

# **HANDBOOK OF THERAPEUTIC EXERCISES**

**PESSO BOYDEN SYSTEM PSYCHOMOTOR THERAPY**

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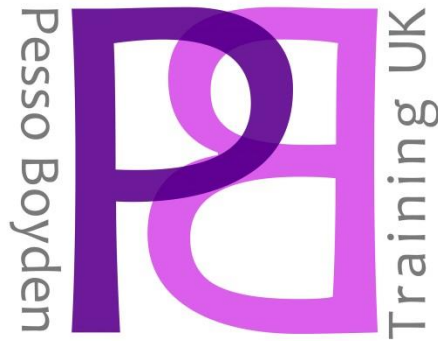




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## Structured Exercises as Therapeutic Tools in PBSP

Lowijs Perquin

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In the field of psychotherapy, it is rather unusual to inform clients in any detail about the method the therapist uses. It is even more unusual to find clients being extensively trained in the technical aspects of the psychotherapeutic approach concerned. At the very least, the *exercises* in Psychomotor Therapy are intended as this sort of training. The exercises prepare clients for the individual sessions in the group, which in Psychomotor Therapy are known as *structures*.

In the initial years of my training as a psychotherapist, I found learning to use the exercises a dead weight. To me, the exercises were a relic of Al and Diane Pesso's dancer past rather than valuable therapeutic instruments. On the other hand, I found the structures impressive therapeutic work. That was what I so badly wanted to learn. To my mind, the exercises, which seemed so simple, did not have much to do with psychotherapy. It took several years before I began to see the therapeutic sense of the exercises. Looking back, I allowed therapeutic moments to slip by because of this. I only later realized that some of the structures I had led had taken place at a purely cognitive level. Other structures were like a leap into the emotional depths and the unconscious of clients, who were later unable to comprehend what had happened during the session. What really set me thinking was conducting workshops for both clients and professionals: over and over again, it turned out that the participants had found a number of selected exercises more important than I had expected. I gradually became convinced myself. Greater insight into the therapeutic possibilities of the exercises, with the practical experience of applying them, has helped me to balance cognition and emotion in therapy. This has strengthened the foundation of my therapeutic work.

This chapter discusses a number of arguments in favour of the therapeutic use of the exercises:

1. The exercises offer the client cognitive support
2. The exercises are valuable instruments for self-diagnosis

3. Group cohesion is enhanced by the exercises
4. The exercises have a direct therapeutic effect.

Examples of exercises are presented to highlight these points. For further exercises and a more detailed discussion see A. Pesso, *Movement in Psychotherapy*, 1969.

### **1. The Exercises Offer the Client Cognitive support**

The way exercises are divided into categories is understandable for clients; it offers a logical frame of reference. There is nothing mysterious about it and it feels self-evident. As an example I will discuss the subdivision into three modalities of movement. This subdivision gives the client a handhold while exploring the relationship between mental and bodily states. The subdivision is as follows: *reflex movement*, *voluntary movement* and *emotional movement*.

**Reflex movement** is what we do when we use our bodies in a more or less automatic way. We trust our motor reflexes. We walk, stumble over a doorstep, lose our balance and, without realizing how, we land on our hands without hurting ourselves. Examples of exercises that have been designed as tools for experimenting with this modality are the *reflex-relaxation exercise* and the *fall-catch exercise*. Both exercises provide clients with the opportunity of experimenting with trusting their own bodies. In the *reflex-relaxation exercise* the participants are instructed, while in a standing position, to let go of the restraint of their muscles as far as they can without falling on the floor. Their head will bend forward to their chest, their belly bulges out and their legs will be straight but relaxed, with the knees unlocked. The clients experience that their reflexes prevent them from falling down in this position of optimal relaxation. Meanwhile, they can let their thoughts drift away. With a sort of free-floating attention the clients can follow what their bodies are telling them: a tension at a specific spot in the neck, a trembling in the legs, a warm feeling in their hands. They can also attend to thought-associations and visual pictures as they come and go. Purposely giving up conscious control and trusting reflex physical control will create room for memories, impulses and emotions as they are located in the body.

In the *fall-catch exercise*, the participants, still in the standing position of the reflex-relaxation exercise, let themselves lean slightly forward till they lose their balance. The clients purposely wait till one of their legs catches the fall of their body in a reflex reaction. They experience that they can postpone the reflex reaction of their leg by willpower. At the same time the clients notice that the reflex that protects them from falling down is stronger than their conscious decision to postpone reaction. Exercises in reflex movement can be used as a metaphor for trust in the body. Confidence in the body can be generalized to trust in the possibilities of the self.

**Voluntary movement** exercises are a training in conscious control of the body in a non-expressive way. These exercises highlight the human capacity for fine motor control and assist in the effort of conscious mastery of the body. In these exercises, decision making, programming, implementation and verification of plans are trained as basic functions of the *ego*.

One example is the *conscious voluntary movement* exercise. The group members are instructed to stand in a relaxed, neutral manner and to make a conscious decision to move one of their arms to an angle – of their own choosing – from their bodies. The next step is to concentrate on raising the arm to that pre-selected position with minimum effort. Not quickly and habitually, but slowly, concentrating on how it feels, with little or no awareness of anything else. The aim is to bridge the distance between the intention and the execution of an act or movement. We tend to use so much energy for movement in everyday life that it is surprising to experience how little effort may suffice. Doing this exercise helps show the client the logical order of the following steps:

1. To make a plan: “Which arm do I want to choose and what angle do I want to raise it to?”
2. Programming: “How do I get my arm to that position and how fast shall I move it?”
3. Implementation: “I am busy carrying out the exercise, using the minimum of energy that is needed. I am concentrating on that.”
4. Verification: “Did I complete my plan, did I achieve my goal, did it satisfy me?”

This framework is simple and gives the clients something definite to hold on to. It is a fact of life that, on whatever scale, we are continually engaged in making plans, either carrying them out or not, and either evaluating the results or not. Here too, it soon becomes clear to the clients that the exercise can be a metaphor; it can provide them with essential information about their own attitude to life. This becomes particularly apparent when the exercise is discussed in the group. “I forgot to check how high I’d raised my arm at the end. That often happens to me. I put a lot of effort into doing things, but I don’t pay any attention to whether it was all right in the end.” Or, “I had the feeling that my arm just went up of its own accord, but I couldn’t concentrate on what was happening.” The latter example makes it clear that voluntary control had been given up.

In this exercise in conscious voluntary movement, the clients experience that they are in control. They can choose to behave in a particular, controlled way. This underlines the notion that they can be in control of their impulses and emotions and can decide for themselves whether or not to express them and in what form they wish to give them. When awareness and control are possible, impulses and emotions can be experienced and expressed in the service of the ego. This is why the exercises in voluntary movement come before the exercises in emotional movement.

**Emotional movement** exercises are the first step toward expressing emotions. Clients are trained to express emotions in physical action. The group acts as a ‘holding environment.’ It is receptive and provides acceptance. The clients experience that they are safe, even when control over their reflexes and voluntary muscle reactions are reduced.

The cognitive support that is given by the subdivision into three modalities of movement and the exercises related to them can be summarized as follows: clients experience that psychotherapy in which the body plays an important part is not something obscure and mysterious. What happens during physical experience and bodily movement can still be comprehended. Only three modalities are distinguished: reflex, voluntary, and emotional. This simple subdivision directs the exercises and indicates limits. It is reassuring that there is not an infinite number of motor

possibilities. Moreover, the subdivision offers a reasonably adequate, if somewhat simplified, model of what actually takes place in the nervous system.

In everyday life, modalities of movement are continually interchanging and supplementing one another. By the very fact of continually emphasizing different modalities in the exercises, clients learn to differentiate between them and deal with them more flexibly. They learn that in a totally unexpected situation, they can trust their reflexes. If they feel overwhelmed by emotions, they can move in a controlled way and act voluntarily. In familiar surroundings, they can let go of voluntary control and reveal an emotion by means of bodily expression. Because in everyday life the different movement modalities are constantly intermingled, the subdivision helps clients to distinguish and to be more aware of choices.

This can be compared with a piece of music for three different instruments. In varying combinations, each of the instruments plays part of the melody. The several voices are heard in unison but can also be heard separately. There is flexibility and structure, space and limitation. The composition is a whole.

## **2. The Exercises Are Valuable for Self-Diagnosis**

Exercises that are aimed at the body are a means of reducing dissociation: experiencing and knowing are brought closer together. The tension in the participants' necks or the empty feeling in the pits of their stomachs is taken seriously and examined to find out what it means. The clients are invited actively to attend to this bodily experience as signs and symptoms – a source of information about what is going on inside. They can gain knowledge about the strong, healthy sides of themselves and about the vulnerable, conflicting parts from the exercises.

The *controlled approach exercise* can serve as an example. This exercise evokes and illustrates internal programs of potential behaviour patterns. Attention is focussed on the internal reactions of the clients to external stimuli in a structured setting. From long experience of their body, they have made unconscious estimates of their strength in each part of body. The clients know how hard they can hit and how softly they can touch with their hands. Through long experience, the clients have built up a series of programs that reflect their history and anticipations in the use of their body.

According to the instructions of the exercise, the *enactor*, who is in a standing position, should indicate with a hand that another member of the group, in the role of neutral *accommodator*, is to walk slowly towards the enactor in a neutral fashion. The enactor stands still while the accommodator is directed to move only as indicated and to stop when told to. In one case, we see the role figure follow the enactor's instructions exactly. When he has been allowed to approach to within a meter, the enactor sends him back to his place with an abrupt gesture. In the discussion that follows, the enactor says: "At first it didn't bother me at all that he came closer. But when he was really close, I suddenly felt a tension in the calves of my legs." When the therapist asks what his body felt like doing, he says, "I might have kicked his shins, if he'd come any closer."



This might suggest a conflict between his desire for and his fear of intimacy, which is actualized in the exercise. The client recognizes his tendency to let the other person cross the boundary of what is, to him, acceptable physical closeness. While the other person is coming towards him, he does not become aware of the effect this has on him: "At first it didn't bother me at all." When he has allowed the distance between them to grow too small, he is suddenly unable to tolerate the closeness. He experiences a violent motor impulse and abruptly sends the stimulus figure away. After some further exercises, this client made the connection between his urge to kick out and his anger at his father, who abused him as a child. In other words, as a result of the exercise, the client experiences a form of self-diagnosis. The client's observations of himself extend further than what he could have discovered by verbal, cognitive reflection.

Important features of the exercises are their clarity of structure and simplicity of instructions. Only one variable is introduced during instruction. In the *controlled approach exercise*, this is the distance a neutral role figure assumes in relation to the clients. After the experiment other variables may be introduced, such as having the accommodator approach from the left or right, the effect of different speeds of approach, or the gender role figure. The last part of the instruction for this exercise provides limits and offers the prospect of a satisfactory conclusion: "When you have experimented with various distances, bring the exercise to a close by placing the accommodator at the distance that suits you best." As soon as the clients deviate from this simple instruction, meaningful information is presented: the abrupt manner in which they send the accommodator away becomes diagnostic information. The clients can observe this for themselves. It is just the well-structured setting of the exercise with its clear limits that makes it into a laboratory in which important experiments can be carried out. These experiments may lead to new discoveries about oneself.

Self-diagnosis and self-evaluation do not imply that the therapists do not make any observations for themselves. On the contrary, they gain a wealth of information from the exercises. For instance, during a *positive accommodation exercise*, the therapist might notice that the client hardly dares to ask the accommodator for physical support. It may also be diagnostically significant whether the client has a strong unconscious preference for one or other of the modalities of movement. The therapist may gain an impression of how the client moves in real life. Does the client have a marked preference for voluntary movements? This may be connected with over-accentuation of rationality and fear of loss of control, or little faith in the naturalness of reflex movement, spontaneity and emotions. A strong preference for reflex movement may be connected with the wish to relinquish ego functions, to hand over control, to give up thinking, and to avoid attributing meaning to experience. One-sided interest in the emotional movement exercises may indicate an attempt to satisfy the emotions and needs of early childhood in the reality of the present. Another possibility is that the client, as a child, had too little experience of secure protection, containment, and limits.

It is important that such diagnostic considerations are only wielded as provisional hypotheses. The therapists must be prepared to drop their hypotheses quickly and to incorporate new information into new hypotheses. In this way an interactive process emerges between: 1. what the clients observe about their own bodily processes; 2. what the clients report about them;

3. what the therapists observe; 4. what the therapists experience as discrepancies between what they observe and what the clients report; and 5. how the clients handle the therapist's observations. This may lead to hypotheses that can be checked with the clients by way of suppositions. All of this is set against the background of the information a therapist had from the client's biography and previous therapeutic work.

