

# On Contract and Motivation in Pesso Boyden System Psychomotor

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*The issues of motivation and contract are basic in PBSP and in any form of psychotherapy. Although in 1986 Albert Pesso began to work on some of the newer concepts like the Possibility Sphere, the Pilot Ego, Witnessing and Fragment Figures, (Pesso, 1990) the transcription of this lecture from ten years ago is still worthwhile; it is a 'classic'. The principles of attending to motivation and contract before the structure starts ('prestructure level') are discussed. The paper does not focus on the contract issues that require attention during intake talks before a new client enters an ongoing group, nor on the group contract that has to be made. For those issues, the reader is referred to Tjeerd Jongsma (1996) and Tjeerd Jongsma and Lowijs Perquin (1996).*

## **The client's capacity for change**

I do not move on to 'Structure Level' until the 'Prestructure Issues' are clear. I tend to make an estimation about the level of motivation, even if it is not explicit. As I start, this estimation is part of my looking and part of my evaluation and information about not only whether to begin, but also where things might be going to end. I try to check if I feel: 'This client has an inner capacity to change'. I would not put it in words, but I try to make an intuitive estimation.

The therapeutic work should not proceed until both parties, therapist and client, are clear about the contract. 'I am in my center, I am aware of where I am, I know what you are doing, I see you are in your center and going in a way that is mutually acceptable'. The client understands what my role is and his or her own part in it; we have goals and a contract.

I get a sense of that in the first minutes of a structure. I ask myself: How do I think this client will move? How can I work with this client? What will the client allow me to do? I am making an assessment about the contract, the motivation and the alliance: if we will be together in our effort, being aware of the limits and the parameters of the process and being available to help the client find a better life outside the therapy room.

## **Reactivity of the therapist**

The above-mentioned topics have very much to do with the 'Possibility Sphere' I offer as a therapist (Pesso, 1991). I use my own counter-transference response to gain the kind of information I need. So I am not only estimating the client, but also my own reactivity. If you are going to present people with the Possibility Sphere, which is a surrounding field of safety, respect and understanding, it is very important that you have a clear image of your own self and your own boundaries. When you do not have that and you 'embrace' somebody, metaphorically speaking, you are liable to 'swallow' that person, or to be swallowed.

## Boundaries

In the work of establishing the contract, the most important step is first to establish your own dimensions, your own self in your own role and function and in your own process, with great clarity, so that when demands are being made in either an implicit or explicit expectation of the client, you can know *at once* when the client's demands require you to be different from how you know yourself to be. At such a moment you make decisions in reaction to the pressure coming from the client, who may ask you to do what you think is not best for the client. Working from your own centre gives you a reference point.

When you consider the people that come for therapy, who face their power and vulnerability, you may find that they lack the ego strength to contain those inner forces. Then you have to take note that their ego needs to be enlarged, and if your ego boundaries, as a therapist, are not clear, it is going to be a real trial to be in the presence of the clients' unbound forces. So part of the contract is for your own protection as well as for the client's.

When clients' boundaries are not clear, they may want you to become part of their boundaries: they may want to incorporate you or have you incorporate them. They may not believe in their own capacity for survival and be inclined to include you in their self concept. Or they may want to make you the Ideal Parent; or they may want to make you the Negative Parent. Without enough ego they are neither going to have a clear perception of reality nor have a clear image of themselves. Consequently, there will be a lot of pressure on your services and your personality. That is the cost of doing this kind of work, to be under that sort of onslaught of feelings.

## On Contract

How do you know when the client is asking you to do more than is appropriate? When you feel: This is not a contract. In the contract I, as the therapist, am willing to put aside this time with this person, because I will be compensated for it financially. I put aside my own needs and worries, I am available for the client's needs, for the parts of the client that are in trouble, that are hurting, that are tense and aching for resolution. In the Possibility Sphere I offer the kind of emptiness, awareness and reactivity that invites the client to discover who s/he really is and to find ways to construct the ego that better fits the Soul of the client. The client pays for my attention, and for my knowledge, techniques, and expertise. I also get the satisfaction - the clients are not paying me for this - of helping people, because I like to do it. It is a pleasure to see people becoming alive in front of me; that is a reward of my work. I have the gratification of 'doing something useful in the world.'

