adequately, knows what it is to feel pain but can handle it. The therapist makes the best they can of a difficult world, which in itself generates hope. My job is not to change people. I do not preach an alternative philosophy or view on life. It is not up

to me to save the client, or to care for him and give him what he was entitled to as a child. Were I to do this, I would be thwarted by my saviour fantasies and the client would remain dependent on me. Instead, I help the client become aware that his history is exercising greater control over him than he realised or would wish for, and that there is yet a wealth of untapped potential given to him at birth for him yet to discover resilience, loyalty, musicality, sensitivity, power. Pesso therapy is *resource* oriented: we facilitate the client's being able to tap into these resources and possibilities within themselves, making them more readily available. The Structure represents a tool with which to achieve this, giving shape to the dance between the concrete and the symbolic.

As the therapist, I am the mediator between the client's concrete, physical experiences and their appropriating symbolic significance from them. I do, however, also have a symbolic role, in that I represent a position of hope: 'Despite everything, life is worthwhile.' In other words, the *working relationship* is free from my plans and intentions. I have no agenda for the client. I offer a free space – a 'possibility sphere' – that is unhindered by my own needs. The client leads the way (Pesso, 1991, 2006). In the case of *transference*, however, I am an ally of the Ideal Parents to whom I assign my empathy and the client's positive projections (Perquin, 1994). Via myself and the group, the client can get in touch with who she really is and take control of that. Beyond the Structure, too, she will be less governed by her old story.

How the client achieves a new perspective

We have said the appropriate antidote experience for an adult client with memories from their childhood needs to be emotionally credible. The impact of the past can be reduced by consciously taking on board a new experience that offers an alternative pattern, a New Map. The hope is that the client will be able to see the world, themselves and others through new eyes and meet them with a new pattern of behaviour (New Perspective). But this transition from the Structure to daily life is seldom a spontaneous occurrence. The Structure has provided an alternative experience, but the original history is still alive. If a male client sees women as unpredictable, the experience with a respectful Ideal Mother who is faithful to her partner will not necessarily lead to the conviction that the client can count on his partner. The client will need to integrate the new perspective at both the emotional and cognitive levels,

not to mention work hard at maintaining it. The client must realise: 'My wife is not the mother I needed back then. If I treat her as if she is, we'll both become frustrated. She is my partner, we are equals'.

But it isn't that simple. For partners to treat each other as equals, they need to remain alert from day to day, frequently set their own needs to one side, accept the other person's uniqueness, refrain from testing them unnecessarily, understand that they can't read minds, and importantly – have enough in themselves alone. All of this takes hard work, firm agreements and regular evaluation of the latter.

An example from a work environment: 'My boss is above me, like a parent figure. He certainly has the qualities of a person who is responsible for me; he supervises me and provides for my wage. He hasn't *deliberately* forgotten me. So I'll schedule that overdue performance review myself and prepare for it well.' This is a conscious decision in which the client withdraws negative projections.

Encouraging the shift in daily life

1. At the end of a Structure, I give the client time to think back to the situation or person that represents the dilemma or conflict. I address the Pilot, who has been in control throughout the Structure: 'How do you feel about it now, before we leave the roles behind?' I then wait for the signal: 'Yes, it's far less charged.' I invite the client to de-role the group co-members from their roles, by which the client consciously leaves the Structure and returns to the here and now.

2. Following each Structure – the next day at a workshop, a week later in an on-going group – I ask: 'Which part of the last phase of the Structure (the Antidote) stayed with you the most? What contact, which movement, words and images do you remember best? Now compose a sentence beginning with 'I' that summarises your experience with the Ideal Parents. For instance 'I can trust in my own power; others can handle it.'

3. I encourage the client to think how they can use the ‘SMART’ approach to tackle the dilemma or conflict on a day-to-day basis: **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-bound. To create a plan they can evaluate. ‘I can feel like myself without stuffing myself with food. The penny dropped after my third Structure on my being overweight. Only then did I realise what I’d been doing. So I stopped dieting and just started eating 1,900 calories a day. And I started to lose weight, and thought to myself: “I don’t need to stuff myself to shield myself from those dangerous men. I don’t need to feel ugly to feel safe.”’

What we are now dealing with is life itself. These measurable changes are what we can achieve with Pesso therapy.

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