Another example in which self-evaluation and diagnostic considerations on the part of the therapist come together is the *ideal parent exercise*. In this exercise, the clients have the opportunity of experimenting with how it feels to have two group members in the roles of the kind of parents they would have wished for as a child: a new father and mother who accommodate perfectly to what the client asks them for and who respond totally beneficially. This can help the participant to build up and integrate pictures of parents that fit into the needs of the young child. Ideal parents have never existed and will never exist. They are archetypal figures, symbols brought into action to let the clients construct very accurate models of what would have been ideal for them in early childhood. It is striking how most clients, when confronted with this possibility, know how to create ideal parents. They manage to picture them in great detail: the way the ideal parent should sit and look, what they should say and the kind of physical contact they should offer. Everybody seems to have some notion of what would have been ideal for him/her and what his/her genuine needs and wishes are. To experience this with group members can support the belief in the possibility of the principle of ideal parents.

This human principle of caring contact is very real and is directed to the child part of the client still living in the body and mind of the client. Later on, in the *structures*, the ideal parents will offer the client the right verbal reactions and the appropriate physical contact in response to unrecognized and unfulfilled childhood needs. That does not mean that the traumatic events and experiences of neglect and disrespect will be erased. What will happen is that the clients will enrich their inner world with new experiences consisting of satisfying interactions that are the opposite of the old, real history. This helps the clients create a new symbolic history and offers them an alternative to old patterns and expectations. It opens the perspective of more optimistic prospects and new opportunities in real life. How the clients handle the *ideal parent exercise* tells them and the therapists a lot about their life history, present condition and expectations. During the *ideal parent exercise*, one client places the father figure close and the ideal mother some distance away. This choice lifts the veil and reveals some aspects of the original object relations and unfulfilled needs of the client. With the help of the therapists the clients can make progress in this exercise by experimenting with having the mother come closer.

During the *ideal parent exercise*, discrepancies may emerge between what the therapists observe and what the clients report. It may be of therapeutic value to mention some of these discrepancies to the clients. Of course, the timing, dosage and subtlety of the interventions are important. "Am I right in seeing that you are reluctant to lean fully back into the hands of the ideal parents?" to a client who reports feeling perfectly supported. "Could it be that the way the ideal father is supporting your neck might be holding you down in some way?" Discrepancies are of prognostic value: are the clients capable of integrating new experiences? Or are they undergoing all sorts of experiences which the therapists seem to understand better than the

clients themselves? In the latter case, the therapists will have to appeal to the clients' ability to consciously take small steps and watch themselves doing so.

Observation and self-diagnosis, as described here, form a process in which clients and therapists build up a cooperative therapeutic relationship, with the group available as a medium. The term body-reading, which has sometimes been used, does not adequately express the subtlety of this process.

### **3. Group Cohesion is Enhanced by the Exercises**

Defined simply, group cohesion is the attraction the group has for its members. The exercises contribute to an attractive and safe therapeutic climate by their simple form and the way individuality is guaranteed within the group. The simple form of the exercises contributes to the individual differences between the participants and their ability to emerge lucidly and with respect for these differences. The therapist's manner, which clearly indicates that the self-observations of the group members always contain important information, contributes to an atmosphere of acceptance. In one of the circle exercises, one group member reported a feeling of shock when she asked all the group members to make the gesture of extending their arms with the palms of their hands toward her and their fingers upright. Even though she knew beforehand that this gesture was coming and had previously decided that it did not refer to her, she felt rejected and believed that rejection was really communicated by the group. Another group member had a completely different reaction to the same gesture: she felt safe, and surrounded by people who clearly demanded nothing of her, and this was a great relief. Both reactions were genuine, authentic programs of the particular group members concerned. When they are revealed, the projections can be clarified. The therapists can communicate acceptance and understanding of the many different reactions. By doing so they communicate this attitude to the group members.

One important characteristic of PBSP psychotherapy – individual therapy within a group – is also expressed in the design of the exercises. The exercises are individual experiments; the group members follow the instructions of the enactor closely. The implication is that, in principle, there are people who can offer what you ask for. This can be done without the distortion or interference that is always present when the other person's needs have to be met at the same time.

One of the circle exercises aims to sensitize clients to the emotional influence and meaning of the spatial arrangement of other people. Each client in turn has the opportunity to vary the size of the circle of group members, and can investigate the effect of the different positions. The group members follow exactly the instructions of the client whose turn it is. As enactor you have the freedom to get in touch with the needy, demanding child in you. In accommodating, an appeal is made to the giving, available, adult parts of the group member. Everyone has a turn. The exercises are not experiments in group dynamics. The group as such, and the play of forces within the group, are not the primary focus of attention. Doing things together, and acting instead of talking ensure an atmosphere of cooperation and solidarity. "I can both offer and

receive” becomes an implicit group norm. The members of the group undergo the essential experience of being able to ask for a great deal while at the same time having a great deal to offer.

When they carry out an exercise, every member of the group is engaged in the same simple task, each in their own way. No one can fail, there is not just one right way of doing the exercise. “It is all right to be different, and I am not as odd as I was afraid I was” is the way one client put it. The emergence of an unfamiliar, hidden or feared part of one’s self does not lead to rejection. An exercise provides clear aims and boundaries, within which failure is impossible. Members of the group make no comments, do not offer confrontations, nor do they evaluate what others say or do during an exercise. They are invited to give their own points of recognition and their own associations during the process of sharing. The sharing is aimed inside, at oneself, not out towards the other. An atmosphere of possibilities is created in which the implicit message is that whatever emerges is important and meaningful, that it will not be rejected. Seeing the many differences between them underlines client individuality; discovering that many parts of themselves are recognized by others highlights universality.

Some of the above mentioned factors contribute to the therapeutic climate in every form of group therapy. Specific to PBSP is that respect for individuality and the experience of universality are greatly enhanced. This is a result of the direct form by which the participants, stimulated by the safe structure of the exercises, reveal themselves. The use of bodily expression, bodily contact with symbolic meaning, and fulfilling a significant role for another person as accommodator, ensure that the above mentioned factors occur extensively in PBSP therapy.

#### **4. The Exercises Have Direct Therapeutic Effect**

Let us return to the client who suddenly sent the role figure away during the *controlled approach exercise* and who felt like kicking the accommodator’s shins. On further verbal exploration, he faces his current conflict. He recognizes the pattern he has of continually breaking off relationships after allowing the other person to get too close. He learns to see the connection with his desire for his father whom he found threatening as a child, but also dauntingly attractive. During a year’s participation in a weekly therapy group, the client regularly repeated the exercise described. By paying more attention to his physical reaction, he discovers how he can determine the distance to the role figure that best suits him and communicate this. He discovers different ways of reacting to varying role figures. He will not allow one big, strongly-built man to come too close, even though he is able to take note of his own fascination and express it in words. He allows one somewhat older, strong female member of the group to get close. He expresses his desire to be hugged and protected by her. He is able to relate this desire to his need for a strong mother who could have protected him from his threatening father when he was a child.

In a number of structures, the client explores, expresses, and clarifies his confusing emotions and attitudes toward his father. The client’s awareness of his own ability to set the pace at which he wants to make contact increases by working with the ideal father figure, who respects the pace at which he explores his need for safe closeness and distance. Gradually, his present relationships

stabilize. All the while, the *exercise in controlled approach* – often carried out by him as the start to a structure – is an instrument of self-research and a guideline in his therapeutic process. In this example we can see the following therapeutic aspects of the exercises:

- The client learns to attend to his own physical experiences, which provide him with direct knowledge of inner, mental processes. He is better able to observe himself.
- Physical sensations and reactions grow from being alien symptoms to providing valuable information about needs and desires that are part of the client, ego syntonic and legitimate.
- The client learns better to differentiate between fear, aggression and the need for intimacy.
- By using an exercise, he can face both current and old conflicts and the connection between them.
- He is offered a *possibility sphere*, in which it becomes possible to express repressed emotions in an adequate context.
- The exercise can serve as a tool for monitoring the progress of the therapeutic process.

## Conclusion

I started this contribution with a look back at the first years of my training. I was only interested in the exercises to the extent that they were a direct preparation for the structures. If the participants learned to accommodate quickly, we could get down to work. In this way, I unwittingly devalued the starting phase of a new group. In that initial focus on training the members of a group as quickly as possible to be able to act as ideal parents and positive role figures for each other was an implicit denial of something important: group members' cautious attempts to get to know themselves, one another and their therapist. I was missing the extent to which the exercises helped individuals to gain trust and become a group.

The exercises gradually became instruments that I introduced for the benefit of the group members and not merely for the sake of the method. I now see the exercises, more than I used to, as a means in the hands of the clients. They are therapeutic tools which develop their attention to bodily information. This may help set a process of change in motion.

## Circle Exercises with 'Place within Space'

Annet van Dijk and Lowijs Perquin

The goal of the following three exercises is to help participants become more sensitive to the emotional impact of the place they take within the given space in connection to the other people in the room.

- a. **Creating a circle**
- b. **The place within the circle**
- c. **The variation of the circle-size**

### a. **Creating a circle**

'We concentrate here on the influence of persons within the space. We will rise and form a circle. I shall ask you occasionally to concentrate on a certain aspect. We'll do this in silence. After the exercise there is an opportunity to exchange what you experienced.'

'When everyone has risen but is still busy getting into position:

- 'Now freeze for a moment. Consider what it means to leave your spot. OK. You may now continue to form a circle.'

'Once the circle is formed:

- 'What do you experience now?
- Does it feel as if you lost something?
- Or has something new developed, or both?
- Who would like to say something about this experience?'

### **Explanation for the therapist**

Often participants will mention that the feeling of individuality fades to the background and that a feeling of connection is developing. Within a circle, hierarchy disappears: a circle in itself is rather democratic. A circle incites a tendency towards uniformity and unity. The participants will automatically try to smooth out differences, for instance, the distances between each other are being equalized to each other, as a matter of course. At the same time one becomes more conscious of differences in height amongst each other.

### b. **The place within the circle**

'Now that we have created a circle with equal distances amongst each other (check this and correct if necessary), we shall investigate a number of variables. I shall ask you during the exercise, what

you experience.

- 'Towards participant A:
- Would you please make a step backwards?
- Towards the others:
- What is this like?
  - What do you experience physically?
  - Do you feel an inclination to act in some way (for instance, to close the line, or to ask the person outside the circle to come back in)?
  - Are there other experiences? How do you appreciate the situation that has developed?
- Towards A:
- How is this position for you?
  - Do you get an inclination to do something?
- Towards the others:
- We shall now close the circle whilst A remains in place.
- Towards A:
- How does this feel?
- Towards the others:
- How do you experience this?

'You will notice that a small change in the given space can have a strong influence and can create all sorts of sensations, feelings and meanings.

'I would like to ask you now to pay attention to the various sides of your body while you are standing in the circle.

- What do you experience on the front of your body? At the back? On the sides?
- Pay particular attention to the differences in your experiences – for example, how warm you feel.
- What catches your attention most?

'Now please all make a quarter turn clock-wise.

- Does anything change in your experience at the front, side or back?
- Do you have an inclination to move?
- Compare how you feel in your left arm and hand to how you feel in your right arm and hand.

'Now please all make a half turn, the person standing behind you, will now be in front of you and the other way round.

- Again, pay attention to differences between left and right arm, and hands.
- Has anything changed in your experience at the front, side or back of your body?

'Now please make a quarter turn, anti-clock-wise. Your backs are now towards the centre of the circle.

- What is this like?

'Turn back by means of a half turn to the initial position in the circle. Facing the centre.'

### **c. Varying the size of the circle**

'The goal of the following exercise is to consciously experience the influence of distance and closeness within the group, by means of varying the size of the circle. We create a circle, in such a way that we can touch each other's hands easily when putting the arms at an angle of approximately 30 degrees in the direction of the participants on either side.

'The enactor (the enactor), who is part of the circle will investigate the effects on him/herself of three different, self-chosen circle sizes. Which body-sensations, feelings, memories and associations arise? You may want to choose the largest possible diameter for you at this moment. Which distance best fits your state of mind at that moment with that group of people?

'In turn you will get the opportunity to experiment with three different sizes of the circle. The enactor will indicate the distances without using words. When the enactor does a step forwards or backwards, we shall follow. In case we would come too close to do another step, the circle can be decreased in size by having everyone make a quarter turn.

'Take your time to experience a number of distances, and to determine which is the best distance to complete the exercise with. When you have found the distance that is most pleasant at that moment, investigate within yourself what this position means for you.

'Who would like to start? When you are finished, it will be the turn of the person standing on your right side. Go ahead.'

### **Explanation for the therapist**

These exercises not only enhance the group cohesion. They also are extremely suitable for introducing a number of principles of PBSP:

- Accommodating: precisely following the speed and indications of the enactor, without giving one's own interpretation: in the *circle exercise* the accommodators are as neutral as possible.
- Attention to physical sensations as a source of information.
- In turns taking a central position.