But I definitely want to be paid for it. If a client would say: 'You get all the rewards of having me as a client trusting you, I do not have to pay you, you get your life meaning from watching me grow' - if you put that person in the place where s/he does not have to pay back for what s/he receives - then the client is going to put me, as the therapist, in the position of being the Ideal Parent who says: 'You do not have to pay me back for what I give you'. In that case the client is not in a realistic relationship, but in a regressed relationship with me.

So, in the contract I expect that we will have an adult-to-adult relationship on a commercial-social base and that I am going to stay in my peer-resource relationship. Yet you want to be able to give room for the clients to find their 'child place'. It is not that you do not want to give them the possibility of

finding their 'child', but that you do not want to be in the 'parent-position'. I see my function as being a channel through which healing can happen, but not as the owner of the healing forces.

### **The therapist is not the source of the healing forces**

If I - or the client - think that I am the owner of the healing forces, we are no longer in a peer relationship; instead, 'I have the healing power; he or she has the deficits.' Some clients might want to come to me to suck on my 'healing breasts' - which later they might want to bite. We have to be aware that sometimes this is the type of contract some people will present you with. It is a contract that inflates the therapist as a person of superiority and greater value, and is therefore dangerous for the therapist. It is a contract that reflects clients' sense of inferiority and diminishment and therefore is dangerous to clients. It denies the validity of their own autonomy and capacity to live their lives, and it weakens their capacity to strengthen themselves because they believe the strength resides in me and they want to suck in *my* strength. In such a way, you may be presented with what seems like an exciting contract, because they think you are wonderful, but it is a seduction into your own omnipotence as a therapist and into regression on their side. Therefore we have to be alert not to allow that.

### **The therapist offers a channel for healing**

But, if we know that we are only a channel or catalyst for their healing, that we can help them to get in touch with their own healing forces or help them connect to the image of the Ideal Parents as a way of getting in touch with their own healing forces, then we stop being in a position of inflation vis-à-vis clients who are in a state of regression. That will allow them in the long run - although the clients may not like it in the short run - to develop their own strength and their own trust of their inner capacities to become whole. You do not impose dependency and regression on to them, but you foster autonomy and health.

A client of mine had this thought: 'When you get better I will get better because my healing is a function of your brains.' I had worked with this person in workshops on and off for maybe fifteen years and we had done all the therapeutic steps to ensure that she had the energy to go out into the world and change her life. But she was more interested in making therapy her life, so in a way I had to wean her away from therapy so that she would embrace life. I almost had to push her out, which she felt as a rejection, and this was very painful. You have to be clear that the highest value is in living and not in therapy.

### **When the therapist is too needy**

When I live a life in which I do not get enough satisfaction for my own self and I do not feel really certain of my value, I may induce clients to act from their dependency position in relation to me, since I am in a needy state. As a therapist I can inflate my sense of value and the clients may react to this by inflating my importance for them. If I do not have enough people to love in my life, and if I am going to do my loving and get my satisfaction in the therapy work too much, then the therapy is not a waystation along clients' journey toward living their full lives outside the therapy room, but the therapy itself becomes the place where the full life happens for them and for me. That is a seduction and a trap for both sides. When you are working with a client over a period of time and it looks as if the therapy is getting 'too wonderful', and it is beginning to taste better than life itself, be warned, the therapy will not be very effective. If clients think that you are wonderful and they are going to be very grateful for

the help, then it means again that they have placed you in the 'up-place' and themselves in the 'down-place' and they are not going to become your peers and trust their own capacities for change.

Along with the therapy process the client is dealing with the unfinished oedipal constellation, which will make him/her again inclined to fall in love with the parent-therapist. So the therapist has to be aware of being the object of transference feelings related to that parent position, and should not be pulled off-center by the 'sexual perfume' that might be coming his or her way. This says that you have to have enough of your own loving and your own sexuality in your real life, and not need the therapy to compensate for what is left out of your life.

