



UNITED STATES
PBSP
ASSOCIATION

The official
newsletter
of the
USPBSPA



President's Message

When someone asks me, “What’s the state of PBSP in the USA today?” I frequently think of a tree growing out of rock. Such a sight is frequent when walking along the paths in northern Minnesota. The tree is growing, looks healthy, but you can’t tell how it’s growing there. Although practitioners of PBSP are a small number of people and the fact that hardly anyone has ever heard of our method of psychotherapy, we are, nevertheless, a steadily growing presence in the field of psychotherapy.

Currently there are PBSP training programs going on in Atlanta, Minneapolis/St Paul (known as the “twin cities”) and San Diego. People attending these training experiences often come in from locations from around the USA. USA PBSP trainers are even working via Zoom with a group in Australia. Tasmin Pessa has been organizing international trainers from the USA and Europe into regular meetings with each other. The European PBSP communities are also reporting steady growth.

We may never be a huge movement within the field of psychotherapy. Experience has taught me that it is a minority of psychotherapists who are willing to put in the time, money, and effort to really get to know a psychotherapeutic method that is mostly taught as a post-graduate program. It’s difficult to capture the power and beauty of the PBSP method in any kind of “tweet-like” advertising campaign. To me it seems like the people who are drawn into learning PBSP are people who have taken the effort to experience the method by observing or partaking in actual structure work. Once this occurs people often respond with a “Where have you been all my life,” type of enthusiasm. So, while we may never be a mass movement,

I'm convinced that we will be that dash of salt that contributes far beyond our numbers.

I am going to close my report with a poem with stanzas from two different poems from a book of poems by David Whyte that a friend gave to me.

Jim Amundsen

From, "What to remember when waking"

**You are not
A troubled guest
On this earth,
You are not an accident
Amidst other accidents,
You were invited
From another and greater
Night than the one
From which
You have just emerged**



US PBSP events & training



Certified PBSP psychotherapist, Maya Heffernan, is organizing a three-year cohort training program to start in the fall of 2023 in San Diego, CA. A cohort training program means that after a group signs up it is then closed. Participants must agree to sign up for at least a year.

If you are interested, please contact Maya at mayaheffernan@gmail.com.

Certified PBSP trainer, Jim Amundsen, is scheduling 3-day modular training sessions in Minneapolis/St Paul, MN. Modular training means that each three-day training is open to anyone up to group size limit.

See [Foundations of PBSP Psychotherapy II](#) for details.

Jim Amundsen is also, once again, offering a five-day intensive training retreat on the north shore of Lake Superior.

See [Embodied memory reconsolidation: Intensive PBSP training](#) for details.

Please refer to our [Events](#) page for full details on all our upcoming events and training programs.

Good Questions

Jim received the following questions after a recent Zoom training session, and he decided to share his answers below.

1. In somatic coaching we learn it is important not to tell the client what we see them feeling, rather to ask. So, could we formulate the question as “A witness *might* say that you *seem* sad when you discuss your mother’s addiction. Is that correct?”

The basic answer here is, if you accurately witness, e.g., “If a witness were here, a witness would say, ‘I see how interested and concerned you are to resolve the conflicting viewpoints between two methods you value,’ you end up not telling people what they feel as much as affirming what they do feel. It’s fine, even a good habit, to say at the end of the witness statement, “is that right?”

The goal of the witness statement is for people to feel understood. Imagine a child coming to you in tears after scraping her knee. Imagine you are that child. What would make you feel more understood: “I see how painful and distressing it is for you that you scraped your knee,” vs, asking, “How does it feel that you scraped your knee?” A child, already in distress and communicating the distress by crying, is probably going to feel like the questioner isn’t really paying attention to such a question. On the other hand, an insensitive therapist (coming from his or her own need states) who insists that their witness statement must be correct even though the client doesn’t think so, is then telling the client what to feel. More to the point, they are telling the client what feelings they find “acceptable” and which aren’t. In witnessing we are trying to avoid both of those outcomes; not accurately understanding the feelings or telling the client what to feel.

Accurate witness statements only lead to feeling understood.

2. Also, is the wording for voices “A witness would say there is a voice doubting your experience. Is this correct?”

This example of a witness statement, “there is a voice doubting your experience,” is not a witness statement, it’s more of an interpretation.

Voices are roadmaps, prescriptions, maps of how we should behave in a circumstance that are in the realm of verbal thoughts. So, with this example, I would divide the voice from a witness statement: “There’s like a voice that says, ‘Doubt your experience.’”

The witness statement would then capture the feelings, which might be, “I see how confused (or distressed, or angry) when you hear the voice that says to doubt your experience.” The feeling word would depend on your accurate reading of how the client is reacting to the voice.

In witnessing, we are emphasizing the act of being seen. Not heard, not touched, or smelled. We can't really see another person's thoughts. What we see are the feeling reactions to those thoughts. In identifying a voice, we're identifying a “rule” of how we should handle a situation that has been learned from experience. Both together are referred to as “micro-tracking current consciousness.” Witnessing is identifying the feelings of current consciousness and identifying voices is the act of labeling an internalized instruction of how we “should” behave in that given circumstance.

3. For ideal roles (parents, siblings, etc.) do we always go with what the client wants, even if it seems completely fanciful, impractical, or even violent, vengeful or unhealthy?

Examples:

a. “My ideal parent would have been able to fly like superwoman and been able to rescue me out of the woods...” (Fanciful example)

b. “My ideal mother would have stabbed my father to death when he whipped me (Unhealthy example)

The short answer to this question is “no”, we don't support wishful thinking or grandiose fantasies. The ideals, especially ideal parents, are about interactionally meeting basic needs (the need for place, nurturance, support, protection, and limits) back then, in the person's history.

