PBSP: The Training of Choice for Every Kind of Therapist

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Abstract: By looking at the system from a new perspective, I analyze the ways in which psychomotor training goes beyond technique to offer principles that every therapist can apply, as well as practical experiences that are not available in most training situations. The format of the work, which allows live supervision and the opportunity to watch a master therapist in practice, is especially powerful for learning. Examples, such as the learning value of playing positive and negative roles, are used to illustrate how PBSP training is uniquely effective even for therapists who plan to use only verbal techniques in their practices.

One day I was meeting with a client of mine, whom I had been seeing for about three years, and who was nearing the termination of her therapy and consolidating her progress. She had a close transference relationship with me, and had done wonderful, deep work for herself. She had also done quite a lot of PBSP therapy, not with me, but with Jim Amundsen, my partner, and with Kathie Power, the two people who practice PBSP therapy in the Twin Cities. She is starting her education to be a therapist herself, and she was talking about graduate programs. She said I must have gone to an unusual one, or must have worked especially hard, because I had learned so much about how to work with her effectively. She said she had had other Ph.D. psychologists as therapists before, but they were not able to stay with her in her feelings and sustain the kind of safe holding over time that she needed to do the work she had to do.

Of course some of this was the idealizing that occurs when a patient has a good therapy experience, and not unusual to hear at this point in the termination process. After saying that I was glad she had found our relationship helpful, I said to her, because I was so struck by it at the time, "It's the PBSP training that did that for me." I don't do PBSP therapy any more — and I'll talk about the reasons for that a little later. But I am a much better therapist at what I do because of having trained in PBSP work, and I think many other people would be better therapists than they are if they had similar training.

As wonderful as I think PBSP therapy is, many therapists are not going to be doing it. I want to broaden the scope and influence of the Pesso Boyden System in spite of that fact, and I will be arguing that training in PBSP is the best training that a person could have for doing therapy in general. I want to put the emphasis on the System aspect of the name — not ignoring the Psychomotor aspect, but making it secondary.

This paper is really just an idea about PBSP work and training that I want to open up for us to look at, and I guess it partly comes out of a defensive place I found myself in at the end of the last PBSP conference. Although I gave a case study there of my work with a client in an ongoing PBSP group, I had already by then given up working in that format and was doing individual verbal therapy and work with couples in my practice. When people asked me how I work, I could only say that I do traditional verbal therapy and do not do PBSP work, and some people in the PBSP camp challenged me to rethink that and go back to doing PBSP therapy. I think I felt a left-out feeling, and I knew that in my heart I was still a PBSP therapist and wanted to relate to the PBSP community in a meaningful way.

Partly this had to do with the people I have met through PBSP work, many of whom I love, and the feeling that as a group they constitute the most interesting and compatible group of colleagues I have found. I decided to think more about my relationship to the PBSP work and clarify for myself why I am not doing it and what it all means to me. What came out of this was a new realization of the tremendous importance PBSP training had for me as a therapist, even though I practice in another modality. I began to think that a new explicit awareness of this value for the training of any therapist could be useful to the PBSP community. Presenting the training as basic to doing any kind of therapy would open up possibilities of more people being interested in the training, and of a wider influence of the Al's and Diane's thinking and

contribution than only on those therapists who use the technique explicitly.

When we started our therapy training group in Minneapolis, there were some therapists who looked into it and then decided they couldn't build a practice doing PBSP therapy so didn't pursue it. One in particular was a very strong person and therapist, and he was very explicit about it: intrigued as he was with it, he didn't want to spend several years learning a difficult technique that he would never have the opportunity to practice enough to earn a living at it. The tremendous difficulty of learning and being certified in PBSP therapy is a factor in resistance to starting the training for many people.

I am citing my own experience here in the sense of being a case example, because I think there are many other people who are interested in PBSP work but don't use it as a technique, for whom I may be speaking as well. I want to encourage the PBSP community to invite and welcome this relationship to PBSP work, rather than to discourage it, actively or through lack of overt recognition.

