

Deep sea diving: resurfacing unscathed

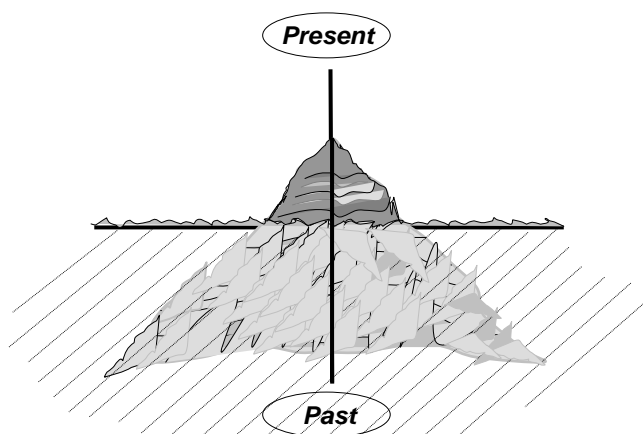
The phases of a therapeutic session according to the Pesso method

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The 'phase model' of a structure has represented a didactic resource in Pesso therapist training since 1996. The model is based on the first article written by Al Pesso on the phases of a structure, 'Center of Truth, True Scene, and Pilot' (1990), the article 'The Anatomy of a Structure' (1994) by John Crandell and Joel Rachelson and on the first-hand experiences of Europe's first writer on Pesso training. The model helps the Pesso therapist to remain aware of which stage of the structure a session is at, to understand how one phase progresses into the next – from the present moment (True Scene) to developmental history (Historical Scene) to an alternative symbolic experience (Antidote) and, finally, to a New Perspective – and how to facilitate this process. A description of the therapist's job gives him or her a framework on which to base the many decisions they are required to make when supervising a structure. As such, the client retains as much of a steer as possible on their own therapeutic process, whilst the therapist offers options and guidance where necessary. The client can also benefit from learning about the various phases, using them as a reference point and a means of increasing their own level of autonomy. Accordingly, the client also has a number of 'obligations' at each phase.

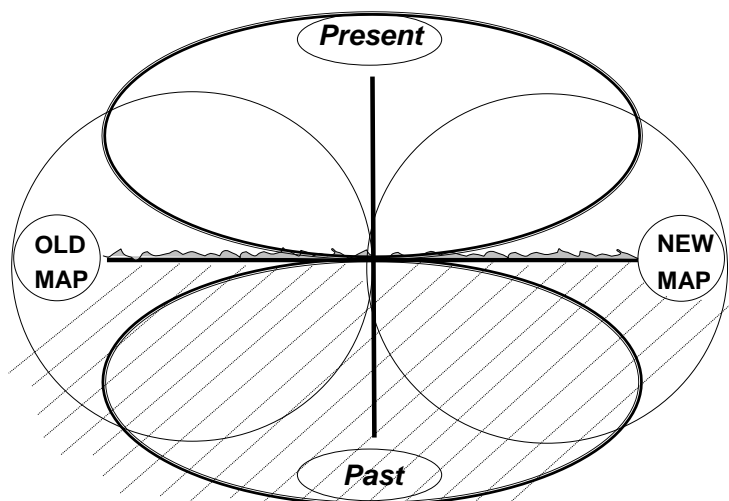
The phase model

Two intersecting lines create a visual representation of the four quadrants of a structure. The vertical line symbolises the dimension of time, from past to present. Anything above the horizontal line refers to the *Present*; whereas the two quadrants below the horizontal line refer to the *Past*. The present is, in theory, visible, perceptible through the senses and represented in (physical) consciousness. The past is, by definition, removed from immediate perception, yet present in the form of procedural or implicit memory, often either indirectly accessible in daily life or otherwise entirely unconscious. The past is comparable to the underwater mass of an iceberg, hidden below sea level.



The vertical line separates the two strategies for handling memories. In the figure below, to the left of the line is the *Old Map*. This old blueprint is based on previous events and life circumstances, satisfactory and less satisfactory experiences and interactions from the past, as well as the implicit

conclusions the client has drawn from these. It is the sum of perception frameworks, anticipating attitudes and cognitions, body language, behavioural patterns and communication styles stored in the memory. These patterns mainly came to be lodged in the memory during the initial years of life, during which time the child is most dependent on its environment and the brain is developing at a rapid rate. The early, formative years can be described as a process in which 'software' is installed onto rapidly developing 'hardware' (Perquin, 2001). We are mostly unaware of how our perceptions in the 'here and now' are largely determined by the memories stored of experiences from the 'there and then'. Old frameworks not only 'colour' current perception, but are often – albeit unconsciously – decisive in our interpretation of events and circumstances in the present. "Present consciousness is like a tapestry woven with the threads of memory" (Pesso, 1999). Like a trusty, well-thumbed map, the *Old Map* gives direction to everything we do in our day-to-day lives. We tread dangerous, winding and well-worn paths, take arduous detours and walk into dead ends. Unnecessarily, unwitting and unknowing, yet more often than we'd like. Al Pesso proposes that a life path that is based on an out-dated blue print is not adequately suited to who a person really is: "Perhaps your experiences in life taught you to be like the *world* wants you to be, and not how you *really* are" (1999). Pesso psychotherapy is not about changing who we are. "We do not want to change our essential self, we want to *be* that essential self". The *Old Map* not only hampers the development of the unique person that the client might be, but also hampers the universal genetic human capability to live a happy, fulfilling life, in solidarity with others, from which we can derive meaning and, not least, to make choices that facilitate this.