Some group members might experience fear from these exercises: To have one's turn, to have to 'direct' the group, or just the anticipation of the reactions and associations the various distances will provoke. It must be clear to all participants – as in every exercise – that they are not obliged to take part and that they may choose to stay outside the circle and watch.

When varying the size of the circle the enactor might have his/her own interpretations as: 'belonging somewhere without losing myself'. When the circle is enlarged to maximum size, this is often considered as: 'how far can I move away without losing contact'.



It is preferable for the therapist to him/herself take part in the exercises *creating a circle, place within the circle*' and *varying the size of the circle*. It is easy to give instructions from that position.

Sometimes the enactor, when varying the size of the circle, will take not enough time to have the different distances have an impact on him/her. An encouragement to take one's time is usually sufficient.

The moment for asking the enactor to report about the exercise '*varying the size of the circle*' can be chosen in different ways:

- After each distance. This has the advantage of the enactor reporting 'piping hot'.
- After completion of all circle-sizes. The advantage is that the enactor can compare his/her reactions to the different distances.

If in the exercise *varying the size of the circle* the enactor has difficulty expressing his/her responses, draw his/her attention to the various kinds of reactions. If the enactor mainly reports thoughts that arose, it will make sense to inquire about physical reactions and feelings.

When everyone has had his/her turn, the group will sit down in a circle, and the opportunity is given to exchange the experiences. The goal of the exercise can be recalled, in order to determine whether the exercise has reached that goal.

## Reflex-Relaxed Stance or Species Stance

**Albert Pesso and Lowijs Perquin**

The following text was prepared with the editorial assistance of Louisa Howe and presented at the Atlanta PBSP Conference in 1994 as a first draft model to use in teaching the exercise to a new group. We do not expect you to follow these exact words but we offer them here to help you create your own form and style in presenting these ideas.

We recommend that the reflex-relaxed stance should be done twice in one session, with two different objectives. The first: to assist the client to attend to sensory information in the body during the stance. The second: to assist the client in exploring the meanings that might be embedded in that sensory information.

### **First Introduction to the Group**

'The focus on the capacity to 'read' or scan the body for indicators of significant inner experiences is basic in PBSP. A search for such indicators is often the starting point for therapeutic work. The *reflex-relaxed stance* is thus an important training aid for increasing awareness and sensitivity to body sensations and the emotional history possibly connected to them.

The *reflex-relaxed stance* is achieved following the maximum relaxation of muscle control and the putting aside of emotions, thoughts and images. It entails giving in to gravity and relying on body-righting reflexes.

The goal of this exercise is not relaxation for its own sake. The goal is to create a base level of relaxation from which we can notice what tension or other unexpected sensory information remains in the body, such as pain or trembling. Those are understood as possible indicators of unconscious emotions, suppressed impulses and wishes.

Thus, the stance offers you a kind of 'barometer' for bodily-emotional states. Sensations, impulses, feelings and emotions beyond your conscious control may come to the surface in the stance and can then be given attention.

While providing you with a self-diagnostic tool to develop sensitivity to inner experiences, the exercise also prepares you for a more active role in the therapeutic process.

Later, you will be invited to explore what action or emotional expression might come from those sensations, and what kinds of interactions might provide the most satisfying fit or match for that action. The exercise as such does not involve direct interaction with other people. The sensations, feelings and emotions which arise during the exercise can be recognized as originating primarily from within. They could be the result of individual internal processes such as physical and psychological needs and/or their repression. They might also arise from conscious and unconscious memories or from the impact of recent experiences. However, some bodily sensations might be due to the stimuli from the immediate environment – for example, the presence of other members of

the group or noises coming from the outside. Of course the sensations might also be due to physical or medical conditions.

*Species stance* – an alternative name for the *reflex-relaxed stance* – implies that the stance is not representative of you as an individual, but as a member of the human species. The stance represents the universal neuro-muscular capacity to stand upright in a gravity field with a minimum of conscious control and emotional expression. A beautiful balance between nature and our nervous system.

‘We are kept upright by the spinal reflexes, mediated by the vestibular system, the cerebellum and some information from the cortex. We learn in this exercise that this process can be trusted.’

### **First Instruction to the group**

‘Take off your shoes and make enough space between you so you each have enough room around you to be comfortable and not feel crowded. Stand in your normal way with your feet easily apart. Keep your knees straight, but unlocked. Begin to relax your body as much as possible, short of falling down.

‘Relax your stomach muscles, even if it doesn't look so pretty, and allow your belly to protrude, if it is so inclined. Let your spine slump and let yourself breathe easily. Let your arms hang loosely at your sides – hands and fingers relaxed. Let your head fall forward to your chest. Relax your facial muscles, your jaw and your mouth, even your tongue. You may close your eyes if you like.

‘Let each body segment (head, chest, hips) slump downward – not forward or backward – to the next segment. You might look from the outside like a fatigued individual who is still standing while almost asleep, certainly not a representation of your normal way of showing yourself to the world.

‘The point is to use a minimum of conscious muscular effort and allow your reflexes to keep you upright. After some time you may experience that your body oscillates irregularly forward and backward in a continual duet between gravity and the body-righting reflexes. Turn off, for the time being your emotions, thoughts and any expression of personality and let your mind go blank.

‘While in that state note whatever information might be coming from your body such as signs of residual muscular tension, or other body conditions not relevant to the task of keeping your body upright – like pain, heat, cold, perspiration, trembling, numbness, tingling, heart pounding or shortness of breath.

‘When you have completed the stance and the sensory inventory to your satisfaction, come back to a normal standing position, then sit down in a circle, without disturbing the others.

‘Now that you have all completed the exercise, I invite you to report on your experiences. What did you find? What elements caught your attention?’

## **Advice to the Therapist**

When clients trying the stance for the first time volunteer to speak, listen without comment, but with tacit approval and encouragement. They may speak about body sensations, their thoughts as they did the exercise, or comment on the exercise itself. Listening this way gives the clients room to share freely without fear of interruption or judgment, and makes for group safety.

If there are questions about the instructions or details of the exercise, the therapist should answer them simply and directly.

## **Second Instruction to the Group**

‘Now I invite you to repeat the stance. This time we will attend to the sensory information in terms of what it might ‘do’ or ‘mean’. Focus on those parts of your body that caught your attention. Then, motorically ‘free associate’ to find out what the affected part might do as a result of that sensation. What movement would come out of it? For instance, if you discover trembling in your arms, see what kinds of further movement might come from that trembling. Or, if there is pain in your shoulders, see what your body would do as a result or an expression of that pain.

‘When you have finished your survey and exploration, we will sit down in a circle once again.

‘Then you can individually share what happened. You can speculate and discuss what the sensations and the movements might mean to you.’

## **Advice to the therapist**

Approach the exercise with a spirit of curiosity and adventure. An unhurried pace gives a feeling of safety and relaxed time to explore this new territory.

The reason for taking off shoes is that heels pitch people forward, thereby changing the centre of gravity and distorting the nature of the stance.

Give special attention to your choice of words: "fall", "let" and "allow" are used to indicate relaxation and giving in to gravity. "Putting" suggests voluntary movement and "expressing" suggests emotional movement and therefore should not be used in the instructions for this exercise.

You can observe the group members during the exercise, not so much for the purpose of direct and immediate use, but to measure the pace of the group and be congruent with it. You may want to register what clients did and said during the exercise for later work in structures.

Conditions appearing in the stance do not always have an emotional connection or origin. Always keep in mind the possibility that there may be some underlying physical or medical condition contributing to the sensation or condition demonstrated or reported on.

If a group member's stance doesn't show oscillation, it might be due to the application of conscious control – an indication that the client might be busy trying to maintain stability, is concentrating on a thought, or is involved in a strong emotion, thus inhibiting the oscillation.

When the client's head stays upright, he or she may not have picked up the instruction properly. Another possibility is that the client feels more comfortable or more in control that way. It might also be that the client does not yet trust the therapist and the group, or it might simply indicate a general lack of trust.

Observe the amount of tension shown in various parts of the body. If the hands are clenched or partly closed, it might be an expression of emotion like fear or anger, or perhaps a need of some kind to hold on to something or someone.

Note eyelid flutter. This can be a sign of a struggle between the wish to open the eyes and see what is happening and the wish to relax totally with less external awareness. Movement of the fingers or the area of the mouth and jaws, (biting, sucking, teeth clenching, licking the lips) are other sources of action to watch as indicators of emotions or needs.

(For more examples of what you might see and what it might mean see, *Movement in Psychotherapy*, Chapter I)

Following the exercise, group members are invited to talk about their experiences in the sharing. The aim here is to invite the clients to speak from within their experiences. For instance: 'Try to find simple, clear, key words connected to your experience and that specific bodily sensation'. When the client reports what was experienced during the exercise, ask what information he/she thinks is hidden or embedded in the sensations. In a more experienced group, the therapist can ask for associations and history. If a client reports cramps or extreme tension in the calf muscles or neck, the therapist can offer some hint or possible explanations, like, 'Whenever you feel very vulnerable, cramping or hardness might appear somewhere in the muscles as a kind of answer to the softness of vulnerability.' When the client gets emotionally involved or puzzled by the bodily information that comes from the exercise, you can refer to possible structures in the future as a way to find answers.

The exercise functions as a model for the therapy as a whole – individual therapy in a group setting – so you can use it as an opportunity to set group standards and norms for PBSP sessions. Take care that group members do not discuss the content of the individual feedback. It is every group member's right to have his/her statement treated with respect, 'untouched' so to speak. The sharing by group members has to refer 'inside', about oneself, not directed 'out', to comment on, compare or judge the others. An atmosphere of safe possibilities has to be created in which the implicit message is that whatever emerges is important and meaningful, that it will not be criticized or rejected. Your modelling of acceptance and acknowledgment of the many differences among group members, underlines individuality. Universality is highlighted as group members discover their common recognition of sensitive topics and issues.

Offered on a regular basis, perhaps at the beginning of each group meeting, the exercise can

become a useful diagnostic tool for the client as well as for the therapist. Group members who, for example, demonstrate marked eyelid flutter in the stance in the first meetings, may show distinct lessening after several months, as a sign of increased trust or a lessened force of repressed emotions. Participants can also be encouraged to use the exercise regularly at home as a way of staying in touch with what is going on inside themselves.



## Three Modalities of Movement

### Lowijs Perquin and Albert Pesso

'We will experience the difference between *reflexive movement*, *voluntary movement* and *emotional movement* by examining these various ways of movement step by step.

I will start by explaining the three different modalities.

*Reflexive movement* is what we do when we use our bodies in an unconscious, automatic way.

Reflexive movement is connected to what our body needs to do in order to overcome gravity. An example is stumbling over a stone and landing on our hands without realizing what exactly has happened. You have experienced in the reflex-relaxation exercise how your body automatically handles gravity while in a standing position.

*Voluntary movement* has to do with conscious control of the body in a non-expressive, non-emotional way. It highlights the human capacity for goal-orientated behavior, decision-making, and the use of fine motor control. It is present in the effort of conscious mastery of the body in our actions in relationship to the environment. For example, when we put a new battery in our watch.

*Emotional movement* is how we move when we express emotions. We run or cover in fear or make a fist in fury. Our whole body can be involved in a fit of anger. Our chest and shoulders may move and shake when we cry with grief.

This different modalities are linked to the structures of our neurological organization. In the reflexive movement we are dealing with the spinal reflexes, the vestibular system and the cerebellum. In voluntary movement we are dealing with the voluntary motor cortex and in the emotional movement it is more the limbic system, the thalamus and the hypothalamus. In reflex movement we let ourselves fall downwards; gravity and reflexes are operating. Voluntary movement stands for clearly articulated choice and decision; willpower and the voluntary muscles are in charge. In emotional movement our inner impulses are bodily expressed'.

### Instruction

'Now we will experience the difference between these three modalities of movement.

We start again with the *reflex-relaxation exercise*:

1. First, let your head fall forward, your chin on your chest; this is called *reflexive movement*.
2. Now **put** your head slowly downwards under minimal effort in an 'act of will';



this is *voluntary movement*.

3. Now experience the contrast between 1 and 2: try these movements alternately and feel the difference.
4. Now we come to *emotional movement*. What emotion would cause you to make your head go down? Let your head **express** the emotion by making the movement'.

The exercise will now be continued in the same way as above with the shoulders, the arms and then the belly. Another order in the exercise is to take one movement modality and continue with that modality from the head to other parts of the body; then another modality is focused on.