In my current practice, I see people individually for verbal therapy with no body contact. I base my work primarily on the theories of self psychology, although it also is similar to many psychodynamic therapists working today, judging from my colleagues and many current books and workshops on interpersonal therapy. Much of what I see as effective in helping people change is the relationship between the therapist and the patient, both in its reality aspects and its transference aspects. I have tremendous respect for the power of the transference relationship in changing people's lives, and wanting to use this with full awareness is one of the main reasons I am choosing individual verbal therapy rather than PBSP work.

I actually think the ideal is for people to do both PBSP work and this kind of therapy, and in a few cases it has happened that one of my clients is in a group with a PBSP therapist. It does not work, however, for me to refer my own clients to PBSP workshops or groups I am running. Because they have to deal with my having relationships with others, and relating to them in a different way, the transference goes underground and is not available for us to use in the individual therapy. Freedom to work in the transference comes from safety, and the more safety the therapist can provide, the deeper and more valuable will be the transference relationship. What assures safety is privacy, confidentiality, a lack of multiple relationships, and clear, consistent boundaries.

Also, it was too hard to keep trying to market PBSP groups and get referrals from elsewhere. I know other people have found ways to do this, but I didn't like it. I especially found it difficult to get enough men for a group, since many more of my referrals are women, and it seems to me that more women are willing to take what always seems at the beginning to be the huge risk of trusting themselves to a body-oriented therapy. Of course other people solve this problem in various ways, and one person in Minneapolis criticized my perfectionism in this regard, but I still feel strongly that male roles need to be played by men, and female roles by women.

The particular physical environment required for PBSP work is another problem. I got in big trouble in one office building, where I had gone to the trouble and expense of renting and furnishing a separate group room for PBSP work on evenings and weekends, and then the renters in the next office began working weekends and complaining about the noise we were making. Another physical issue as I get older is that I don't have the wonderful physical flexibility of, for instance, Louisa Howe, and I don't like sitting on the floor all the time.

Now, I do not mean this to be a criticism of PBSP therapy, and I know perfectly well that other people have faced and solved these problems. I'm not playing helpless here or asking for advice. This is just the position in which I found myself, and what I have realized as I reflected on it. Yet the other reality is, I still feel this deep identity as a PBSP therapist. I think this came from the training I have had, and that it forms a bedrock of my identity as a therapist that is very important, and that I will never give up. I want to talk about the values of PBSP training that I still use, and the unique ways the training prepares therapists to do therapy, not just PBSP therapy.

I first started to think about this when a patient of mine who was in a master's program in counseling told me about seeing the famous film of Carl Rogers, Fritz Perls, and Albert Ellis working with "Gloria," a real patient. She was so excited to have had the chance to see a master therapist actually doing work with patients, rather than just reading about it! She felt she had learned more about how to do therapy in the three hours with those films than in all her academic training. I agreed, and I thought about the hours I spent watching Al work in groups, long before I considered entering PBSP training for myself. In fact, back then I was so awed by the quality of his work that I could not even imagine myself doing anything like it. In those days, Wil Larson, a psychiatrist who is a friend of mine and in whose office I worked for a few years, had Al come twice a year for three days to work with his patients in a retreat setting on a lake outside of town.

I attended many of those sessions, and I remember long days in a big room with windows looking out on the woods, watching Al do structures with four or five patients a day. This was the best of any training I ever had as a therapist. I learned to read the body expres-

sions of people, and to track the affect. I followed the story and tried to listen as he did, and to think at the same time about what was going on. I saw a huge range of the kinds of problems people bring to therapy, far beyond what a beginning therapist could know about otherwise. I saw him casually zero in on the exact age of a patient's regression, and it seemed like magic until I saw it enough and learned more and found the logic behind what he was doing.