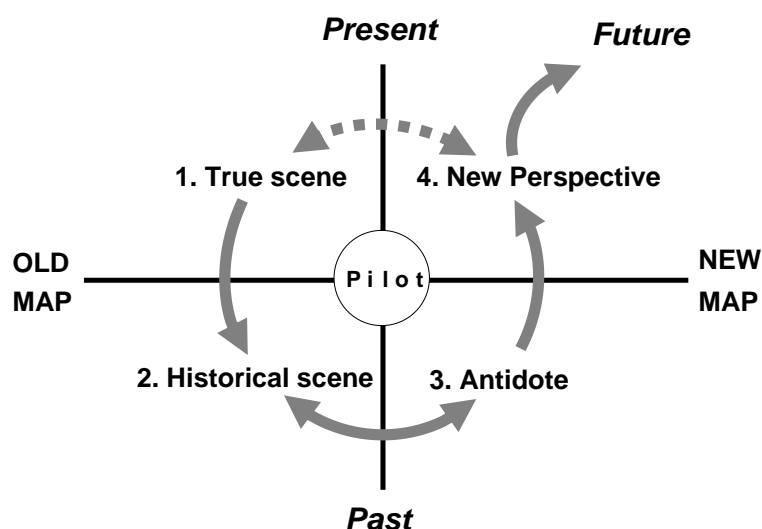
To the right of the vertical line, we see the new blueprint (*New Map*): a new experience and alternative memory, which comes into being experimentally during therapy; a new strategy with which to treat the present. If, for example, the client has implicitly drawn a conclusion based on past experiences, that other people are not to be trusted, then the positive experience of symbolic ideal role figures during therapy will in time contribute towards a more optimistic and realistic perspective: i.e. there are people you can rely on in everyday life. "Each structure is designed to create an 'island of new meaning'. Over a series of structures there is the intent that the islands coalesce into continents and that the new map takes over more and more of the client's interior terrain" (Crandell & Rachelson, 1994).

The majority of the iceberg is concealed below sea level. Under water, the iceberg provides buoyancy for the tip – the present – and determines what is visible above the horizon. If we extend the metaphor: to find out whether it is safe for an exploration ship in the south pole to sail through a narrow waterway between two icebergs, a deep sea diver would need to examine the shape of the ice mass under water. In time and with experience, the diver will be able to spare himself the effort,

as he learns to deduce the shape of the under water mass from the properties of the iceberg's tip, and so guide the ship through the two icebergs to safety. The client becomes able to recognise how a present problem is the tip of the iceberg that floats on the under water mass of the past, and learns to distinguish between past and present.

Cyclical pattern

The cyclical nature of a structure can be summarised in a single sentence: from the *True Scene* (1) develops the *Historical Scene* (2), which provides the exact information required for a suitable *Antidote* (3), which in turn produces a *New Perspective* (4). The dotted arrows between *New Perspective* and *True Scene* show how the process comes full circle. The new perspective feeds into the client's original theme, introduced at the start of the structure. A series of structures spread over an extended period provide the client with handles to help them be more aware of lurking, unfruitful interpretations of the truth and repeat patterns in the future. The *Pilot* – the part of the ego that governs and makes decisions – is reinforced. The client becomes more aware of their needs and takes responsibility for meeting them: where, how, with whom, and to what extent.



Using the above diagram to illustrate, we outline the four phases of a structure below.

The four phases of a structure

1. **True Scene.** With the help of role players or objects beyond the self, the client sets a scene of what they are experiencing internally in the here and now: a scene that represents the client's truth. The assumption is that the client's reality, symptoms, current problems, conflicts and dilemmas in the *Present* are based on the *Old Map*. This phase of the structure, represented in the top left quadrant, is defined by the dimensions *Present – Old Map*. At the same time, the therapist puts forward opposing suggestions, evokes virtual opposing images (*Reversals*) on how it should have been for the client back then, whereby the client is invited to actively participate in this imaginary alternative.
2. **Historical Scene.** From the *True Scene* follow those historical scenes (*Past*) on which the *Old Map* is based. This process mostly occurs spontaneously-associatively, given that an exactly reconstructed *True Scene* is a reflection of the *Old Map*, born through historical scenes and

activated in the present. The *Historical Scene* in the structure can be seen at the bottom left of the diagram and is defined by the vertical and horizontal dimensions, *Past – Old Map*, respectively.