### **Advice for the therapist**

1. Take enough time for this exercise; give special attention to your choice of words: “fall,” “let” and “allow” are specifically used to point toward giving in to gravity. “Putting” points at voluntary movement; the word “expressing” to emotional movement.
2. There is a lot of learning for the client in this isolation into three modalities of movement. It gives the client greater awareness in his/her therapeutic process. In everyday life, modalities of movement are continually interchanging and supplementing one another. By the very fact of emphasizing different modalities in the exercises, clients learn to differentiate between them eventually so they can deal with them more flexibly. They become aware that when relying on one specific modality, as reflex movement, unexpectedly one of the other modalities becomes prominent: a tendency to control voluntary or to experience a strong emotion. They learn that in a totally unexpected situation, they can trust their reflexes. If they feel overwhelmed by emotions, they can move in a controlled way and act voluntarily. In familiar surroundings, they can let go of voluntary control and reveal an emotion.
3. When you teach the exercise *three modalities of movement*, it is useful to link it to the brain structures that are connected with the modalities. In this way the client is going to think about movement not only in terms of some arbitrary system but also as a neurological organization. People then learn to think in terms of organizations and of the logic of how movements occur.

We make clients aware that the information is coming from different parts of the brain and we alert those different parts.

4. We focus on those three different modalities, not from the down position of the head, but from the head in upright position, because then you have a really reflexive fall. In other words, you do not start in the complete species stance, because in that exercise the head is already down.
5. It is strongly recommended to do the voluntary movement without any emotional

associations. It has to be pure volition and not connected with associations. As soon as associations come in, emotions are triggered and as a result you get a combined emotional, voluntary mix which is good for associational richness. But this is not for teaching how to focus on one modality as a way to learn differentiating the three modalities.

6. Emotional movement is instructed as 'What emotion would *make* your head go down?' rather than asking the client to feel an emotion and see what happens with the head, because this emotion would possibly not lead to the down movement. Try to highlight that the head goes down three different times, through three different motor systems. It goes down reflexively, volitionally and from a specific kind of emotion. When you narrow the goal of the exercise like this, a certain kind of selectivity occurs and you will see what kinds of emotions are located around the head movement going down. The clients will begin to see that the head will carry sadness, or shame, or regret. They will see all those kinds of emotions that cluster around the head moving down and it will give them a way to look, seeing that different parts of the body collect different emotional states.

Later, when you work with the shoulders, you will see what kind of emotions are collected in shoulders that move in a particular way, and what emotions are collected in the chest. So there is an additional element of helping people to know that emotions cluster in different parts of the body and different qualities of emotion will cluster in specific parts of the body.



## Breathing Exercises

### Goal

An important aspect in Pesso Boyden psychotherapy is that we are inclined by nature to express our emotions. We do not need to learn this: we can trust our body to show us the way. The body knows whatever touches us emotionally, just as the body 'knows' how to breathe. Breathing in this exercise is a metaphor in order to explain that every emotion – just like breathing – knows it's 'own way through the body.' Blocking this way results in feelings of restlessness and fear; allowing our natural need to express ourselves gives pleasure and satisfaction. In PBSP the *breathing exercise* is used as a plea for the right to express emotions. This is just as matter of fact and as necessary as breathing. The exercise will increase the group member's awareness of this parallel pathway.

### Introduction to the group

'In earlier exercises we concentrated on the three modalities of movement: reflexive, consciously-controlled and emotional movement. By means of the breathing exercise we'll try to have a look at how we are treating our emotions.

During our upbringing we learned to control our emotions. In daily life we often need to master our expressions of emotions. At the same time, emotions are our most important source for motivation and vitality.

You will certainly know a situation where you are full of a certain emotion, you feel that you can do anything you want to do, but the situation is not suitable to express this feeling: you are in love and would like to tell everyone, in order to share this wonderful feeling. But you are not doing it. What would people think of you? Or you are furious at your boss because of some unjust row. You would like to show that you feel that you were treated unfair, but you do not show a thing. You could lose your job...

Often people are afraid of their emotions and see them as an enemy instead of a source of valuable information. If you allow yourself to have a look, you will notice clearly from your body when you suppress your emotions. Emotions always have a physical component: feeling warm or cold, a beating heart, tears. Sometimes they can even hurt: a pain in the chest, a lump in the throat or a stomach ache. There are some feelings that we experience as so heavy that we do not want to know of their existence. In other words, we silence these emotions. However this does not work sufficiently. The natural reaction of the body is to find one way or the other in order to listen to emotional impulses. If you are furious, your fear of falling prey to rage may manipulate you in such a way that you do not even recognize your own rage or don't even feel it. The energy that has been restrained can then express itself in complaints such as muscle tension, irregular heartbeat, tiredness or feelings of fear, gloom or alienation. You can try to ignore these physical sensations or put them aside, but you will end up being further away or even cut off from the original emotion.

To explain this we use our breathing as a metaphor. This is not a breathing-relaxation exercise. We

are using the exercise in order to create awareness for the barely perceptible physical information that is experienced during our breathing. In this way we can find a comparison to how emotions find their way within our body. In Pesso Boyden psychotherapy the *breathing exercise* is used here as a plea for the right to express emotions, to give us relief, satisfaction and pleasure. That is just as matter of fact and as necessary as our breathing.'

### **Instruction Part 1**

'Sit down, so that you are seated comfortably. Direct your attention to your breathing without trying to change anything about it. Keep breathing slowly. When you breathe out now, do not breathe in anymore and keep doing this for a little while. Then continue breathing and *leave* the breathing to the breathing-*reflex*. Mind what it is like to wait with breathing and then again trust the breathing-reflex. Try this a few times. Later we will hear what it is like to do this.'

When the group members tell the experiences during the exercise, the therapist adds the following:

'You noticed that holding your breath for a bit was experienced as uncomfortable or even created feelings of fear and panic. This can be compared to what happens when emotions are restrained: it creates pressure and other annoying physical sensations. On the contrary, expressing your emotions is like breathing freely, it knows its own way, you do not need to steer breathing, it is matter of fact, the muscles involved do exactly what is required.

To allow the breathing-reflex (after holding one's breath) and then to breathe normally creates a feeling of relief and relaxation. That helps to compare breathing with the expression of emotions: what the different result is of first suppressing and then allowing emotional impulses.'

### **Instruction Part 2**

'We are going to put the emphasis somewhere else now. We just experienced how it felt to hold our breath and then leave breathing to the reflexes. Again, delay breathing and then take a conscious *decision* to breathe again. Then breathe in and out a few times, controlled by your will. *Concentrate* on how you breathe. Then breathe normally again.

Who would like to comment on this?'

Based on the experiences by the group members the therapist now explains the natural and matter-of-fact character of breathing:

'Can you note the difference between the first time of breathing again and leaving it to the reflexes and the second time of consciously controlling your breathing?'

Some of you remarked that controlled breathing felt uneasy, just like people usually find it annoying to imitate their emotions. If it felt rather normal to you, you may be used to controlling impulses and you probably may find more grip in consciously-controlled movement. But do realize that breathing finds a way through your body all by itself. The similarity to the expression of emotions is that we need not think about how to express our feelings: the body knows how, and it feels satisfying and

relieving if we let it happen, instead of suppressing it or keeping it under control in some other manner.'

### **Instruction Part 3**

'Try this now: again, hold your breath after breathing out. Now try to consciously delay the breathing-again a little longer. Wait until you feel the necessity, the *impulse* to breathe again. Then breathe a number of times as deeply as you need in order to come back to your normal breath. How does this feel compared to the earlier version?'

During the discussion the therapist adds:

'This part of the exercise emphasizes that when you try to delay breathing longer, a moment occurs when the impulse to breathe is stronger than the ability to delay or control. You can compare this to an emotion that is being suppressed for a long time: at a certain point you will have to admit to it. When you finally express the hoarded emotion, it feels as a liberating experience of relief.

'The last version of the breathing exercise was preferred by a number of group members. Often it makes people think of a game played as children: to stay under water as long as one could and then come up out of the water gasping and puffing. To be able to breathe again has a very liberating effect. There are also some people who find the controlled way of breathing more to their liking. It was mentioned that it was felt satisfying to have a grip, or control. Sometimes this is an indication that you generally prefer your body 'not to have its own way'.

'In Pesso Boyden psychotherapy we get a chance to rediscover our emotions by expressing emotional impulses freely and to find out where they relate to. You will find in later exercises and in structures that the expression of emotions in safe surroundings which react with the right responses to your needs is just as necessary and liberating as free breathing.

'The breathing exercise contains the following message: just like the breathing-reflex, emotional reflexes are not ridiculous, dangerous or chaotic: breathing and emotions are well organized within our body. We can trust our emotions; they will not result in chaos. Just like the breathing-reflex is not chaotic, emotional reflexes need not result in chaos or fear.'



## The Circle of Gestures

### Theo van Duijvenboden and Lowijs Perquin

The description of the exercise 'Circle of Gestures' consists of three parts: an introduction, instructions for the group and the enactor in the form of a spoken text, and an explanation for the therapist.

Participants need to be informed of the basic principles of Pesso Boyden psychotherapy. If necessary the introduction can be expanded with elements from the general introductions.

#### Introduction for the group

'Humans are social beings. We cannot do without interaction with other human beings. We are influenced by their behaviour and we react to them. Sometimes we are conscious of this but often we do not even think about it. During conversations gestures occur casually and we do not realize what their meaning and influence is in the interaction with other people. Gestures have strong symbolic meanings.

The exercise that we are about to do is called the *Circle of Gestures*. We will try to find out how gestures made by other persons affect us: which physical reactions are triggered, which feelings, thoughts or memories emerge? The goal of the exercise is to discover what associations are generated by individuals' gestures. It will also demonstrate how different persons react to certain gestures in their own particular way. Every individual has their own specific programs ready, their own scheduled expectations and reactions. During structures we will explicitly use the meaning and influence that gestures can have on us. This exercise is good preparation for the therapeutic work in structures.'

#### Instruction to the group

'First we will form a circle. Make the distance between you and the participants on either side such that you can easily touch their hand. Everyone will take turns at having the opportunity to experience the gestures of the group. One by one, group-members will stand in the middle of the circle. The other members forming the circle will make four gestures in the direction of the group member standing in the centre. I shall start to demonstrate the four gestures, then we will practise them together.

Gesture 1: The arms are spread shoulder height, behind the person standing next to you, without touching that person.



Gesture 2: Hold hands with the persons next to you.

Gesture 3: Stretch your arms forward at shoulder height, the palms of your hands positioned upwards.

Gesture 4: The arms are again forward at shoulder height, but now spread wider, with the palms of your hands facing each other.

These are the four gestures. We shall practise them together now. Whilst making the gestures, keep your face expressionless. Do not put any meaning or emotion into your face.'

### **Instruction to the enactor**

'During or after every gesture, the person in the centre of the circle will have the opportunity to evaluate their reactions to each gesture. Take the time to find out what impact the gesture has on you: physical sensations, an inclination to move, but also feelings, thoughts or memories. By nodding your head you can indicate that you wish to see the next gesture. Before showing you each gesture, the participants in the circle will return to the neutral position, arms hanging relaxed beside the body. After you have seen all the gestures, you will close the exercise choosing the gesture that you find the most comfortable or appealing at that moment.

Does everyone understand the exercise? Then I'd suggest that we start with one person and continue clockwise'.

### **Explanation for the therapist**

Apart from stimulating the group-cohesion, this exercise is also suitable for the introduction of a number of basics of PBSP psychotherapy.

Principles of accommodating:

- Following both speed and indications of the enactor, without – in being in the role of an accommodator – giving one's own interpretation.
- The attention to physical perceptions as sources of information.
- Taking turns being in a central position.
- The power of symbolic behaviour (which will also be used during structures).

For some group members this exercise might evoke anxiety: being at the centre of the circle, experiencing a reaction to certain gestures (some of which may arouse strong associations that can be difficult to deal with). It must be made totally clear to the participants – as in every exercise – that they are not obliged to participate and that they may choose to stay outside the circle and watch.

As soon as the enactor is in position in the centre, signal to the other group members to close the circle. It is helpful if the therapist also stands in the circle and participates in the exercise. It

is easier to give directions from this position.

First, give the enactor the opportunity to say what it is like being in the centre of the circle. This may help him/her to concentrate on the reactions to come and may reduce the pressure that can result from 'being in the centre', which might dominate other experiences. The message is: we do not want to let your reactions pass us by.

Sometimes the enactor tends to rush and does not take time to observe the gestures. Encouragement to take one's time is usually sufficient.

The moment to invite the enactor to report his/her experiences may vary:

- During a gesture: the advantage here is that the enactor can report on the spot, during the exploration of one exercise; the disadvantage is that the other group members might get tired, as they need to keep the gesture up longer which may cause unintended divergences (sinking or trembling arms, etc).

- After every gesture: this is not as direct as the first possibility. However, accommodators will not get tired, which might help one to concentrate more on what the enactor has to say.

- After the four gestures: the advantage is that the enactor can compare their reactions to each of the various gestures. The enactor needs to remember the reactions, though. This after-the-fact report has the disadvantage that the reporting may possibly be less accurate.