I could go on and on, of course, describing the things I learned inductively from watching Al work day after day. All these things fit with theories and techniques I was learning elsewhere, and later, when I began training in PBSP work, I was able to put names and descriptions with some of them. Still, it was the chance to watch him work with one person, and to be an intimate observer of that work, that taught me the most. One example I will give is depression. I saw many times a sad, low-energy person sit in front of Al and dejectedly, softly, tell a story that alluded to an abusive dad or a seductive mother, etc. I would see that same person set up the negative figures, get ideal limit figures in place, and then go for it — letting out immense amounts of pent-up aggressive energy that I would never before have guessed they could have.

This gave me an intuitive understanding of what is going on in a person that comes to me depressed, and although I work with it in a different way, the conception that I got from this work is still in my mind as I do it. Yes, I would like for my patients to have the physical experience of being limited and therefore freed. Instead they have the experience of building a relationship with me that offers safe limits, and slowly risking letting out their real feelings toward me, including anger, and finding that it is okay. We could discuss the relative merits of the methods, but my point here is that the conception of depression that I am working from was learned from watching Al's work with patients, and that conception is relevant no matter what method is used to treat the depression.

Another example of the way PBSP's conceptions are at the root of my thinking about therapy came up recently in my peer consultation group. One therapist had begun working with a family of three boys, ages 9, 11, and 14, whose father had recently died of cancer. The mother was concerned about them and recognized that in her grief, she may be missing something they need. The oldest boy had been beating up on the others, and they were becoming increasingly upset. What leapt to my mind immediately was the pull that this boy must feel to fill the void created by his father's death, and the potential for him to move into a magical marriage with his mother, especially given the energy he has around sexual relationships at this age. I talked about this conception, and the therapist suddenly saw clearly how he needed to work with the family to keep the generational lines clear and the boy on his own developmental path.

Other kinds of learning that have been important to me as a therapist come just from being part of a group doing PBSP work, and acting as an accommodator. For me, and I do not think I am particularly unusual here, maybe especially among women, one of the most needed learnings was to have people yelling at me angrily and not to be overwhelmed by it, i.e., negative accommodation. Because of my history, I used to quake when anyone expressed direct anger to me. I loved learning to be a good negative accommodator, and to face people's rage knowing that it is about them, not about me, and I need not take it in. This gave me a freedom that I need and use all the time in transference-based therapy. I learned a lot about trust in some of these situations as well.

One of my most vivid memories is of a structure done by a very large, muscular man, who presented originally as one of those depressed, overly controlled, masochistic people. I remember Al interpreting an expression of his as wanting to grind his foot into the floor sadistically. With the secure provision of limits, and with me installed as the negative seductive figure, he turned into a sexually aggressive, growling creature that felt to me like a raging bull coming at me only ten feet across the room. My heart pounded, but I trusted that Al knew what he was doing and that the limit figures would do their job, so I was able to stand my ground. I cannot think of any other training experience, or life experience, for that matter, that could substitute for that in my training as a therapist.

Another important piece I learned as an accommodator is about support — getting it and giving it. Early in my experience, I wanted to be the perfect ideal accommodator, to give the person exactly what was needed. Once I was holding someone in a way that was straining my back, and someone behind me moved up quietly and positioned a bent knee just under where the strain was. I will never forget that sweet feeling of relief, and that I did not have to carry the burden alone. After that I learned to ask for support as an accommodator, and began to generalize from that to a new understanding of how we all need support in our roles. We can always ask someone. Sacrificial straining is not useful, but getting the support needed to provide the accommodation is very useful, and always available, from a wall, a pillow, or a break if not from a person.

I experience that as a therapist again every time I talk to my consultation group about a place I'm stuck, and the stuck place gives way when I'm supported in what is hard for me. My convictions about support, and especially that parents need support to do their job of providing good-enough parenting for their children, influence my therapy constantly. Family therapy train-

ing talks about this issue, as do others, but in no other place is the learning about it so profound.