3. **Antidote.** In the right, bottom quadrant, we see the symbolic experiencing of alternative interactions, *as though they are taking place in the past*. These new experiences form an antidote or counterweight to what was: 'that's how it should have been, and under different circumstances, could have been', (*New Past – New Map*). In time, these new symbolic experiences will result in a new, alternative memory: a new blue print (*New Map*).
4. **New Perspective.** This phase, the conclusion of the structure plus the period that follows, is represented in the top right quadrant on the diagram, *Present – New Map*. It involves the client integrating the experience of the *Antidote*, such that his or her perception of the world in the *Present* is less dictated by negative experiences from the past. The *New Map* offers a more realistic view of the truth and can lead to increased (body) awareness, a more positive sense of self and a more optimistic expectation pattern. This new alternative memory shall manifest itself in how the client perceives, feels, thinks and acts in daily life, and makes room for different decisions. The client can focus on the future, on interactions in their daily life that lead to greater pleasure, satisfaction, meaning and solidarity (Pesso, 1994, Perquin & Rehwinkel, 1999).

Characteristics of the four phases

We shall now discuss the characteristics of the four phases in detail, using the following aspects as reference.

- *Nature and purpose of the phase in the structure*
- *Client's job*
- *Therapist's job*

The term 'job' in this context is understood to be that which the client and therapist can do to help the structure succeed. For the client, this involves letting go and being prepared to open up. For the therapist, as well as intuition, people knowledge and experience, this involves technical skills that will help the client remain focused on the process. We will mainly cover the technical aspects here.

Phase 1 True Scene: Present – Old Map

- *Nature and purpose of this phase in the structure*

The *True Scene* is the visible representation of client's internally experienced reality in the therapy space with the help of role-play. In this subjective, individual *Outer Stage* – which the client sets together with the therapist – the client is both the director and the protagonist. The *True Scene* reflects the client's *Inner Screen*; their subjectively experienced truth (Pesso, 1990).

It begins with creating a therapeutic space – the *Possibility Sphere* – in which the client can come into contact with what is occurring on a physical, sensory, emotional, intuitive and cognitive level in the here and now. The client reaches the core of their experience – the *Center of Truth* – and, with their limitations and possibilities, can express their present fears, dilemmas and wishes. The *True Scene* is a reflection of the *Center of Truth*.

Tools to help externalise the client's inner state are: *the witness figure, the voices and the positive fragment figures*.

The *witness figure* sympathetically identifies affects and emotions in their correct context. 'I see how disappointed you feel, now that you realise that your boss is ignoring you despite all your efforts'. The therapist offers the witness the exact fitting affective term for the sometimes still preconscious emotion, perceived through intonation of speech, body language and, in particular, the client's facial expression. The word 'how' tells the witness the extent of the emotion. The context is expressed literally in the words of the client: 'that your boss is ignoring you despite all your efforts.' This is very precise, as each word refers to the scene that the client sees before them at that moment. (For

example, yesterday when the boss walked past without even saying hello.) Thoughts, beliefs, self-evaluations and opinions are quoted outside of the client by role figures that represent *voices*. The voices communicate current messages in the form of warnings, critical commentary, advice, instructions, prohibitions and commands. They demonstrate exactly what the client can gain from reflecting on their own experience. If the client says: 'However hard I try, I just don't get acknowledged', then the therapist responds: 'Someone who represents a pessimistic voice might say: 'However hard you try, you just don't get acknowledged.' The voice is an internalised message, an ego-syntonic aspect of the client. The client is familiar with it. Such a voice does not offer physical contact, but in fact represents cognition: a thought, belief, command or prohibition – conclusions on the truth that are distilled from earlier events. By moving the voice outside of the client and into the space and speaking it with the right intonation, the client is able to hear their self-appropriated belief more objectively. The message can now become ego-dystonic: 'Really?...Am I sure of that?'. 'That can't be the whole truth, surely?' The client not only questions this cognition, but also has the opportunity to contest and feel indignant: this message does not fit with the client's authentic self and their needs, as they realise: 'I deserve better'.

Positive fragment figures or '*reversals*' are intended to make the client become conscious of their needs in the here and now, interactively feeding into the latter. These figures are positive, yet to be crystallised 'swallowable' precursors to ideal figures. "Don't give the client the Ideal Parents too early. They can't swallow an elephant pill" (Pesso, 2001). These scenes are not about dissent, but plausible interactions with other people of flesh and blood. Initially, they might be imaginary, with group members taking on roles only subsequently. For example: someone who offers protection, a *validating figure*, someone with protecting qualities, a *containing figure*, who physically holds the client when he or she becomes overwhelmed with emotion.

The therapist follows the client's experience process as closely as possible (*Microtracking*) from moment to moment as the experience is externalised through the aforementioned role figures. This is a central technique at the beginning of the structure, which ensures that the therapeutic search process doesn't get stuck in internal images and dialogue with rising and falling emotions. *Microtracking* ensures that a relevant therapeutic focus crystallises early on in the session. The external representation, combined with affective reflection by the witness, makes the client realise that their inner truth and the associated perceptions are not fixed facts, but conclusions he or she has drawn from events and situations. Seeing and experiencing the 'external projection' of the client's *Inner Screen* invites them, together with the therapist, to become a critical observer of their thoughts, feelings, depictions and physical experiences. The client distances themselves both literally and figuratively. The therapist's precision, which lies in following the client precisely and in matching their language, promotes the client's autonomy within a mature working relationship. The client is in control and can make their own choices. "The working alliance is enhanced by micro-tracking" (Pesso, 1999).