Therefore your attitude should be, as much as possible, that of a peer of your clients, and although you accept that they pay for your special expertise in this particular field, it does not mean that in all aspects you are better than they are; although they overtly or covertly may want that to be the case.

## **Adolescents**

When you are working with adolescents the contract is even more subtle, because you *are* not a peer in relation to them. You may model 'good parenting'. The danger - when you are working with young people - is to become so wonderful that they like you better than their own parents. In other words, take care not to put yourself in the position of being unconsciously in competition with their parents. The adolescent is still living a part of life with his or her own biological parents, and is only going to see you for a short period of time. It would be easy to have the young client fall in love with you and hate his or her own parents, making you become the Ideal Parent, while the real parents get polarized as only negative.

If we do not have our own children we can unconsciously treat clients as if they were our children. Therefore it is important that, even though not all therapists have a partner and children, we prevent ourselves from living out in the therapy what we do not have in our daily lives, letting the therapy become our secret 'lollipop' where we get our 'fix'. Therapy is our job that we do in accordance with clear ethical steps and attitudes. In the case of adolescents, part of the contract is with the parents, who are the persons paying me as a therapist. Probably, for a period of time, children will like you more than their parents, but you should not allow that to happen to a degree that interferes with your task of helping them to live their lives, which also includes their real parents. It is unfair to cheat them by 'having an affair' with them. They have to live with their parents and you should aim to help them, in the long run, to deal with those with whom they have to live. As a therapist you should not 'steal away' the kind of adoration that should be connected either to the principle of Ideal Parents or to their real parents. That kind of adoration should not go to you as a therapist.

## **"Stop my feelings"**

Sometimes a person comes to a workshop who has listened to the introductory lecture, has been taught techniques, has seen six or seven therapeutic sessions, has seen how people express their feelings and act upon them with their bodies and has seen them get satisfaction in connection with ideal role figures. Then this person has his or her turn and says, as if nothing has happened: 'I have all these feelings and I want them to stop, they bother me'. I say: 'The way we handle feelings and make them not bother us, is to act and interact on them in a symbolic context and find their meaning.' 'No, no, I think they are bad feelings, I do not want to feel them, I want you to help me to make them go away.'

I say: 'Didn't you see the other seven structures where people expressed their feelings in action and received the right interaction and meaning?'

'Yes, I know, but in my case I want you to help me to get rid of those feelings'.

'But this is not what I offer in this therapy. Why didn't you go to another place where they teach that?'

The client wants me to change and adapt to their attitude. They might say: 'I know this is not your approach, but I want you to treat me this way'. These clients want *you* to change, even though they can go to another kind of therapy. It is as if they want to buy meat, and they go to a bakery. Let me try to understand this. I think those clients unconsciously tend to violate the therapist by trying to change you; they want to make you give up who *you* are, as a kind of revenge for what has happened to them in the past: as a child they had to give up who *they* were. So they project in you their own victim part and act with revenge like the original abuser by saying: 'you have to change'. They invite you to be the offender who will say: 'I stop you from being who you are by teaching you not to listen to your feelings'.

(Note: In psychoanalytic thinking this process is named *projected identification*. The client is splitting of and *projects* into the therapist his or her own victim part, attacks the therapist, unconsciously acting like the introjected aggressor from the past. By this the therapist is provoked to be the aggressor: or by acting like the abuser who will manipulate the client's feelings or by angrily refusing this request. The clients secretly *identifies* with the aggressor: the provoked manipulator-therapist or the angry therapist who refuses to change the therapy contract. Note, L. Perquin). My message is that as a therapist you should not let yourself be influenced to stop being who you are, or to get pulled off your center. Keeping this in mind, you can watch all the places where the pressures are, or where something funny or strange may be happening that has a bearing on the therapist-client contract. By assessing how you feel your shape in relation to the client's shape, you will acquire the information you need in order to know how to react.