Everything I have talked about so far I learned from just participating in a PBSP group and watching Al. Of course I also did my own therapy structures in some of these groups — before I began having patients of my own who came to them. I believe every therapist needs to do his or her own therapy. This feels like a crucial point to me, and should be a requirement, even though it isn't seen that way, and I know many therapists who have never done their own work. Even for someone who has done a course of therapy earlier, PBSP therapy works well for continuing therapy to keep up to date with one's internal process and stay honest about needs and feelings. This avoids one of the greatest dangers of therapy, the therapist getting into the position of feeling that he or she is a finished product, or knows the answers about psychic life, creating a distance from the patients who are still "in the dark." I believe therapy has to be about our common humanity, and the therapist is another hurt and wounded human being who opens him or herself to sharing another's pain in the belief that sharing it itself is healing.

After starting a training group in Minneapolis and pursuing more formal training in PBSP work, I began to learn more about the specific techniques of leading structures, and in the process continued to learn more of the general kinds of principles I am talking about as being applicable to all therapy. I remember it was from Diane Boyden Pesso, once when she came out for a training weekend, that I learned the central idea that finally clicked for me to understand I could lead structures. She led us in a self-self, self-object exercise, in which we observed and wrote down our own interactions with our bodies and nearby objects for five minutes — things like playing with a hangnail, squeezing the pelvic muscles, wiggling toes, stroking a forearm or a pillow. We then shared our observations and interpreted them in terms of interpersonal needs and longings. I might want someone else to stroke me, be blocking sexual feelings with the pelvic muscles, or experiencing them with the wiggling toes, and needing stimulation from someone to replace the stimulation of the hangnail. An accommodator could be enrolled to interact in an interpersonal way that meets or acknowledges and affirms the need, bringing about acceptance of that part of the self that had been locked into unawareness and autistic denial.

This was a blazing insight at the time, and gave me the key I needed to begin leading structures. Al was not just doing magic, after all, but applying a logic that I could follow! I internalized this connection and it became part of my understanding of myself, and of my interpretation of others. And it became central to all my therapy. Whenever I see someone stroking a beard, twisting a wedding ring, hugging their arms around their body, or rubbing a thigh, I imagine the interpersonal replacement for the self that would satisfy the need being expressed, and bring it into the conversation at a time and in a way that feels right, so that they can become aware of the need and have it affirmed and accepted.

I was delighted to read in a wonderful book that Louisa Howe recommended to me, *Treating the Poor* by Matthew Dumont, about a moment when he had a sudden understanding of this principle. Dumont is a psychiatrist who worked for 16 years in a community mental health center in Chelsea, Massachusetts, until the state closed down the community health system as a budget-cutting measure. It is subtitled "A Personal Sojourn through the Rise and Fall of Community Mental Health," and it is a wonderful book. He tells about one of his patients who has just recovered the repressed memory of having killed her own son, for which she was acquitted by the insanity defense: "Her face looked like the persona of tragedy, the visual manifestation of a groan. She rocked back and forth in the chair, wringing her hands. (I suddenly realized why the anguished wring their hands. They are looking for the sensation of their hands being held. They are holding their own hands)" (p. 101). (After this paper was presented in Atlanta, Louisa Howe told me that Matthew Dumont had studied PBSP with her — great support for my thesis!) This insight may be obvious to PBSP therapists, but it is not at all to many other therapists, many of whom never even notice such gestures and movements.

An orientation to the body need not, and should not, be exclusive to a movement therapy. I value tremendously the power in touch, and in the physicality of the interactions that take place in a structure. Giving this up to work with transference is an important tradeoff. But the lack of overt physical touch does not obviate the value of understanding and relating to the body of the patient, and one's own body, since the body is the carrier of the unconscious and the expresser of emotion. Because of the body orientation that I have from my training — Bioenergetics and then PBSP — I see patients very differently from most therapists.

I do not just see and hear a talking head, but a whole person, made up of a body and its movements - the way the person walks and sits and poses and breathes and gestures, the tone of voice, changes in skin color, tics and tremors and expressions. I ask people to talk to me about their bodily experiences, too, to help them become grounded in their physical experience. I frequently feel frustrated in case consultations or supervision when the presenter leaves out all of this information. Even if academic training programs were to acknowledge the importance of the body, this kind of

thing can't be learned from books, it can only be absorbed over time by watching someone like Al or Gus Kaufman or Robert Beloof work with patients hour after hour, and by practicing it in a training context.