- *Client's job*
- The client begins the search process, makes contact with their own experience, registers what thoughts, feelings and physical sensations arise, and presents their possibilities and fears.
- The client communicates with the therapist as openly as possible and lets the therapist in as a supporter of their therapeutic process. The client also flags to the therapist if and when they are having trouble trusting the therapist. The client critically assesses and checks whether each of the suggestions put forward by the therapist ring true.

- *Therapist's job*
- The therapist creates a *Possibility Sphere*, a therapeutic climate, an empty space that invites the client to bring out the portions of the self that have been in hiding and inadequately or never before consciously been known, named, validated, and internalized into the ego.

- Check out what is going on inside yourself in relationship to your own life. What is disturbing you? What are your own desires and needs? How ready and able are you to put them aside and to work with this client? Differentiate as clearly as possible between what is going on inside you and the client. Try to put aside your own personal needs.
- Try to empty out your mind. Get to a kind of meditative state where you can concentrate on being of service to the client and take care of each part of the client while you are staying in your own center. Get into a relaxed readiness to see what your associations are in terms of: Age level of the client, Bodily state, Emotional state, and Metaphors and Images that are coming up in your mind (Pesso, 1999).
- Check if the group is ready and attentive. The group will help to contribute to the possibility sphere.
- The therapist is the expert in the process; the client is the expert of their own experience. The therapist demonstrates respect for the client's autonomy by carefully following, refraining from making interpretations and carefully listening to feedback from the client. If the client notices this right from the beginning, the foundations of the working relationship will be built on trust and a fruitful working relationship will ensue.
- The therapist allows the client to determine their place in the therapy space and helps them create a step-by-step accurate external spacial depiction of what is going on for the client internally.
- The therapist observes non-verbal information: voice modulation and volume, breathing, self-to-self interaction, posture and gestures and enquires about physical sensations, such as tension, pain, perspiration, palpitations. The therapist asks themselves: What am I objectively seeing and hearing, and what am I subjectively feeling in this contact and while listening to this story?' The therapist remains open to these subjective impressions and ensures that these reactions are not merely a reflection of their own 'inner state' and that they are coloured by their own daily needs or history as little as possible.
- The therapist introduces the witness as a figure that supports and encourages the *pilot*; the observing, decision-making and governing part of the 'I'. He or she puts into words what is occurring on an emotional level in the specific context. By carefully monitoring the client's facial expressions and drawing on a wide emotional vocabulary, the therapist is able to pinpoint the right affect. "The therapist is microtracking the emotion of the client as it flickers mercurially over the body, particularly over the face, because the face is instantly registering emotional, affective shifts"(Pesso, 1999). With every suggestion the therapist makes, he or she will check back with the client that it fits with what the client is experiencing. Often, the client has lost the link between story and experience, content and emotion. The witness helps to re-establish the emotion – physical awareness – think – act connection. An activated *pilot*, will help underpin the structure's emotional experience, but also its content, composition and logic. The witness helps the client take the lead and direct their own structure, from beginning to end. "Witnessing is labelling the affect and putting it in a context, developing consciousness of the emotion: 'that's why I am feeling this'". In short: the role of the witness is to give the client permission to recognise, acknowledge and appropriate the emotion.
- The therapist pays attention to the implicit, self-evident values, obligations and prohibitions the client's daily life is led by, as though hypnotic suggestions that guide him or her. For instance, if a client says: "It's all *my own* fault", the therapist might suggest a role figure in the form of 'accusing voice' which, from outside, comments: "It's all *your own* fault". In doing so, the therapist is inviting the client to view this internalised message from a distance (Perquin & Rehwinkel, 1999). The voice loses its hypnotic power. "Her soul can rebel against it, because it is not only inside her, but also visible and audible outside her" (Pesso, 1999). Voices are the personal conclusions that the client drew as a child – consciously or subconsciously – from concrete (or imagined!) historical situations and interactions with significant others. These interactive experiences lie at the root of these internalised messages.
- The therapist introduces appropriate, positive *fragment figures*. These relate to the basic needs: someone who welcomes you (place), a giving figure providing nourishment, support, protection or boundaries. Alternatively, they may refer to a more concrete, real figure: a wise woman,

sympathetic friend, guide or mentor. What's important is that these role figures are believable for the client and fit in with his or her circumstances, use of language and the story itself. In a *reversal*, the therapist invites the client to propose a diametrically opposed, fantasy alternative to the negative old story the client experienced back then. For example, in the case of a client who tells of their own neglectful and brazen father, an alternative, respectful ideal father could be proposed.