With the fanciful example, “my mom would fly me out of the woods like superwoman,” I would modify for the client (after witnessing: “I see how much you yearn for your parent to be a superwoman”) with a suggestion like, “My ideal mother would have watched over me so I would never have been lost in the woods in the first place.” (That would be a need for protection.) I would probably have explained to the client that to create a new memory, it must be believable, otherwise your brain will reject it.

With the example of an abusive father, assuming that an ideal mother has already been enrolled, I would have suggested an ideal protection figure, placed between the client and the abuser, who would have never let the father abuse you or your mother (also, after having witnessed, “how much you long for revenge). Ultimately, it would most complete to have an ideal mother who would have married an ideal father who would have never abused, but rather,

would have been a source of protection against all abuse. Often it can take a few structures before someone can take in the full antidote.

The creation of believable safety is the number concern when dealing with such abuse.

4. One of the goals of coaching can be to get the client to see how trauma or suffering still offers gifts (strengths, resilience, wisdom, compassion) So, if we give the client an opportunity to say things like “My ideal mother would not have been a holocaust survivor” or “My ideal parents would not have had my younger sibling” then aren’t we potentially robbing them of the opportunity to reap the benefits of the gifts of their predicament rather than simply replacing the memory with something that wipes that possibility away?

To this question of, do we deprive clients from seeing how hardships can be positive, I would say that what you describe there is an outcome of people taking in ideals. For me to conclude, “Oh, I can see now how much I learned from the traumatically painful history of your parent being a holocaust survivor,” either means I’m denying the depth of my pain or, I have genuinely recovered from the experience (I’ve “healed”) and I’m no longer traumatized by remembering the experience.

In this work, we are working with ego – the operating principles and affect regulating capacities – that help us get through life. Al liked to start introductory lectures by saying that life is hard and often filled with pain and suffering. But, nevertheless, some people can handle all that and still lead lives where they can find pleasure, satisfaction, meaning and connectedness in spite of life’s difficulties, while others are wiped out by them. What’s the difference? The difference is when we grow up with secure attachment to our parents (i.e., are basic developmental needs are met) that gives us an “automatic pilot” (the ego) that allows us to navigate life successfully. Trauma in development robs people of the capacity to handle life.

I would not have suggested, as in your example of a holocaust survivor, that she have an ideal sibling who wouldn’t have died. I would have created an ideal world where there would never had been a holocaust. To state in abstract what we are trying to do; we’re attempting to construct an embodied, experiential, simulation of what an ideal history would have been like. This creates a virtual memory that can heal/develop the ego. Without an adequately structured ego system, any suggestion that someone would learn something from their traumas would only result in strengthening a very fragile, rigid defensive posture of denial, that would not improve the client’s genuine strength in any way.

Unintended drug overdose, out of the blue medical emergencies, loss of friendships, unexpected deaths, climate crisis and extreme weather events: These are the kind of things that can happen to all of us (life is indeed hard). It's a strong ego, formed by parents who provided all the basic needs, that gives an adult the resilience and strength to get through and keep going. I've seen plenty of the opposite where such an event would lead to depression, anxiety and even death. If this person came to me as a client, I could not conceive of having a therapeutic goal of helping her to see what a great learning experience she just went through.

Questions can be complicated, and I hope I haven't misinterpreted your question, which I took to be, in essence, "where does resilience come from." The phrase, "what doesn't kill you makes you stronger," is only true for people who have adequately functioning egos in the first place. People come to us precisely because they are having trouble handling (being made stronger by finding adaptive ways to handle the situation) experiences that they are overwhelmed by. There are some very nasty, evil experiences, that we are doing good to survive and to go onto lead satisfying lives.

I hope this answers your questions, or at least gives a start to answering them!

Jim



Recently certified PBSP Trainer, Pam White, died at age 79 on September 28, 2022. She and her husband, John White, owned the Asheville Center for Group and Family Therapy in Asheville, NC. Pam and John were members of the legendary Larpin Tarpin training group. Legendary because it was the only training group that was trained entirely by Al Pesso. Pam worked tirelessly to become a trainer only to have her cancer, which had been in remission, take her life shortly after she attained

her goal. Pam was deeply loved by those in the PBSP community who knew her and will be sorely missed.

Gail Hagler died November 2 at age 88 in Cedar Mountain, NC where she and her husband Billy (a distinguished retired eye surgeon) had been living for the last fifteen years. Earlier Gail was a family therapist in Atlanta, GA in practice with Gus and Margaret Napier. As co-therapist with Gus Kaufman, she became interested in PBSP and became a PBSP trainer. At the First International Psychomotor Conference in Amsterdam in 1992 she presented "Psychomotor in the treatment of addiction: a recovery model.". Gus Kaufman and Gail led many couples PBSP workshops together, often at her farm northwest of Atlanta. Gail was a wonderful advocate for 12-step, a proud mother of four and grandmother, an enthusiastic gardener and mountain biker. She will be greatly missed.

Jean Kirkland, a certified PBSP therapist in NC, died earlier this year. She and her husband John Ritchie trained in Psychomotor together in Atlanta. They lived in Sylva, NC. Jean was on the panel with me "Creating a Place for Sexual Orientation in PBSP" at the Second International PBSP Conference in 1994 in Atlanta. She served on two other panels at that conference: "Transformation of Introjected Negative Parents into Ideal Positive Parents Through Fictional Writing" and a plenary, "History of Psychomotor from Women's Perspectives."

http://www.thesylvaherald.com/obituaries/article_3e82e4d6-aacc-11ec-a57a-0f8db5861063.html

Jean was a wonderful, generative person, a great friend, and a lover of our work.

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