If the enactor does not mention various reactions, draw their attention to them. If he or she reports mostly the thoughts that arose, it makes sense to inquire about physical reactions and feelings.

It is important in this exercise to keep an eye on the accommodators. Can they keep up with the sometimes tiring gestures? If it gets too difficult for a member of the group, one can, in between two gestures, ask the group to relax and loosen the arms somewhat before making the next gesture.

When everyone has had their turn, the group will sit in a circle and everyone will be given the opportunity to exchange views about how they experienced the exercise. The goal of the exercise can be recalled, so that a focused discussion can take place (whether or not the goal has been attained).

The therapist needs to be alert in case of unintended interpretations during the instruction of the gestures. For example, do not describe the fourth gesture as one of 'receiving' or 'welcoming'.



## Controlled Approach Exercise

Theo van Duijvenboden and Lowijs Perquin

### Goal

In the exercise *controlled approach*, the members of the group are given the opportunity to examine the physical effects of the presence of another person in a one-to-one situation. Despite the complete control the enactor of this exercise has, he or she will experience unexpected physical reactions when another person approaches him/her. In earlier exercises the evaluation of physical reactions as sources of information has been experienced, such as the 'reflex-relax stance' and the circle exercise with gestures'. In the *controlled approach exercise*, the enactor is given the space to tell the other person exactly what he or she wishes. This has special importance for individuals who have been physically or sexually abused, because in such cases one's free will and physical boundaries have been overpowered. The exercise demonstrates well the extent of an individual's boundaries and the influence that another person is allowed to have. The exercise also helps members of the group to become more sensitive to a place within a given space in preparation for the placing of role figures within a structure.

### Introduction for the group

'It is known that certain unwritten rules exist in social communication concerning the physical distance that persons take into account towards others. For example, this can be observed during receptions and other social meetings. If someone does not conform to the rules, their actions can cause feelings of discomfort in their surroundings. Beyond these reactions based on society and culture, the definition of personal space is also determined by our personal experiences. Someone who was abused as a child will experience an approach differently than someone who experienced closeness as a safe feeling.

The exercise *controlled approach* is meant to create awareness of one's personal space within a safe situation. You will be able to experience what happens when someone enters your personal space. What kind of physical reactions are created and how do these experiences fit in with your personal background and history'?

### Instructions to the group

'During the following exercise, *controlled approach*, we shall investigate which reactions the distance and closeness of another person create within us. The exercise is done in pairs and works as follows:

One person, the enactor, has the opportunity to have the other person, the accommodator, come closer or move further away, without words, by means of a simple gesture of the hand. When you're in the role of the enactor, you can make the accommodator stop at various distances, in order to work out which effect a certain distance produces on yourself. The issue here is to attentively evaluate your reactions – physical, emotional, thoughts and imaginings – to the variation in distance of the other person towards you.

I would like to demonstrate the exercise now. Would you like to help me? (The therapist asks his colleague or chooses a member of the group). To begin with, we will do the exercise in one direction only, where the enactor and the accommodator are standing opposite each other and the enactor will vary the distance only by moving closer or further away. Let the accommodator begin far enough away to allow for a range of different distances. You can signal the accommodator to move a little closer, to go back a few steps, or to stand still. For the signal you have to hold your hand at the height of your eyes. The sign for 'closer' is given by moving your hand towards you; 'further away' is signaled by moving your hand away from you. In order to have the accommodator stop and stand still, you keep your hand still. You can influence the speed of the approach or withdrawal with the speed of your signals (the therapist shows these movements).

The accommodator adopts a facial expression that is as neutral as possible and meticulously follows the signals given by the enactor. The eyes are fixed on the enactor's hand. If the enactor wishes the accommodator to look directly at them, they can indicate this by putting their hand directly under their own eyes. Experiment with this at various distances. Take the time to evaluate the reactions that every distance evokes within you. Ignore the participant next to you. Do not allow yourself to be side-tracked. And stick to your own speed. End the exercise in the position which is experienced as the most comfortable. Then give the accommodator a sign to return to their original position.

Does everyone understand the exercise? Then I would suggest that you form pairs. Agree upon who will be the enactor and who will be the accommodator. The enactors should go to one side of the room and the accommodators to the opposite side. First practice your roles. When you are ready, sit down on the floor and wait until everyone else is ready. Afterwards I will give you a sign to change the roles. When everyone has experienced both roles, there will be an opportunity to discuss the exercise with your partner.'

## **Variations**

Once the members of the group have built up some experience with the most simple form of *controlled approach*, the exercise can slowly be expanded. The various possibilities are:

- The working space can be expanded to enable approach from the sides and from behind the enactor. The hand-signals need to be adapted accordingly.
- Experiments can be done with accommodators of both sexes.
- Apart from the dimension closer / further away the difference between high / low can be

incorporated into the exercise. What is the effect when the accommodator is kneeling, sitting or lying down, instead of standing?

- The instruction for the accommodator to keep his/her eyes on the hand of the enactor enables the enactor to distract the accommodator by means of movements. Thus the effects of eye-contact can be examined.

- Finally, it is possible to have the accommodator assume a fixed and defined position from which the enactor can vary the distance by means of steps.

### **Advice for the therapist**

The goal of the exercise is to let the enactor remember the experiences that are evoked by their reaction to the place that another person takes in relation to themselves. The steering or 'exercising power' over the accommodator is not the primary aim of the exercise. But be alert that so much satisfaction can arise from the enactor controlling the accommodator that this aspect is stressed rather than the enactor's discovering his/her own physical reactions. It is good to mention this. Simple encouragement to stop and evaluate certain situations is usually sufficient.

What can also happen is that the accommodator has a problem with the exercise because he or she feels manipulated. To explain the principles of accommodation again may help. However, it is essential for the enactor to exert a certain amount of control over the accommodator in order to be able to experiment safely.

It is also important for the therapist to observe the reactions of the various group members intently, so that these observations can be referred to in the review or during other exercises. The therapist, of course, has to be available for the questions that are raised during the exercise.

By demonstrating the socially accepted neutral distance, the therapist emphasizes that during the exercise one can experiment with less customary distances.

If the room where the exercise is done has windows and daylight on one side, it is advisable to position the enactor with their back to the window: the enactor is then not bothered by the light and can see the accommodator better.

Make sure that everyone concentrates and remains quiet until the last pair has finished the exercise. Ask the pairs that finish first to sit down quietly and wait until everyone is ready before they begin to discuss their experiences.



## Positive Accommodation Exercises

**Lowijs Perquin**  
 with editorial assistance from Louise Howe

This description of *positive accommodation exercises* consists of three parts: an introduction, a set of instructions for the group (presented as a speech), and items of advice for the therapist. Group members should have a basic knowledge of Pesso Boyden System Psychomotor therapy. If required, the introduction as set forth below can be extended by other elements drawn from the general introductions used in PBSP.

### Introduction for the group

Positive accommodation is connected to the principle of the *possibility sphere*. This is a therapeutic setting which offers the possibility to have one's needs met exactly in the way it fits the person and which honors the potentialities with which the person entered the world. Positive accommodation is a benevolent, satisfying, respectful interaction, by which the *shape* of the needs felt by the enactor meet the right *countershape* offered by the accommodator.

It is by means of positive interactions with other people that a child is allowed to develop its potentialities and self-respect. If the needs of the child are sufficiently satisfied with the right people, at the right time, and the child's experiences have a place, nurturance, support, protection and limits – literally and metaphorically – it will integrate these interactions and develop autonomy.

It often happens that some aspects of a child's *true self* are not sufficiently met. The need, emotion or potentiality did not get a name or a clear dimensions or a 'contour.' The child's unique existence was not blessed or licensed. As a result, aspects of the self went 'underground,' stayed underdeveloped or got stunted. A fundamental assumption of PBSP is that the adult person is still in contact with those hidden potentialities and unfulfilled childhood needs, and that as an adult he or she still can receive what was needed back then.

When we are in touch with emotional states that could result in the outer expression of inner needs, we are also in touch with interior information regarding the shape and nature of those external responses that would satisfy those needs. Thus, satisfying responses to emotional needs are internally anticipated and externally sought, and are instantly recognized and accepted when offered by the outside world. Both body and mind know about the symbolic meaning of phrases like: 'I support you. I have confidence in you. I back you up. I believe in who you are.' The shape, so to speak, knows unconsciously about the right countershape.

The aim of *positive accommodation exercises* is to experience that it is possible to receive the



desired interactional responses which produce the most satisfaction of the emotional expression or need. This is experienced through touch, movement and words in a symbolic interaction with someone who plays the role of a positive figure.

The experience of literal and symbolic satisfaction of needs can offer counteractions (or 'antidotes') to how things used to be in the past. It can offer a guideline for processing experiences and actions in daily life, and it can help to create a more receptive attitude to what is needed in interaction with other people. It helps us to accept and receive what is available from our surroundings.

Today's *positive accommodation exercise* will deal with the need for support. Later on, other needs such as the need for protection or limits may be handled. I will now give a step-by-step procedure for the exercise:

### **Instruction to the group**

Demonstration of exercise:

- 'I will first demonstrate the exercise with one of you as a volunteer. I will sit in a way that enables you as group members to see the volunteer's face as well as my hand on the back of the person. Try to watch the correlation between what I am doing and the reaction on the other person's face.'
- To the volunteer: 'I touch you with one hand in a gesture of support or comfort. Tell me where that place is on your body.'
- To the group members: 'You see that by trial and error and by examination of pleasure and displeasure, the volunteer precisely knows where that place is.'
- To the volunteer: 'You are in charge and you define what is right. First, I merely counter-shape whatever surface you indicate. It may be the shoulder, for example, or it may be the back. Now you will give me instructions to vary the location of the touch.'
- To the group: 'Look at the face of the person; you will register pleasure or displeasure according to the rightness or wrongness of the location.'
- To the volunteer: 'Please, now go through the same variations as opted before. But now I will push too much or touch too light, or I will pat or caress or squeeze.'
- To the group: 'These are things which accommodators can do wrong. Sometimes people like to squeeze because they try 'to pump in' the good feeling. They think that they are communicating warmth, which might not be the case for the receiving person.'
- To the volunteer: 'OK, since these differences have become obvious, I will go back to just precisely counter-shaping, but first you will have to look for the right spot.'
- To the group members: 'You see that when this spot is found, the person's face shifts. There is a transition from mere physical contact to transmission of meaning. When the right spot has been found, meaning flows in.'

Beginning of exercise:

- 'We will work in pairs, sitting on the floor. Agree among yourselves, who will be the first to role play the positive accommodator and who will be the enactor.'
- 'When you are ready, the accommodator will say: 'I will play the role of a positive figure.' After this

sentence, the accommodator will sit down behind the enactor. We say play the role, not take. That accentuates the symbolic, playful aspects of PBSP, which is important in rebuilding aspects of childhood development that may have been missed through the absence of opportunities to play.

- 'In the role of enactor, first take time to concentrate on the exercise: think of yourself as in need of support. When you are ready, ask the accommodator to put the palm of one hand on the right spot. Most often this will be against your back, in the area between the shoulder-blades and the lower back. Specify exactly where you want the contact. Sometimes you will not know the precise spot right away. It may take a few tries. But you are the one who finally knows better what you want to receive than the outsider who only can guess.

- 'So, take your time. Do not be afraid to ask too much from the accommodator.'

Task of accommodator:

- 'Exactly follow the instructions from the enactor. Do not improvise or give suggestions: you are available and you do not need to take initiatives. This is a way of implicitly showing that you trust the enactor to know his/her own needs and to be able to specify them to you. Imagine yourself to be big and strong and well able to give support. Take care of your own comfort: position yourself in such a way that you can offer the contact calmly, quietly and without strain.

- 'Make sure that your hand does not start trembling. Such a sensation might create a reaction from the enactor to the effect of: "See. I cannot completely rely on this support."

- 'Bring your arm or hand into a position that you can maintain. If necessary, change your way of sitting, without diminishing the contact and after a short alert such as "I'm going to change my position." Sometimes it helps to support one arm with the hand of the other arm.'

In the long run, the knowledge of how to accommodate will have an influence on your attitude in daily life, for example as a parent, friend, teacher or therapist. It enhances your ability to respond to the wishes of other persons in a satisfying way, without frustrating or depriving yourself.

Experiments and variations:

In the position of the enactor you investigate what happens, whenever you ask the accommodator to change an aspect of the hand.

- 'What do you feel when you have the hand change location, left, right, upwards, downwards?

- 'What is the effect when the hand gives more or less pressure?

- 'What is the sensation when pressure is applied mainly by fingers, palm of the hand or ball of the thumb?

- 'What is the effect of a change in the direction of the hand – horizontal, vertical or any chosen direction?

- 'How does the hand fit the form of your back? Think about your back as the shape that asks for the right fitting countershape. Try what the effect is, if the hand is more or less curved and what a difference it makes if the fingers are more or less spread.