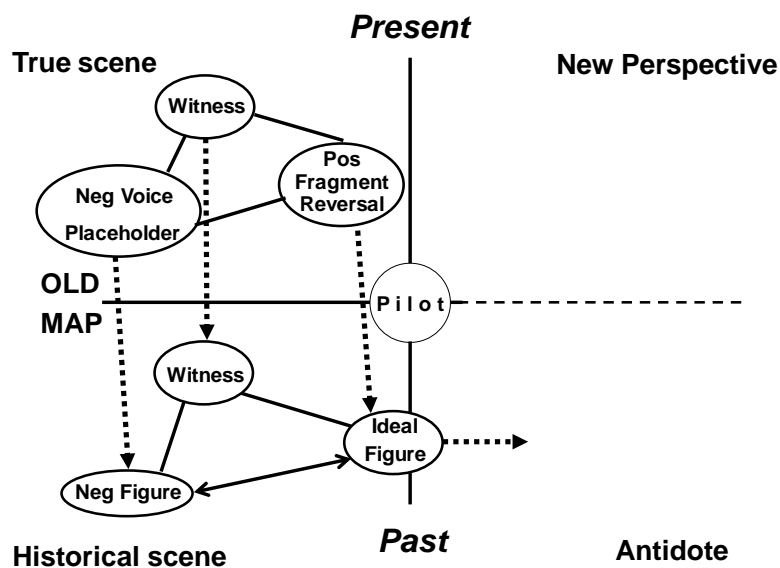
Phase 2 Historical Scene: Past – Old Map

▪ *Nature and purpose of this phase in the structure*

The original thought behind the Pessos' *Historical Scene* was to enable the client to express stuck emotions: catharsis in the classical sense of the word. In recent years, Al Pessó has increasingly emphasised that catharsis is not a requisite for a therapeutic process per se *. Indeed, Pessó now warns of the risk of re-living the past history – in other words, re-traumatisation – especially where the past is played out too rigorously (Perquin & van Engen, 2004). Al Pessó's current view on the meaning and purpose of the *Historical Scene* is that earlier facts and events should be remembered, selectively and with focus. From this ensues a logical, befitting and balanced *Antidote (reversal)*, that is played out in a way that is unique and entirely appropriate for the individual client. The historical scene need not be unsparing. Often, a sketchy memory, family constellation or recollection of the feeling that resided within a family will be enough to reach an appropriate *Antidote* together with the client. Rather than a full rendition with negative role figures, the client may choose a 'Placeholder' in the form of an object that, to them, represents the old situation or 'everything your father represents', for example. The client chooses where in the space the object should be placed.

* A side note on this shift in Al Pessó's work: It is my observation that the Negative Accommodation technique does retain its value. In particular, those suffering from inhibited aggression can experience real healing through expressing primary anger felt both physically and emotionally. In the *Energy – Action – Interaction* sequence, previously unexpressed indignation and aggression are directed towards a negative role figure, who, through accommodation, demonstrates the appropriate response, feeling pain, shock or falling over accordingly (*shape-countershape*). The result is relief and physical release (*Satisfaction*). This applies to emotions such as jealousy, fear, sorrow and grief as well as for aggression. It is liberating to know that these emotions are not dangerous, but still welcome and valuable (*Validation*), as well as having sense and meaning (*Integration of Meaning*).

The transition from *True Scene* to *Historical Scene* is illustrated in the diagram below. The witness 'travels' from the present stage to the past stage, continuing to address the *Pilot*. If the negative voice is clearly traceable to person or situation from the past, it can be transformed into, for example, the negative aspects of the father, or the suffocating atmosphere there was in the village, in the form of a *Placeholder*. The positive *fragment figure* or the already experienced *reversal* leads on to an ideal father; a member of the group chosen by the client, in the transition from *True Scene* to *Historical Scene*. The timing of this depends on the point at which the client is in contact with the disappointment or indignation with the past, and truly feels the need to know and experiment with an alternative experience at the sensory level (visual, auditory, tactile, proprioceptive and kinaesthetic).



▪ *Client's job*

- The client begins the search into the past, fails not to include details and tries to overcome their fear and resistance by retaining a curious approach.
- In theory, the client is open to coming into contact with past needs.
- Where a client feels antipathy or irritation towards group member, the client shall be careful not to exercise these feelings by allocating that group member a negative role. The same applies to amicable or – quite possibly – amorous feelings. The important thing is for the client to distinguish between the real and symbolic.

▪ *Therapist's job*

- The therapist helps the client make the transition from *True Scene* to *Historical Scene* by allowing the client to make the connection themselves between, on the one hand, conflicts and stagnation in the present, and earlier unmet needs, confusing family constellations and traumatic events on the other. In the *Historical Scene* these memories that the client sees vividly in his or her *Mind's Eye* are represented outside of the client in negative role figures or *Placeholders*.
- If the *True Scene* has been accurately conveyed, it will often be almost spontaneously followed with an image, scene or physical memory from the past. "When there is an energized body, an involved pilot, the prospect for healing, and the expression of meaning of the old map, the goals of the first stage of the structure have been accomplished and there will be a natural shift to exploring the history behind the True Scene" (Crandell & Rachelson, 1994).
- More often than not, clients are prepared to 'dive into the deep sea' of their own accord. Recall the metaphor of the ship between the icebergs: the client remains attached to the mother ship by means of a *lifeline*, knowing where the surface is all along and able to swim up to it at any point. The therapist, delegating part of his or her role to the witness, continues to address the client's *pilot*.

There are a number of ways to 'dive' into the past:

- ◆ *Association with a historical figure*: This is the spontaneous route. For example, a negatively predictive voice that says 'I'm sure you do, but you'll never manage it' triggers the association for the client with her father, who used to say: 'Girls can't learn', - a direct reference to a concrete person from the past. The therapist can now make a suggestion: 'Now that you have that memory of your father firmly in your mind, would you be able to dedicate a role to that aspect of him? What would you like to call it? 'The derogatory side of the father'? Or, if more

information is available: 'let us put everything your father has meant to you into the form of an object that represents him.'