That particular weekend with Diane early in our training, which I mentioned before, gave me another memorable experience. We used the length of an entire large room to fling the "nasties" at each other — enacting pissing, spitting, cursing, and vomiting on negative accommodators with tremendous exuberance. What a gift of freedom this was — and how good to know as a therapist that I — and everybody else — have these impulses and can accept them in therapy as satisfying expressions of natural interpersonal feelings!

An assumption beneath what I am saying here is my conception of what therapy is all about, which has come from thinking about PBSP work as well as from other sources. I believe that it is basically not about meeting needs directly — except the basic, bottom-line need to be understood and accepted for oneself. We need to have all our parts and qualities, all our feelings and desires and impulses, welcomed and accepted into the world. As I see it, that is the job of therapy — not to meet the needs, which are often archaic, distorted, and too great to fit into a therapy hour, in any case — but to help the person to acknowledge them and accept them in him or herself, to find them natural and human rather than shameful and forbidden.

For example, the need that therapy satisfies regarding anger is not to express the anger in any particular way — to "get the anger out," as some people like to say. Unlimited expression of anger, in fact, promotes more unlimited expression of anger, not a useful goal. What is needed is to have the anger that one feels understood, deeply and empathically, as a natural and acceptable response to the circumstances, so it can be integrated rather than alienated within the personality. Coming from Bioenergetics, one of the "all expression is good" schools, it was good for me to watch Al affirming anger by allowing its expression, but then stopping and going deeper when the expression didn't move into integration but remained stuck in endless pillow-beating.

Of course some needs that get acknowledged are going to be frustrated, the world being what it is, but that does not contradict the okayness of the desire. In fact, the world is full of people and things and experiences that fit with human requirements, and satisfaction can be had once we are beyond the demandingness and perfectionism that come with cutting off parts of ourselves. The Pesso Boyden system brings these issues up in a way that a therapist in training has to consider and think through. Once the needs are deeply acknowledged and integrated, the person turns to the world with a new, fresh view, and can find acceptable ways to meet the here-and-now needs in the real world.

Yet other elements in the formal structure of PBSP training are superior to other forms of training. The opportunity for live supervision is unusual in therapy training — at the most, some forms of supervision use audio or videotaping, which is better than nothing for training but intrusive into a therapy situation supposed to be confidential, and still not nearly so powerful as having the supervisor there. Since PBSP work is done in a group anyway, the supervisory presence is less an intrusion than, for example, the supervision behind a mirror used for family therapy.

Intervision is another great strength of the training program. In our Minneapolis group, we met every other month for a weekend without a trainer, as a group of experienced therapists. One member would prepare an exercise to lead first, then someone would lead a structure and we would videotape it. After lunch we would critique the structure and look at bits of the tape during the discussion. We discussed and argued and often ran the same bit of tape several times. It could take two or three hours to review a single structure. We developed trust and we knew each other's issues and blind spots pretty well, from having done so many structures together, so we could confront each other's projections and support each other's growth in a way I had never experienced.

We were not just learning PBSP technique, although we were learning that too — it was an occasion for us to engage with each other about how to be therapists in general — how to see, relate to, interpret, and communicate with a person's pain and truth in an honest, useful way. I remember how hard it would be to be so sure of what I had seen going on and to have others see it differently — and have to admit I was wrong — that I had been seeing a projection of myself. These struggles were hard, but probably easier in a group of peers than with any kind of teacher, especially one who is also an evaluator.

I have hardly mentioned so far the theoretical concepts of the PBSP system that are applicable to any form of therapy, and I could go on and on about them, but it would just be a summary of the system itself. The concepts of ego-wrapping, the possibility sphere, the basic needs (nurturing, support, limits, protection, place, respect), the polarization of the negative figures — these have become central organizers in my thinking about people and about therapy.