- 'Which accommodations feel good, which do not? Try to experiment with accommodations that you expect beforehand which could feel less satisfying for you.

'These experiments will help you to reach a clear awareness of which bodily contact fits or does not fit you at the moment.'

The most satisfying contact:

- 'We will take approximately ten minutes for this exercise. During the first part you will have a chance to try out the various possibilities, such as placement, direction, pressure, etc., of the hand. Pay attention to the quality of the contact: is it comforting, light, encouraging, soothing, intrusive, exciting...?'
- 'A few minutes before the end of the exercise, I will give a signal. Then it will be time to look for the most satisfying accommodation, the hand contact that feels best to you. It is important to finish with an experience as positive as possible. Without restraint, keep searching for the contact that exactly fits your expectation.'

Look for the meaning:

- 'When you have found the accommodation that fits precisely, take your time to feel out what this experience means to you. Try to find words for it, such as "I feel supported." Or think of a statement you might want to hear from the positive figure, such as: "I am here to back you up; I will give you all the support you need. I will always be here to support you."

De-roling:

- 'When the enactor is ready for the close of the exercise, she or he will ask the accommodator to de-role. Being the accommodator, you should say the words: "I am no longer role playing a positive accommodator; I am ..." and say your own name.
- 'After this statement, quietly remove your hand from the enactor's back. Mind the sequence of events here and precise words used. It is imperative to provide contact as long as you are in the role of accommodator. If you de-role by saying, "I am Anne again," that suggests that you were someone else before. This might result in a magical meaning. The essential point here is that while exercising your role as accommodator, you have been Anne all the time, simply performing a specific symbolic function that you had agreed to take upon yourself on behalf of someone else. This is a core premise underlying PBSP: while symbolic, the healing is nevertheless embodied functionally; it is not magically ordained.

Evaluation:

'After de-roling, discuss with each other what you experienced in your respective roles as enactor and accommodator during the exercise.

'I will give you a sign when the time has come to finish discussion and reverse roles.

'During the discussion I will be available for guidance whenever necessary.'

Summary:

Here is a short summary of the complete exercise:

- Agree who will be the enactor first.
- The accommodator says: "I will play the role of a positive figure" and then seats her- or himself behind the enactor.
- The enactor tries a number of varieties of accommodation by means of a hand on the back, such as location, pressure, direction, curving, spreading of the hand, etc.
- When the therapist signals the first time, the enactor decides on the most satisfying contact.
- Then the enactor is encouraged to think about the meaning of this most fitting accommodation.

- The accommodator de-roles when instructed by the enactor to do so.
- During the exercise, the accommodator does not take any initiative and takes good care of him- or herself.
- After the therapist's final sign, there will be time to talk about the experiences with this exercise.

### **Advice for therapist**

The exercise can be regarded as a preparation for learning how to accommodate in positive or ideal roles during structures. The positive accommodator is a precursor of the ideal parent. Principles of shape/countershape, antidoting, energy-action-interaction and integration of an alternative to past history (New Map) are part of the exercise. The ritual of enrolling and de-rolling is given specific attention. This may help to teach the group what is the necessary care in handling roles. Eventually, the group will make these principles a part of their group culture.

*Positive accommodation exercises* require a state of concentration from the participants. An intimate feeling of safety will gradually develop. The setting and tone of voice in the introduction needs to convince the group members of the importance of the function of the positive role figure. A therapeutic value of the exercise for the accommodator can derive from learning to acknowledge the needs of another person and to offer what is being asked for within a frame which avoids undue giving or compassion. Sometimes the therapist will notice that an accommodator's hand is placed in an inattentive way or just a fraction too quickly; sometimes contact is given with too much pressure of the hand. The latter may be the result of an unconscious strong wish to give support. In such a case it is advisable to quietly move over to these participants and give a hint such as: "Wait and see what she or he asks of you." In general, it is advisable, whenever you wish to give additional guidance to a pair, to go over to where they are located, bend down and sit on your heels in order to minimize the difference in height when you address them.

For a number of participants, this exercise will be their first form of bodily contact within a therapeutic session. They may feel insecure and frightened. Make sure to provide participants with the possibility, as in any exercise, of refraining from active participation and, instead, watching the exercise from the side line.

In spite of the introduction, there will always be an enactor who does not really dare to ask much for him- or herself and tries to spare the accommodator. The atmosphere between the two will remain rather superficial. It will seem that there is no real in-depth experience taking place. It may prove helpful, if the therapist approaches the duo and says: "Do not be afraid to ask for whatever you need; the accommodator will take good care of him- or herself." Sometimes, such a remark will provide an opportunity for the accommodator to mention that he would prefer to adjust his seating: "I'm wondering whether he feels I cannot hold or support him correctly." The therapist can give an indication which will enable the positive accommodator to take a more suitable position.

For the enactor, the positive accommodation exercise is mainly an exercise to become aware of bodily needs and their symbolic meaning. To keep the exercise clearly structured, the first time it is done, the accommodator refrains from pronouncing words. We confine the interaction to a hand

on the back. When dealing with a more experienced group the words may be spoken by the accommodator, if requested by the enactor. In that case it is mandatory for the therapist to carefully watch the wording and to assist or reformulate where necessary (see *ideal parent exercise*).

During the exercise the therapist may want to remind the group of the various steps. This will give additional support to the group (see above Summary). After approximately 8 minutes the therapist might say: "You have two more minutes to experience the most satisfying accommodation. Take your time now to absorb the meaning of the contact. Think for yourself of words that state this meaning."

In an ongoing group, the *positive accommodation exercise* can be extended step by step up to a point where it will be close to an *ideal parent exercise* with one or two accommodators.

- If the instruction is such that the positive accommodator can give contact with both hands, the enactor will be able to ask for more bodily support.
- If the instruction is such that the enactor can ask the accommodator to add words or sentences, the enactor will check whether these words fit exactly to her/his own experience. If the words are felt not to match what the enactor needs to hear, she or he can ask the accommodator to say different words. As a rule, the accommodator simply repeats the words asked for by the enactor; the accommodator does not improvise.

In an inexperienced group, it is advisable to demonstrate the exercise with two volunteers, after having given the introduction and instructions. A hint now and then to the accommodator or a question to the enactor will usually be sufficient to provide a thorough understanding of the exercise to the group.

## Ideal Parent Exercise

**Lowijs Perquin**  
with editorial assistance of Louise Howe

### Goal

The *ideal parent exercise* in PBSP offers the client an opportunity to experience interaction with the kind of parents the client needed and wished for as a child. By physical and verbal contact with two group members who play the roles of ideal parents, unfulfilled childhood needs can be fulfilled symbolically. The emphasis of the *ideal parent exercise* is not on re-enacting negative aspects of the past, but on experiencing an alternative event, an 'antidote.' The antidote is a precisely fitting, positive symbolic experience, a need-satisfying reversal of the old history. The client gets acquainted with the range of possible interactions with ideal parents as a preparatory step for structures. Additionally, the *ideal parent exercise* has a diagnostic goal. Both the participant and the therapist can find out how far the client is still attached to the early, historical blueprint (the old map of the past).

The following description of the *ideal parent exercise* consists of four parts: a general introduction locating ideal parents as a central concept within PBSP, an introduction to the group, an instruction to the group and advice for the therapist. The latter is more elaborated than in earlier described exercises because of the important and central place ideal parents have within Pesso Boyden System Psychomotor. Many technical issues are involved in the guidance of this exercise. In the following general introduction, a number of elements mentioned in the introduction to PBSP are repeated (Perquin, 1996).

### General Introduction

'The basis for Pesso Boyden System Psychomotor is an optimistic view on humanity. The goal of human beings is to find ways of enjoying life, with pleasure, satisfaction, meaning and connectedness. The child, by nature, anticipates the realization of what is potentially present and what could be shaped; there is a natural force from within a person, from within the body that instinctively pushes the human being in this process of becoming. In order to be able to develop as a child, a number of conditions have to be met. Just as the foetus in the womb receives what it needs, we as young children must have our basic needs met: place, nurturance, protection, support and limits, physically and concretely in interaction with parents and caretakers who conceive, feed, carry, defend and limit us. This is the first stage of need satisfaction. Subsequently, these needs have to be met on a symbolic level by parents and caregivers who give us a place in their hearts, nurture our self-esteem, support our efforts, protect our rights and limit and define our boundaries. This is the second stage of need satisfaction.

'If this care is sufficiently communicated, these benevolent interactions will be internalized, i.e., will become part of ourselves. We learn to satisfy our own needs: we have a place for ourselves in our own minds and bodies; we can feel at home somewhere; we nurture ourselves with our own efforts, take good care of ourselves and support ourselves as well as find people to support us; we protect ourselves against danger and intrusion; and we limit ourselves, in our own interest and the interest of the community.

'If needs have been fulfilled insufficiently, our growth will stagnate and complaints and symptoms will develop. We might experience pain instead of pleasure, frustration instead of satisfaction, despair instead of meaning, alienation instead of connectedness. Unfulfilled needs and past traumatic experiences that have not been dealt with will still have an influence on how we think, feel and act as adults. The way in which we encounter the world and other people is partly defined by conscious and unconscious conclusions that we have drawn from our history. One could say that this information is filed, like programs or blue-prints, similar to blocked body-experiences and fixed perception-styles and behaviour-schemes. Like maps from the past, they still give directions in the present in the form of negative self-descriptions, expectations, devices: "I feel better at a distance." "In the end I must do it by myself anyway." "Nobody can be trusted." These messages may have helped us as children to maintain ourselves, or were important to psychologically survive difficult life circumstances.

'These inner prohibitions and commands are linked to bodily experiences and show themselves in mimic expression and motoric movements. A verbal prohibition can be just as immovable as its physical equivalent. Specifically, the use of physical contact in the *ideal parent exercise* can help to let flow what has been covered up for a long time.

'Psychic complaints often appear through physical symptoms such as physical tension, muscle pain, rigid postures and movement. The body has its own way of symbolizing and filing information. It has its own language and memory. Pesso Boyden psychotherapy assumes that behind those symptoms and complaints, healthy healing forces remain reachable: driving powers that can achieve birth, can still blossom and may be welcomed. Stagnated energy can be explored, can be put into physical action and meet its satisfying interaction. It can be validated, find its meaning and be recognized and internalized as part of the true self.'

### **Introduction of ideal parents to the group**

'Ideal parents were developed in PBSP to give you the possibility to experience new events in a symbolic reality. With ideal parents you can experience an alternative history. Imagine if you were born again, you had the good fortune to be born from these kinds of ideal parents and to experience physically and symbolically what you really needed as a child. Not with your original parents, but with completely different, brand new parents. Feeling like a child back then, you will let yourself experience what your life would have been like if you had just happened to be born from these ideal parents. Imagine that, through no choice of your own, you just happened to be born as the biological child of a couple who were the best possible parents for someone with precisely your innate

potentialities. Let the accommodators know exactly how these parents would have responded to you, and to each other, if they had been your parents from the beginning.

'If you had been able to grow up with them, your needs for nurturance, support, protection and limits would have been satisfied. These parents would have respected and validated your uniqueness. They would have provided you with the sense of having a place with them where you belonged, and a right to your own thoughts and feelings. These parents would look at you, hold you, touch you, in exactly the ways that best fit you. They would care about you and each other, they would be equally important and stay with each other. They would satisfy realistic needs. For instance, they will not fulfil the magical wish to be able to fly. They are not an 'improved version' of your real parents, or a reversed version of negative parents. An ideal parent will not be a father who says, "I will not hit you anymore," but a father who will convey to you: "I will treat you with respect, and if I get angry at you, I will keep control over my behaviour." Ideal parents only do what human beings are capable of doing. But since interactions with them can be internalized by the child, it is all right for them to say things such as "I will always be here for you whenever you need me."

'Ideal parents do not exist in ordinary, everyday reality. They are invented and placed in a specially created symbolic reality that is emotionally highly meaningful, in order to explore and integrate new symbolic experiences in a direct and concrete way. Experiences from the past continuously influence the way you feel, think and act in the present. Conclusions you drew from your history are filed as old programs or outdated blueprints. Unconsciously, you have an inclination to act according to these old maps. The ideal parents are symbolic figures, who can help you to draw up new maps and develop new perspectives and solutions.

'The picture and physical memory that you will develop from the interaction with them will form an antidote to disappointing and hurtful experiences from your past. As an alternative to the old, well-known route (old map), you will create a new route (new map), an alternative, embodied memory that leads to new perspectives.

'At the end of the *ideal parent exercise* you will be asked to concentrate on what you have experienced. You will create a visual, auditory and physical image of yourself as that child with these parents. You will incorporate and internalize your interactions with them into your bodily experience and memory. This alternative can become part of the image you have of yourself and others.