- ◆ *Association with a constellation or atmosphere.* The voice points to a conclusion the client has drawn from earlier events or a family atmosphere: 'Yes, that's how it was at home. Girls didn't really count.' The 'voice of the then family' now becomes a possible stepping-stone to family members who can then be put into roles.
- ◆ *Association with an event.* 'That makes me think back to when I was eight and was always afraid that my best friend wouldn't be able to come round and play anymore. He came from a family of a different faith and we kept it secret.'
- ◆ *Memory recall.* The therapist asks after memories of a particular person, atmosphere or family constellation. 'Who or what does that voice remind you of?' 'When have you experienced this before?' 'Do you remember that from the past?'
- ◆ *Association with physical sensations.* The therapist enquires about physical sensations upon the client hearing a negative voice. 'What do you experience physically when you hear that voice?'
- ◆ If spontaneous associations are not forthcoming, the therapist may *suggest* a link to the past. One delicate way of formulating this might be: 'I can see that you are quite touched by that. It seems to touch you deeper than just in this moment. Is it a familiar feeling, are you able to link it to the past?'
- Just as in the *True Scene*, in the *Historical Scene*, the therapist's job is to ensure clear polarisation: positive and negative aspects of a key figure are symbolised by a role figure or objects. It is important to hear confirmation from the client, that what is depicted in the scene is accurate and feels real. The effect of this, is that the client comes closer into contact with their then needs. The positive *fragment figures* and *reversals*, as precursors to the ideal figures, also inevitably become more defined as a result.
- Asking the client who helped them get through those difficult circumstances can build a bridge to the *antidote* phase. The client's answer can contain elements (*Principles*) that can be used to shape a believable ideal figure that might have been there for them at the time.

Phase 3 Antidote: Past – New Map

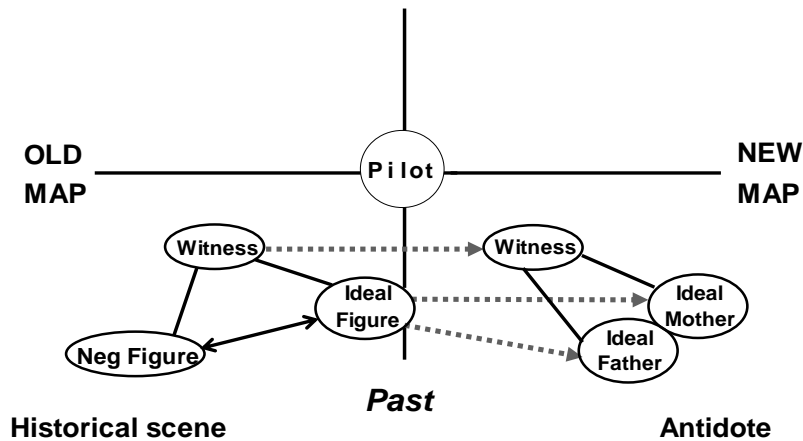
▪ *Nature and purpose of this phase in the structure*

This phase of the structure focuses on building a *New Map*, a *Synthetic memory*, a constructed memory to go with the old memory. However, the *New Map* is not a replacement for the original memory. After all, our authentic history defines part of who we are.

The client is not encouraged to reject their past, rather, to sample an alternative to the past, to absorb it and trust in it. It is an addition to and counterpoint to the old story. The antidote will correspond as closely as possible to the evolutionarily anchored expectations of what was needed at the time, but what was not had. In a stylised, symbolic environment, removed from real life, the client is able to experiment with new verbal and physical experiences at the age in question. Essential developmental processes are fulfilled through symbolic interaction with role-play figures. 'Our maturational needs have to be met according to an interior template that includes it happening at the right time, at the right age, with the right kinship relationship' (Pesso, 1999). The client can experience integrating opposites, such as strength and vulnerability, and come to recognise his or her own unique qualities and possibilities. He or she encounters the needs that were insufficiently met as a child, and which are still looking for an outlet in the present: the need for a safe place, nurturance, protection, support and limits. These basic needs are now set in the appropriate historical context.

This phase is similar to an ideal parent exercise in which the client is able to experiment symbolically with how it might have been back then with ideal parents (Sarolea, 1986; for the technical details: Perquin, 2000). The difference with the ideal parent exercise, is that the antidote in the structure is accurately drawn from the historical scene. In order for the structure cycle to be completed successfully, the client must re-experience key events and situations from the past in the *Historical*

Scene, thereby coming into contact with them through their depiction, as well as emotionally and physically.



- *Client's job*
 - The client places the ideal role figures as accurately as possible and is prepared to curiously experiment with new experiences.
 - At each stage, the client checks whether or not the proposal given by the therapist really fits and feels genuine.
 - The client does their best to integrate the new experience into their history. This demands constant switching between the 'then', the 'now' and 'later'.