## "Change me"

Another topic relating to the contract is that some clients present themselves with: 'I hate myself the way I am; change me.' Then they sit there and wait for you to pick up your surgical tools to do the change. I take that as a non-contract; there is then no basis for therapy. So, in the contract lies not only the definition of yourself, but also the definition of your role and your task. I think it will be useful to define clearly what therapy is.

For me therapy is the process by which I help another person to be in his/her true center, to find his/her true self, and to become who s/he really is. That is the healing force of psychotherapy. In my Possibility Sphere I am saying: 'You have a right to be who you are.' Yet some clients say: 'I am an abomination, I am hateful, and you must teach to become better.' That - to me - is not a contract. My contract would be to try to help that client to accept and love all parts of his/her Soul, including the dark and more fearful sides of it.

A client might in effect say in proposing his contract: 'You are the healer, fix me up'. This client wants to *not* participate in the birthing of himself. This is comparable to a pregnant woman who wants her baby to be born, but does not want to be conscious while it is happening and wants to have the doctors do it while she is under anesthesia. That is a reflection of the medical model: you submit yourself and the doctor takes over, so *you* do not *give* birth, *the doctors deliver* your baby. In therapy a lot of people want the therapist to 'deliver' psychological health, as if they were saying, 'Put the baby in my arms when it is all finished.'

## **The client obstructs the positive ending of the structure**

Let me give another example of a contract problem.

The contract is to bring the structure to a satisfactory ending, with a clear close, using the 'Antidote'. But the client says: 'No, I want to feel the high stimulus coming from the negative role figure. I don't want to express the anger inside me, and you are supposed to leave me there.' In such a moment I refuse to do that. I choose to take the response on the reality level, I give the client a firm verbal limit. I stop the negative accommodator to play the role, I refuse to continue. The other way would be to say, 'I have difficulties staying in that place with you' or, 'Can't you see that that is impossible?', implying that the client should agree. But that is not my choice. I think it is more clear when, in such a moment of insistence on staying with negative reinforcement, not to negotiate with the client.

## **A structure as a natural birth process**

I think the process of a structure is like natural childbirth. The process we talk about in PBSP is Record - Experience - Expression - Map. In the *experience* part there is the possibility of helping people to experience the events they lived through earlier in their lives. In PBSP you can experience the process of giving birth to yourself consciously, even though you had previously lacked conscious awareness of this process. It goes counter to the principles to try to help people to be healed without their conscious experience, participation, and motivation.

The medical model, which is very much a part of our culture, reinforces people's unwillingness to be responsible for their lives. This may explain why in the contract you can often see people take a position you can sense and translate as their not wanting to take responsibility for their lives. They want you or someone else to be responsible, or they do not want to really live their lives. They can have that attitude in many other places in the world, but from my standpoint they do not have to come to a therapy group to act out their wish not to be responsible.

## **On Motivation**

The word 'motivation' has got 'motor' in it, which means movement, so 'motivation' means the inclination towards movement. You assess as a therapist the interior inclination towards movement: is the client going to move, do they really want to move, or are they asking you to move them, which is again a breach of contract? 'Make me move; I do not want to'.

Motivation is a function of the Soul. The Soul is not a thing, the Soul is pure process, which means that it is always moving. Process means that it is 'becoming', so the true nature of the Soul is movement. If someone is connected to the Soul, s/he will demonstrate the inclination to move. When we have troubles, we tend to think 'How do I get out of this?' It is not our first thought that the solution is to grow; we just want to stop feeling so bad. 'Help me stop feeling so bad.' I think that when we have troubles, the main reason to have them is that our ego has not developed in a way that gives room to our Soul. A false ego is attempting to kill our inner powers. Then of course we are going to feel uncomfortable, or when the power nevertheless breaks through, we are going to feel anxiety. The ego has the wrong shape; the shoe is pinching the foot, so to speak.