'Nevertheless, this new experience will not erase the negative history. Negative expectations about yourself and others will still continue to affect you. When in daily life you again encounter an unpleasant situation that is similar to a past one, you may again be inclined to react in your old ways; however, now you have an alternative response available: a positive, symbolic history, recorded in your memory that is exactly opposite to and closely linked to the old one. The new map makes new behaviour possible. This provides new perspectives and opportunities, to live with more pleasure, satisfaction, meaning, and connectedness with other people. As a result of working with ideal parents, your trust in dealing with reality in a more satisfying way will gradually grow.'

**Instruction to the group for the *ideal parents exercise***



'During a timeframe of ten minutes you can experience the *ideal parents exercise* – step by step. Choose a female and a male participant for the roles of ideal mother and ideal father. Indicate to them where they are to stand or sit, which posture they take, into which direction they should look, what the contact between them should look like and how you would like to get into physical contact with them yourself. Look for the most satisfying interaction, both non-verbally and verbally.

'Just as in the *positive accommodation exercise*, first the chosen accommodators take on their roles: "I will role play your ideal mother or ideal father." There is no need for them to improvise or fill in by themselves what they think the enactor needs. They just wait for instructions. Even if the enactor wishes for spontaneous, creative parents, it is the therapist's role to enable the enactor to indicate how the ideal parents should show these qualities. Accommodators do not ask questions like: "How do you want this done?" Or "Am I sitting correctly?" If asked to say something, accommodators only pass back in words what the enactor or the therapist specifically indicates to you.

'Make sure, as an accommodator, you are sitting or standing comfortably. If tiredness or muscle tension develops through a certain position and it is noticed by the enactor, the latter might think that she or he is too much of a burden for the ideal parents, just as in the past with the real parents. If the enactor wishes to test the ideal parents, for example, by pushing against their shoulders, it is important that the role players stand firm. So accommodators have to be prepared to offer the required counter-force. Ask for help, for instance, for support to your back by another member of the group who takes the role of an extension to the ideal father or ideal mother. It is important that the enactor does not need to worry about the well-being of the accommodators.

'I leave it as much as possible to the enactor to guide and implement the contact with the ideal parents. I may ask if the interaction is correct, and give a suggestion now and then. After eight minutes (two minutes before it is time to finish the exercise), I shall give a signal to give you the opportunity to prepare the close of the exercise.

'At the end of the exercise, take the time to experience what you are feeling. Use all your senses to create a physical, multidimensional image and memory of yourself as a child with these new parents. This different picture and this physical experience will become part of your self-image and of how you see the world. Take this experience with you in order to have it available in your life now.

'When the time comes to close the exercise I will ask the ideal parent to simultaneously de-role, and to say their own name: "I no longer role playing the ideal mother or ideal father" (speaking in unison), "I am Marja." "I am John" (taking it in turns). While saying your name as the accommodator, step by step decrease your physical contact with the enactor. Then return to your place in the circle, at a distance from the enactor.

'After the end of the exercise there is an opportunity to share everyone's experiences. The sharing is not directed towards the enactor. It is not a comment, nor is it feedback or evaluation. This is important for the safety within the group. There is no 'correct' or 'wrong' way of doing the exercise. The important point is what you experienced during the exercise. The meaning of the sharing is to exchange – on an emotional level – what the role players and other group-members experienced

themselves.'

### **Advice for the therapist**

This explanation is limited to working with ideal parents in the *ideal parents exercise*:

In the introduction be clear that ideal parents are of a completely different kind than the original parents: "Imagine that if you were born again you had the good fortune to be born from this completely different kind of parents. These parents gave birth to us rather than that they arrived now, today, at our adult age. There is an imagined biological link with these parents." Let the clients imagine that they start life again, and this time it is going to be right. In this way, clients do not think so much about the negative past history, but think more about 'If I were born again, what would I like?' The idea of being born again helps the client to make contact with her/his needs as a child. If you were to say, "Imagine that you will now get ideal parents," that might give the impression that these parents are for the adult client. If people do bring in negative history, the line which the therapist has to attend to is that nothing which the ideal parents do would look or be reminiscent of what the original parents did. You will want to make the client to clearly differentiate this for two reasons: first, that the exercise does not become a repetition of the negative history and, second, that the ideal parents do not become an improved version of the original parents.

Clients who have been seriously traumatized early in life often find it difficult to accept the concept of ideal parents. They have so few positive experiences with parents, that they can hardly imagine a father or mother with positive intentions. Their old history is so prominently present, so close to the ego (ego syntonic) that the acceptance of a new, positive experience is not imaginable. This is no reason not to invite them to try it. Choosing and placing ideal parents teaches them the possibility of another experience; on a symbolic level it opens the possibility sphere. It means making a start to consider negative, earlier experiences as ego dystonic (alien to the ego): they are not the natural rule. What the client experienced is not the law. There is no need in resignation as in accomplished facts with unchangeable consequences.

Sometimes it works well to address the client by asking for his/her empathic ability as a (potential) parent: "What would you do if, as an adult, you would see a child having the needs that you experience right now?"

Another reason for clients to have difficulties in accepting ideal parents might be their loyalty towards their own parents. They have been so invested in them that they are waiting for the original parents to be improved and become rehabilitated and, finally, become the good parents. "We shall not humiliate you any more" refers to this kind of improved version of the original parents; they regret what they did and will try to behave better. In a structure you can highlight the difference if clients bring up history. For instance, when the client says: "My mother would fall apart when I got angry," the ideal parent could say the opposite: "If I had been your mother back then and you found reason to shout at me, I could have handled your anger." The words, "If I had been there at the time, I would have ..." indicate clearly that we are dealing with an as-if (imaginary), completely different, symbolic experience. After a few sentences, the role player can switch to the present tense: "I treat you with respect," or the future: "I shall always treat you with respect."

Sometimes, the client needs to hear the denying form first. Words of an ideal parent: “I will not hit you” – when the original experience was to be hit – can make it acceptable that another way of contact is possible. After this first step the sentences formulated in the positive sense can follow.

Mind the general features of ideal parents. To summarize: they are equal to each other (sit on the same level), they are bigger and stronger (if necessary they can sit on an additional cushion), they love each other and stay together (hold each other strongly), they have satisfied their basic needs with their own ideal parents and can take care of themselves (they do not need to rely on the client). They satisfy real needs, not magical wishes.

If necessary, draw the client’s attention to these general distinctive characteristics. Unnoticed, the client will tend to repeat the old history, for instance, by starting a close contact with the ideal mother while keeping the idea father at a distance.

Apart from the general features mentioned above, there is no golden rule for the qualities of ideal parents. A client who had a weak father may want to experience contact with a more firm father. If a father was rigid and rejecting, the client may have a need for the ideal father to be gentle and receptive. The issue is to construct those parents who can satisfy the client’s basic needs, exactly fitting the client, and opposed to his/her negative experiences. As Al Pesso said, “Out of the knowledge of the need, the client has knowledge about the right fitting interaction.”

When doing this exercise in a group of beginners, give the accommodators enough guidance in a way that they feel supported and can communicate calm and trust. From the moment they are chosen in the role, the role players must show clearly, through glance and attitude, that they are available. Let the role players know that they have to take good care of themselves. Check regularly if extension figures are necessary in order to support these accommodating figures. However, keep in mind that too many instructions can create uncertainty and can have an undermining influence. In such a case, the role players’ attention is too much with the therapist; they will take an expectant attitude and pay less attention to the (non)verbal instructions and indications from the client. Unintentionally, the therapist creates the impression that she or he is the central figure from whom the healing will come after all.

If you see that a role player adds a bodily element to the contact on his/her own initiative, address the enactor first: “The ideal mother puts a hand on your forehead. Is that all right with you?” In a second instance, a short reminder of the contract addressed towards the role figures might help: “Await what she or he is asking for.” Say this in a tactful and friendly way, preventing the role player from feeling criticized, discouraged or imprisoned in a straitjacket of agreements and rules.

Keep an eye on the role figures’ real availability for the enactor, versus their own need for giving (or receiving). For instance, they might hold the client too tightly or start massaging or caressing without the client’s indication.

First let the client indicate a common place for the ideal parents to stay or sit in his/her vicinity. As long as the role figures are sitting in the circle they remain group members among the others and it will be difficult to imagine them as ideal parents even if they have taken that role. The client might get preoccupied with the question of how to bring these parents together, which may direct him/her too much into their old history.

Let the client examine if the contact between the parents looks good as soon as the parents are

seated next to each other. Explicitly check if the client is satisfied about their body posture, their facial expression and their look. Subsequently, do not wait too long before asking about what physical interaction the client would like to experience: "As a child, how would you have wanted to make contact with them?" "Where would your place with them have been?" Or: "How would you want them to hold you?"

At the first time, some participants will not dare to make any physical contact. It is important to handle this in a flexible way. Often steps in-between are necessary. For instance, the client may first want to watch the two parent figures from a distance. A client who has been sexually abused may want to put the ideal father figure outside the circle of the group, as a symbol that he should never have entered the territory of the client without consent. In this example it is advisable to explain that in due time there may be a possibility to choose negative roles in order to clarify the difference between ideal parents and negative aspects of real parents.

At the next occasion you can simply remind the client that physical contact adds a lot to the exercise; the experience deepens and sinks in much better. You might do a suggestion that fits with the client's auditory and visual experience. Also, you can again explain that the issue here is an early-child experience in which, besides words and images, non-verbal contact is essential. New group members need some encouragement (not persuasion) to enable them step by step to use physical interaction and to let it become a self-evident part of the group culture.

If the client mentions negative memories ("My mother was ill when I needed her"), try with the client to find words that offer a counter-balance. "What would you like to hear from the ideal mother?" If the client has the ideal mother say: "I am healthy and strong. I am here for you when you need me," ask: "How does this sound?" and then, "How would you like to experience this in a physical way." Or: "Would you like to try how you can claim her with all your force and that she stays healthy and strongly upright and that she will meet your needs?" The issue is that the therapist supports the client to express, in a physical and verbal way, needs and wishes that are hidden behind disappointment and despair.

Beware that the words of the ideal parents do not unintentionally contain any negative aspects of the past. For example, "We can deal with your emotions" would implicitly emphasize the parents in the past who could *not* do so. Try to correct this without a major change of words, but only by changing the emphasis, such as: "We can deal with your *emotions*." Another example is: "You will always belong to us." This seems to indicate the right to have a place, but also impedes free development and might contain a negative reconstruction of the past. A better way of phrasing this is: "With us you can experience how it is to really have your own place" or "We welcome you. We shall take care that there is a place for you" – leaving it up to the client whether to make use of the offer.

Also give attention to the intonation and the strength of the voice of the accommodators. Voice melody, accent, rhythm, speed and timing must fit the verbal content. If the ideal parent says: "I have lots of time for you," in a hurried way, the message will not get across. An ideal mother who says: "I respect *you*" (putting the emphasis on you), may induce a reaction such as: "Yes, but not her husband!" (the client's ideal father).

Regularly ask: "How does it sound? Does she say it in the right voice?" etc. If role figures have trouble in finding the right tone, show them how to do it: "Try to say it this way:"

Watch for the difference between this exercise and a structure. The *ideal parent exercise* is a short, focused, intense experience, and is not directed towards the old history, but towards the antidote. At the same time, the *ideal parent exercise* is a powerful exercise; it almost always gets very moving. Our task is to contain its format by clearly framing and defining its possibilities and limits, and keep it – even with the depth that is experienced – in an exercise form.

Establish the time frame right from the beginning, so that the enactor knows that they have only five, eight or ten minutes. It makes them aware that this is an exercise with a defined amount of time. The other controlling element is not to go into personal history, as you would do when leading a structure. One way of not going into history is simply not checking (“What is going on?” “What happens inside you?” “What is going on in your body?”) You do have to check: “Is this right?” So there is a certain amount of checking, but if you focus the checking on the process, a lot more detail is going to come out.

This exercise is configured in such a way that you do not deal with the past pain, but you deal with the experience of what was missing in a way to motivate the enactor to feel the longing for a new resolution: the antidote. Do minimal interventions as the leader. See yourself in a rather limited function, as controlling the traffic, to make sure that the person says what he or she wants to experience with the ideal parents, or tell the ideal parents what she or he wants to hear.

What you can do is to encourage the enactor to get what he seeks for. For example:

Client: “I would wish to have parents that make me feel welcome.”

Therapist: “Would you like to choose them in a role as parents that make you feel welcome?”

Or interventions that stimulate the client to precisely indicate how the contact has to be, or interventions that invite towards a next step: “Can you precisely tell the ideal parent-figures how to keep their hands on your shoulders?” “How would you like to proceed?” “What would you like to hear from them now?” “Check in your body whether you feel physically supported everywhere.”

Let the client indicate the words to the ideal parents as much as possible. The therapist supervises the *ideal parent exercise* as a guide, not as a director.