- *Therapist's job*
 - The therapist watches out for the specific points in which the client comes into contact with the typical amalgamation of sorrow for the past and indignation for what never was: these are the moments in which the client feels his or her genuine need and is motivated to experience something different.
 - Meanwhile, the therapist uses their own diagnostic frameworks and looks over the client's shoulder in the historical scene to find out whether anything else was missing back then. The therapist creates a simultaneous equivalent 'play' of the history and in doing so, is able to provide additional suggestions for the antidote.
 - **The therapist checks whether the topic at the level**
 - The therapist carefully continues on from what is believable for the client in that moment. He or she doesn't push, but waits for spontaneous willingness and eagerness on the part of the client. Sometimes, the most that can be achieved is the client's becoming aware of the existence of an ideal figure as a 'category'. In this instance, further details can only initially be pursued in the *Mind's Eye*, and only later in a physical interaction.
 - In following what is genuine for the client, the therapist checks 'which bank the client is ready to invest in'. Is the step to ideal mother a step too far? Are other people more conceivable: an ideal grandmother, sister, teacher? Did the client's seeking respite in the form of books, music or art begin at an early age? Did the client at a given age feel at their safest with a pet, among the trees in the back garden, the mountains in their fatherland, the sky, with God? (Pesso, 1972).
 - Once the ideal figure or the precursor thereto is in a role, the therapist will stimulate the client to create a true *countershape*. The implicit message here is 'Allow yourself the luxury'. The therapist can follow up with the question: 'Are you entirely satisfied?'

- On the basis of the trust, knowledge and experience the Pesso method allows, the therapist is creative and brave enough to step out of their 'straightjacket', beyond what is considered 'normal' or socially acceptable. As far as the client and the group are concerned, the therapeutic space should invite the pushing and breaking of boundaries. At the same time, the therapist checks whether the role figures can handle the level of intimacy being asked of them.
- A structure that involves a test of physical strength demands a base level knowledge of human anatomy. The therapist knows what is physically required and possible. For example, how much weight group members can carry and how much resistance and how many helping figures are needed if the client is to use all their might to try and separate the ideal father and mother in a test (Perquin, 2000).
- The therapist ensures that the client is truly working at the symbolic level and is establishing the physical interaction on the experiential level of the child. This, not merely with a group member, but with the person *in a clearly archetypal role* – not just the person in the here and now. For this reason, the therapist enquires as to the age at which the client is taking on board the new experience.
- The therapist ensures that the client's *Pilot* is addressed via the witness whilst he or she is interacting with the ideal figures. This stimulates the client to form an adult memory of how it *could have been* as a child.
- The therapist is careful to allow adequate time for the new memory to be integrated: 'We have just a few minutes left', or: 'Now that we have just a few minutes remaining, have a think about how you can keep hold of this memory'. 'How are they looking at you? How does the physical contact feel? What would you like to hear your ideal parents say in conclusion?'

It is only if the *Antidote* is distilled as a relevant 'anti-scene' from the *Historical Scene*, that the former can offer a counterpoint to the old blueprint. Ideal parents create a new perspective on the future by allowing the client to experience a hypothetical new past. In this paradox, in essence, the ideal parents are saying: '*Had* we been there then, we would have given you the protection you needed; the protection you are getting from us now'. Because the parents are offering this interaction entirely under the direction of the client, implausible, 'fake' scenes that are not fully accepted by the client or are thwarted following the structure, are avoided. The therapist therefore ensures that the ideal parents are cautious, do not improvise and do only what the client wants and consents to.

If the antidote really fits, often, the first things to surface – in a wave of never before expressed sadness – are feelings of loss and mourning. After a time, these emotions shift to longing, after which the client spontaneously gives in to the relief and sense of recognition afforded by the experience. By experiencing a concrete alternative in a symbolic context, the client realises 'that's how it should have been'. It is important that a developing Pesso therapist learns to recognise and identify this *Grief – Relief* sequence, allows space for it and refrains from covering up the grief, or allowing it to be covered up.

Phase 4 New Perspective: New Map – Present

- *Nature and purpose of this phase in the structure*

The *primary purpose* of the *New Perspective* phase is to help the client separate the past from the present. Having been fed alternative experiences, the client is better placed to distinguish between projections originating in the past and projections originating in the present (*the Old Map is based on History*). The client can intentionally take back the overcharged or mis-formed current images and design their own more realistic picture of the self, others and the world around them.

The *secondary purpose* is to develop an alternative behavioural repertoire that elicits more positive reactions from others using the *New Map*. Pleasure, satisfaction, enjoyment and solidarity are more attainable. Not only in the symbolic space that is the therapy room, but also beyond it in concrete situations with others. This ambitious goal is – at least in part – achievable given the fact that memories are nothing more or nothing less than subjective, emotionally tinted 'imprints' of

interactions. Memories do not have a definitive, permanent character. Instead, they are flexible. The *New Map* combats the *Old Map*: the symbolic alternative that the client experienced in the *antidote*-phase undermines the old conditioning. The client is more inclined to implement those new associations in situations where they would tend to behave according to the old framework. Smoother psychomotor skills, a friendlier gaze or more lively tone of voice indicate the beginnings of a changing attitude; enhanced self-belief, for instance. This automatically incites different responses from the environment, which in turn – consciously or unconsciously – stimulate different behaviours in the client. Alongside these implicit changes towards a new perspective, the client will also need to learn to trigger an explicit memory of how the antidote felt, and translate it into daily practice, ‘practicing’ in concrete situations. In doing so, the client is taking responsibility and control as an adult over the new alternative memory, unpinning their hope from a magical solution; much like the hope for the structure that ‘if I can just work hard enough on my negative father in the structure, I’ll be able to forget him and be happy’. More important still is that the client recognises the fact that, had circumstances back then been different, things really could have been better. And so it follows: with hard work, the future could look better, too...