One example of Al's conceptual thinking that is important for all therapy is his approach to sexual abuse. Of course the discovery of the extent and negative impact of child abuse is one of the most important developments in therapy in the last 10-15 years. But some ways of working with it leave the patient in the position of a perpetual victim, and some even create scenarios of abuse where none existed, trying to find some way to explain the patient's undeniable suffering.

Al's approach has colored my thinking about abuse in every context in which I hear or read about it, and has provided a way through the conflicting arguments over ritual cult abuse, false memory syndrome, etc. I have watched him listen respectfully and empathically to exactly what the client tells him, asking questions that express caring curiosity and encourage the same in the patient... then, without taking on their anxiety about it, without exaggerating or minimizing, staying with the here-and-now needs and feelings and working with those. He acknowledges the anguish of the violation, but does not just leave the person in a victim place. The whole range of feeling responses is accepted and witnessed, and limiting figures are offered to help the patient free up his or her own energy that has been repressed because of being overstimulated by the adult intrusion.

The focus is on the whole person and on present needs, rather than on the formation of a victim-perpetrator polarization that becomes permanent. I have also seen Al work with perpetrators in a way that has deepened my understanding of the whole issue and our common humanity. I have been able to offer a useful perspective on this in conversations that have no language in common with PBSP work, but my thinking still came from PBSP training.

One way I think of the lasting influence of PBSP training for me is to think of it as like the stained-glass pictures in the windows of the Gothic cathedrals. Scenes from the Bible were depicted in simple shapes that served as teaching images for people who could not read, and I can imagine people's minds being furnished with pictures such as a mother holding a baby, with father standing by; of a lion lying down with a lamb; and of a big Jesus sitting on a rock holding out his hands to some little kids. I have in my mind many images of structures that are a little like that — ideal parents with a contented child; huge energy being freed up inside safe limits; a man pulling back a part of his soul he had given away; a girl grounding herself on ideal father's lap as he prevents her from going to heaven to be with her real father who died; a man who grew up lying on the ground watching trees because he was so lonely, in whose structure the earth was role-played by women, one of whom became ideal mother, and the trees by men, one of whom became ideal father. These are the furnishings of my therapist-mind, and I call on them constantly as I interact with my patients. The positive images from PBSP work have the same universal simplicity and applicability as the stained-glass pictures.

I was a folklorist before I was a psychologist, and I have always thought there is a kind of folkloric quality to PBSP structures. For all the uniqueness of each individual structure, they are build on universal themes and motifs, just like folktales. Of course this calls to mind Jung's archetypes, but I have in mind something even simpler. Tolstoy said, in the first line of *Anna Karenina*, "Happy families are all alike; every unhappy family is unhappy in its own way." I think this is just as true of individuals, and that this observation relates to the process a structure follows. A person starts with his or her own individual, unique story, and by following the feelings and having them accommodated, moves to a resolution that is universal, just like everyone else's resolution.

We all want in the end the same things. I think these images of what is wanted, of what people look like and feel like when they are happy and getting their needs met (symbolically), are finally the best results of PBSP training. Therapists of many stripes do not pay enough attention to happiness, to what we hope is the product of our work. Recognizing this, I studied the relationships of healthy, highly developed people for my dissertation in psychology. That choice, too, was influenced by my PBSP training.

What I have concluded from all of this, and what I want to try to promote, is that PBSP is much more than a technique, that it has some absolutely unique qualities and values as a system of training therapists. I think there must be ways that the organization, the trainers, and individual trainees can reframe our explanation of what is being offered in PBSP training to make it more widely recognized as a superior training for doing therapy. This would require some rethinking of the focus of training, or possibly the formation of a separate track — or maybe a preliminary level of training, offering some form of certification that does not imply the ability to lead structures.

I know there has been concern in the past about PBSP being "watered down," about people who do not really understand it trying to use it and screwing it up. I agree, that would be a disaster. Still, people will use what they learn in their own way. I would like to see training offered in a way that focuses on principles and concepts that are applicable to therapy in general, so that instead of watering down PBSP, PBSP would be strengthening the therapy done by many non-PBSP therapists.