For verbalizing, especially take some time during the last few minutes. The very last minute is best spent in silence, to prevent new information or subjects to appear. Indicate when it is time to close: “You have two more minutes before we close” better fits the atmosphere than “Two more minutes, then you will have to stop.”

Mind your own place within the space with respect to the client and the ideal parents. Not too close and not too far from the client, in general always further away than the role figures. Sometimes alternating between the side of the mother and the father figures. Make sure that you can see the facial expression of the client, without sitting in the central scope of the client. Examine which reactions the client gives you as the therapist – the therapist is a precursor of a parent figure. Experience the situation, alternating from the client’s and the ideal parents’ perspective, and use your own physical reactions as a source of information in order to evaluate whether the contact between parent figures and client seems to be right.

Subsequently, take the lead in de-roling. The ideal parents simultaneously de-role. Then they mention their own names in turn, and from this moment on gradually finish the physical contact

with the enactor.

In spite of the limited time, transmit quiet and clarity. This starts with supporting the client to precisely choose and position the ideal parent figures. Be aware that the client, after a first try, can suddenly get in contact with needs from early childhood. When the physical contact fits, often the pain of what was missing emerges. Deep feelings of mourning and sadness can evolve. To experience such feelings, undisturbed, in contact with parent figures who are available now is a substantial therapeutic, healing experience.

Make sure that the sharing does not end up as feedback, comment or interpretation. The idea is that the participants express their own associations, without directing them towards the enactor. The enactor must not be confronted with the impressions and opinions of others about her/his work. In a psychodynamic group the interaction amongst the participants is the therapeutic means; in a Pesso Boyden group it is the interaction with the ideal parents. Pesso said, "The healing comes from the ideal parents."

Variations in the format of the *ideal parent exercise* can help to decrease the threshold. One possibility is to start with a group-exercise. The therapist asks two volunteers to role play an ideal mother and an ideal father. The other participants can in turns ask the role players to make changes in their positions or mutual contact. Everyone can comment on what the change makes her/him experience or what it means. Another variation is the *ideal parent circle exercise*. Two role players pass from one participant to the other, very briefly, for example in two minutes for each group member.

In a group of beginners, it is recommended to offer the *ideal parent exercise* various times per client, each time putting the emphasis on another basic need: place, nurture, support, protection and limits. In a short introduction each basic need can first be explained. In a subsequent go-round the participants can mention points of recognition from their own history.

If participants in a structure group that has already existed for some time do not get to working with ideal parents during the structures, a rehearsal of the *ideal parent exercise*, for example in the first part of the therapy evening, can create an important acceleration to the work in the structures.

The resistance which participants in the long run often get against the term ideal parents – "...again ideal parents...I know them already..." – can be prevented by a flexible handling of the term: "The parents you needed back then," "The parents that would have supported you as a child," "The parents that would never leave you."

A training group or workshop with a large number of participants can be divided into three subgroups of five or six members. The subgroups work simultaneously, the trainer moves from group to group. There needs to be an equal distribution of men and women. Everyone gets a turn as the enactor. One member of the group is in the role of the guide, checking that the enactor makes appropriate requests and that the role players respond satisfactorily. Another member can serve as a timekeeper and as a support to the therapist. In this way, within an hour, everyone can get her/his turn as the enactor and in another role. This format is also suitable for an intervision group.

### **Re-cap of Steps for Practicing the *Ideal Parent Exercise***

The therapist gives the introduction.

The client chooses a man and a woman to role play ideal parents. The ideal parents come in pairs.

The parents will sit or stay closely bonded with each other. The client indicates placement, posture, etc., to the ideal parents.

In cooperation with the therapist, the client designs the most satisfying interactions, both non-verbal and verbal, of the ideal parents with each other and with the client.

The therapist indicates when the time has come to complete the exercise.

The therapist assists the ideal parent role players in the process of de-roling.

The therapist presides over the sharing of emotions. What feelings did the exercise evoke in the group members? The sharing is not directed towards the client; it is not meant to be commentary, feedback, evaluation or interpretation, but simply a sharing of feelings among those who played roles in or observed the exercise.

### **Evaluation Points for the Introduction of the *Ideal Parent Exercise***

Before the beginning of the introduction to the ideal parent exercise, does the therapist create a 'possibility sphere'?

During the introduction, does the therapist create a picture that sketches the possibility of a new experience with ideal parents to freely experiment?

Has it been emphasized enough that the needs of the client are of vital importance and that the client can still ask for what the child needed at the time?

Does the therapist make a clear distinction between the positive or loved aspects of the real parents, good-enough parents and ideal parents?

Does the therapist make it clear that the ideal parents are not an enhanced or reformed version of the real parents, nor negative parents with a plus-sign?

Does the therapist sufficiently explain that magical wishes cannot be fulfilled?

Does the therapist indicate a few basic qualities of ideal parents?

Is it evident from the introduction that during the exercise the client is the person in charge and (co)responsible for the creation of a positive outcome?

## **Evaluation for Leading the *Ideal Parent Exercise***

### Attitude:

- Does the therapist create a climate in which the client can feel safe to experiment (possibility sphere)?
- Does the therapist leave the client in charge? Too much or too little?
- Does the therapist give suggestions, when required, without forcing them upon the client?
- Do the suggestions fit the needs of the client?
- Does the therapist radiate an atmosphere of hope and by doing so prevent a reconstruction?
- Has the therapist assumed an appropriate position in relation to the client and the ideal parents?

### Timeframe:

- Has the therapist made clear agreements concerning the duration and timeframe of the exercise?
- Does the therapist convey an atmosphere of peace and quiet, in spite of the restricted time available?
- Does the therapist provide enough time for the client to choose ideal parents?

### Management and guidance towards role players:

- Does the therapist give enough instructions as the ideal parent role players assume their roles?
- Does the therapist then give enough guidance to the role players, without taking over?
- Does the therapist give suggestions when needed concerning the facial expression, posture and attitude of the ideal parent figures, to enable them to carry out their task correctly?
- Does the therapist indicate that the role players need to take reasonable care of their own comfort?
- Does the therapist give enough attention to general role qualities of ideal parents, such as: equality between them, stronger and bigger than the client, close to each other, mutually giving and receiving?
- Is the therapist able to deviate from point when this is required?

### Structure level:

- Does the therapist pick up the client's affects and highest energy?
- Does the therapist guide the client towards physical interaction and complete expression of a vital emotion or the fulfillment of an essential need?
- Does the therapist lead the client to a positive ending and a believable antidote?
- Does the therapist help the client to deepen the experience by verbalizing what is happening, without distracting the client from his/her experience?

### Closure:

- Does the therapist indicate to the client when the time has come for completion of the exercise?
- Does the therapist give enough guidance to the ideal parents about the process of de-roling?
- Does the therapist make sure that the ideal parents de-role speaking in unison and then state their own names one by one?
- How well does the therapist preside over the sharing?



### ***Ideal Parent Exercise: Additional Interventions***

As you have seen from the above, the goal of the exercise is to give clients a chance to experience how it would be and feel if they had the good fortune to be born again with a new set of parents. They can explore how life would have been with these parents and see how it would feel to have been raised by them. There are some standard rules, for example, the parents are higher and remain together; clients say to their ideal parents what they want and how they would like to be held by them.

My role as exercise leader is to extend the possibility sphere and by supporting an atmosphere of care and respect and guard against the group slipping into a casual, social, light-hearted frame of mind. They each will have, say, six minutes and I will let them know when four minutes are up and tell them that they have two minutes left. (I trust the client's pilot, knowing that there is a limited amount of time, will be prepared to select only those elements that can be completed in that time and be willing to keep the contract and able to stop at the end of the time period.)

If a client finds the statement they wanted to hear from the ideal mother was unbelievable, the exercise leader may ask the client if she or he perhaps is thinking of the real mother and her reaction. In that case you ask the client to be sure that they have constructed an image of an ideal mother completely different from their real mother:

"Don't project or put the face of your real mother on the face of the role player."

"Only ask the ideal parents to say those things that you are prepared to believe."

"It is your right to organize how you want them to hold you or even what expressions you would like on their faces. This is your construction."

"What would you like them to say?" "Arrange it to your satisfaction."

When the client says something like, "It would be so nice if they would protect me," I might then say: "Would you like to hear them say that they would do that?"

When it occurs that the role players change the wording that they were told to say by the client, I make sure that they repeat it in a correct way that the client requested. When it happens that the client for whatever reason appears taller or higher than the parents, I note that and remind the client of the rule and suggest that the parents sit higher by adding cushions to sit on.

At some moments when the client may laugh in a light hearted way, the accommodating ideal parents might laugh in a way that is no longer appropriate for parental figures, but more like peers in a social setting laughing at a joke or something trivial. I then, carefully, but firmly remind them that they should stay in character. I am careful not to say it in such a way as to produce shame and guilt in the role players. In such events if the client is having a good time, I check if the client wants the parents to smile back and participate on that level.

When the client might be testing the resilience or power of the parents, I check and ask if they are getting the level of resistance they wish. I also see to it, and check with the client, that there are back-up figures behind the parents so they do not accidentally topple over.

When the four minute beep sounds, I simply announce: "You have two more minutes to complete the exercise." My tone is such that it reminds them of the contract so there is no question that there will be an extension of the time. When the second beep sounds I say, "Are you ready for de-rolling?" in a tone that doesn't give the implication that it is indeed a question but a kindly statement of an assumption.

In summary: you have certainly noted the depth of the experience even though it takes only six minutes. I trust the formula in the organization of the exercise and the client's pilot. I add nothing to the situation. I do not make therapeutic interventions or suggestions or ask, "How do you feel about that?" I do not do anything that would shift the control or leadership of the exercise away from the client to me. The exercise and the client's inner organization have their own power and are to be trusted.



## Procedure for Safe Intervention in PBSP

### Lowijs Perquin

Intervision groups offer a safe platform for practising PBSP without too much therapeutic risk, because in an intervention group you can make mistakes without doing too much harm. Feedback about your work as a therapist helps you to discover what is effective and to become aware of some of your blind spots. In role-play situations and small exercises, you will learn from each other on a peer level.

In spite of these advantages, the step from talking to practising with each other is not always easy. To expose oneself in the role of a therapist requires a safe working climate and clear rules. In this short paper I will give some ideas that have proven to be helpful to make an intervention group a safe place for learning: a 13-step procedure and some guidelines for offering feedback in PBSP intervention.

#### Procedure for safe intervention

1. One of the group members takes the function of a chairperson to guide the steps described below.
2. Make an arrangement for which therapist has a turn to perform an exercise.
3. Make a focused description of the exercise. This is especially relevant when only a part of an exercise will be performed. An example: "I will try out the *circle exercise with gestures*. Only two different participants in the role of a client will have a turn."
4. The therapist who leads the exercise indicates his/her personal learning goal. For example, "I especially want to learn how to deal with the sharing after the exercise; in particular how I react to the members of the group during their sharing."
5. Then agree about the tasks: client(s), observer/reporter, a support figure for the therapist (a group member who can give advice to the therapist when asked to).
6. Perform the exercise. The group members behave as clients.
7. In their roles as clients the participants share what they have experienced.
8. The participants de-role from their position of therapist and client(s).

9. The therapist de-briefs what she or he has experienced during the leading of the exercise and gives a first impression of how he or she evaluates the work.
10. The client-enactor gives feedback to the therapist.
11. The observer/reporter gives feedback from his/her notes.
12. The other group members give feedback, as much as possible in terms of concrete observations, without judgments (see below).
13. Evaluation with the help of the chairperson: Did you reach your learning goals? What new discoveries did you make? What do you take home?

### **Guidelines for offering feedback in PBSP intervention**

1. Mention observable behaviour: "I noticed that you sat nearer to the client than the ideal father figure."
2. Do not give interpretations. An example: "As a therapist you were in the ideal father role yourself too much."
3. Preferably, do not posit massive confronting remarks, such as: "You appeared so uncertain."
4. Formulate alternative behaviour: "I would speak louder and clearer." Or: "If a group member keeps asking about the use of the exercise, I would rather repeat the instructions once again than enter into a discussion, as you did."
5. Remember, from positive feedback we learn faster than from negative feedback. Name the things that went well: "You had a quiet tempo; you frequently made eye contact which made me, as a client, realize that you were present – without intruding upon me."
6. If as a therapist or chairperson, you think that the feedback from the group is too abstract, ask concrete questions: "What did you notice about me (verbally and non-verbally) as the therapist at that moment?"

### **Resources (in addition to Core Readings)**

Pesso, A and D Boyden Pesso (1969), *Movement in Psychotherapy*, New York University Press.  
Pesso, A (1973), *Experience in Action* (New York University Press).  
Pesso, A and J Crandell (1991), *Moving Psychotherapy Theory and Application of Pesso System/Psychomotor Therapy* (Cambridge, Brookline Books).