Finding out how the client records and logs memories can prove a valuable exercise. A visually led client could be encouraged to create drawings, sketches or clay sculptures from the structures, in particular of the antidote. Some clients will look for an object which embodies the experience of the antidote for them. Others will take an action they undertook with the ideal parents at the end of the structure – for example, dancing or playing an instrument – into real life by starting dance lessons or taking up the piano again. Other examples of concrete steps in the longer term might be, deciding to up the amount of time spent with the children despite a divorce, or finally planning that long dreamt-of trip. For more contemplative clients, writing a summary of each session might prove a more helpful tool. Regularly re-reading these can help these clients to evaluate and manage the process and their progress. These are clients who attach great importance to (finally) taking themselves seriously in the psychological sense. They will often reach out for respected psychological or philosophical literature or identifiable literary novels.

Just a small group of clients finds it helpful to watch video recordings of their structure. More often than not, this serves only to evoke feelings of alienation and a tendency to distance oneself from the structure. More constructive experiences have been had from listening to audio material recorded using a stereo microphone. This leaves out the two-dimensional picture, bringing the ‘video’ and the physical memory of the structure to life, and allowing the client to observe and re-live the experience.

▪ *Client’s job*

- Just before the client’s structure comes to a close and after the *antidote* experience, together with the therapist, the client can look back to the start of the structure. From here, he or she will see how the negative influence of the role figures in the *True Scene* and *Historical Scene* has dwindled, and can link this experience with the future daily reality.
- In consultation with the therapist, the client indicates when the group members may leave their roles.
- Once the structure has ended, the client refrains from *sharing* in the group and should try to stay in touch with the experiences from the structure and what they mean for as long as is possible.
- Following the close of a structure, the client’s job is as mentioned in the paragraph above: taking back projections, experimenting with different behaviours, being open to others’ reactions, having faith in new possibilities, consciously registering and repeating the experiences in the structure.

▪ *Therapist’s job*

- At the end of the structure, the therapist asks the client to reflect on the start of the structure: how does the client feel about it now? The therapist helps the client to link the current dilemma to the past, but not before the client has had plenty of time to physically and emotionally absorb the new experience as the child that was.

- The therapist asks the client to wind-up the structure. The client determines when the roles are to be left. The therapist remains alert to an unconscious negative 'relapse'. For example, if the client first allows the ideal role figures to leave and only then the negative figures. Or, lets the ideal parents stand down one after the other instead of both at the same time.
- The therapist also encourages the client to think about the significance of the structure outside of the group meetings, to hold on to the newly acquired experiences and insights and apply them and try them out in real life.
- In the structure follow-up discussion (for a 2-day workshop this takes place at round 1 of the second day or at the end of the workshop; for a weekly group, this takes place the following week) the therapist allows the client to take a conscious look through their 'new lens'. The therapist links the second phase of the structure with the first. How were the negative influences countered? The therapist asks if the client has responded differently to similar situations in their daily life, making enquiries into the client's current state.

A final note

The phases of a structure described above take on a schematic, cyclical model. In day-to-day practice, the client need not stick to the order prescribed.

- ◆ Instead of a current problem, conflict or dilemma, the client may open the structure with a relevant memory. The client suspects – or knows – that his or her past is affecting their daily life now. Perhaps the result of traumatic experience, early abandonment or negligence. In these cases, there is no reason not to start working from the *Historical scene* and reach an *Antidote* with the client from there. A thorough intake will have covered the client's biography and its affects on the client's day-to-day life now (Perquin, Jongsma, van Attekum 1998). As it is unsure as to whether or not the client has a clear concept during the structure of the correlation between history, old blueprint and daily life, it is recommended that the therapist choose a suitable moment within the structure to discuss this. The therapist actively builds a bridge to the *True Scene*, the current dilemma or conflict, even if only verbally and even if the True Scene has not been established in the therapy space.
- ◆ Also clients who are, for example, motivated by the recent structure of a group member or by (an)other earlier structure(s) to reach an *Antidote* right away can be given *carte blanche*. In this case, just as with the ideal parent exercise, the client will gradually make more and more associations with what he or she was missing when they were younger. From there, the link between the past and the present can again be explored.
- ◆ A diligent therapist, working with a client who is keen to work on a new perspective in the present, will soon come up against the client's old blueprint, from which point, the structure will largely follow the phases outlined. The order the phases are worked through is not crucial, as long as the therapist is aware and able to retain a flexible approach.
- ◆ This overview does not cover the technical steps involved when working with *Holes in Roles*. We refer you to the existing literature on this topic.

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With thanks to Monique Cuppen for her editorial input.