The 'false ego' is comparable with an old, too tight-fitting suit. One of the things the ego represents is the image of the self that has been constructed from interactions with the outside world. We get a

picture of the outside world and we get a picture of ourselves. It may not have the correct dimensions, it may not fit us. That is what I call the false ego. If there is enough of a false ego, it is going to result in lots of pain. It will show up socially, psychologically and physically.

But some people are so stuck that there is little motivation, they are not in the center of their truth, and in that situation they do not move. Motivation is connected with the notion of 'hope', and hope is connected with the image of a future where the Soul is in its natural state of movement and pleasure. I think that the natural state of existence is pleasure, satisfaction, meaning and connectedness.

When there is no hope or motivation for change, it is because we cannot find a picture in the future that predicts or allows our Soul to achieve pleasure and satisfaction - pain and frustration are experienced instead. When there is no meaning and connectedness in our life despair and alienation will stop us from believing that life can be better.

My task as a therapist is to help the client to find the inner anticipation for pleasure, satisfaction, meaning and connectedness. We try to help the client to rediscover his inner push to fulfill the demands of human genetic nature.

## **Low motivation**

How do you work with someone who has low motivation?

I would not advise you to try to encourage the client by saying: 'Come on, you can do it'. Sometimes people need encouragement, but if they are stuck, pushing is not a way to make the client move. My approach with low motivation is that I let the client live the truth of the depression and hopelessness that is behind it. Then the power of the depression will start to move the client again. When people show low motivation it should not be a sign for you to get more energetic as a therapist. It is better to have less energy and less investment. Because of their low motivation they expect: 'You will make me better - I do not have it, you have it' and then if you act like 'you have it', they collapse into their regression or give up their responsibility. Or because you are pushing they will galvanize their resistance and get even more stuck, producing frustration on both sides.

Therefore, I think that when you are assessing clients' motivation, you can see a lot by observing their going forward into life and their future, their expectation and hope or their falling back into death, resignation and despair. You can tell something about motivation from their body posture, from their gaze - whether their eyes stay interested in what they see. If there is hope, the world is interesting and meaningful; it is a place where curiosity will be satisfied and connectedness will produce pleasure, so you can assess that from how they look. When there is no motivation, usually no movement comes, because the Soul and the ego are so mismatched that the ego has pressed the Soul down or made no room for it.

You need not be appalled by the absence of motivation or movement. Simply try to make a context (the True Scene), where their inner truth can be experienced and become visible. Offer a role figure to play a negative voice that speaks aloud the negative assumptions, attitudes or expectations like: 'Nothing will ever come of this.' If the ego starts saying 'yes', even to the negative message and feelings, then ego and Soul can come together and movement can start from there.

You have to be careful not to start setting up a structure until there is some clarity in the contract and the client shows some motivation for moving towards a solution or positive outcome. If you notice low motivation in a client you can predict that the client will tell you: 'No matter what we do, this is not

going to work.' You have to take that message seriously into consideration and make your interventions accordingly. Do not start a fruitless process that will only reinforce the negative history.

## External motivation

Sometimes a person goes to therapy because everyone is telling that person how dissatisfied they are with him or her. This sort of client is not so much motivated by an inner drive or impulse for change, as by some notion that something should be better. The therapist has to look at the difference between the client's impulse level and his or her cognitive rational level. The latter often is based on external motivation: 'I know I am ruining my marriage, so I'd better change', or 'It would be better for my children if I change'. At such a point I say that part of my contract is that, even though I like to see people improve the quality of their living, it is not my wish to have them improve. Because if they think you need them to improve, you become like the partner who was sending the client. You do not want to be someone who is saying 'You've got to improve in order for me to feel that I am a worthwhile therapist.' If you do, and if such clients have any passive-aggressive inclinations, then you are at their mercy.

The attitude you need to have toward clients can be pictured as one of 'detached interest': you have your compassion and your care, yet you do not feel the need that they get better. You are willing to help them in *their* effort to get better. At some point you become aware that there is an alliance. After the contract is made you are an ally in their attempt to get better, but you are not the healing agent, you are a conduit or an assistant in it. Then you will feel the link; when you get that alliance in the relationship, the therapy - *their* therapy - is working.

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