Pesso Boyden System Psychomotor as a method of work with battered victims

Gabriela Slaninová, Petra Pidimová

Department of Social Pedagogy, Faculty of Education, University of Hradec Králové, Rokitanského 62, 50003 Hradec Králové, Czech Republic

Abstract

The article concerns the experience of psychotherapists with the use of Pesso Boyden System Psychomotor when working with a traumatized client. We focused on the victims of battering, abuse and domestic violence. Two deep interviews with experienced PBSP therapists were conducted and the use of IPA revealed that PBSP requires the ability to work on a symbolic level on the part of both the therapist and the client. Furthermore, there are differences in the use of PBSP in counselling, crisis intervention and psychotherapy itself. We see an interesting finding in the use of the concept of basic needs not only for the client but also for the therapist. The therapists’ answers testify to positive experience with proceeding slowly - especially at the beginning of the work with a traumatized client. PBSP offers a comprehensive theory of trauma and original work with basic needs.

Keywords: psychotherapy; body-based therapy; Pesso Boyden System Psychomotor; counselling; crisis intervention; client; battering; abuse; domestic violence; self-concept

1. Theory background

I see that in current psychotherapy there is a tendency to stress the physical level in therapeutic work with a client. The approaches which could be labelled “body-based therapy” include vegetotherapy, Neo-Reichian approaches, biosynthesis, bioenergetics therapy, satitherapy, Dance-movement therapy, EMDR, PBSP and certain elements of body-based therapy can be found in Gestals therapy, although it is not primarily body-based.
The aim of this study is to deal with the experience of psychotherapists with the use of Pesso Boyden System Psychomotor in the work with a traumatized client. We focused on the victims of battering, abuse and domestic violence.

Pesso Boyden System Psychomotor (henceforth PBSP) is one of the therapeutic systems which address the “I” of an individual in a distinctive way. Also, it could be classified as a holistic approach. Vašíná (2008, p. 5) says that in this approach “the body is perceived as a screen on which inner experience is displayed in the form of gestures, facial expressions, pantomime, posture...”.

PBSP defines five basic needs – place, nurturance, support, protection and limits. One of its basic principles is the principle of the shape and the counter shape. Every emotion/action of the client is a “shape” and it requires an adequate response from outside – an adequate “counter shape”. The satisfaction of a need happens in five steps – energy, action, interaction and meaning. According to PBSP, every individual carries an inborn image of what s/he needs. In the real world, our needs are not satisfied in the ideal way, the degree of frustration and the personality of the individual are important. The process of satisfaction of needs becomes an experience recorded in the individual’s memory. PBSP assumes that this record (map) predetermines the experience of an individual in various situations. This is a result of the natural tendency of human beings to repeat what s/he has already experienced – in PBSP this is called repeating of the old map. The goal of PBSP is to create an alternative to the old map in the form of a new map, which, beside other things, represents the possibility sphere. In relation to self-concept, this consists in increasing the awareness of one’s own self-efficacy and decreasing the number of discrepancies between the self and the true self. According to Pesso and Boyden, the needs can be briefly described as follows: basic needs of an individual have to be satisfied to different degrees – there are the needs of place, nurturance, protection, support and limits. During the early stages of development, these needs are satisfied by the individual’s relatives – the satisfaction is concrete at first and later it happens in the symbolic dimension. If the satisfaction is adequate, the individual becomes capable of satisfying his/her own needs (Pesso, Boyden & Vrtbovská, 2009).

Domestic violence is defined by Buskotte (2008, p. 42) as “…repeated and escalating violence of physical, mental or sexual nature in a married couple or between partners”. He also mentions the wider concept of domestic violence, which also includes abuse and neglect of children and violent treatment of seniors. Senior age is connected with the decrease of resistance to load and crisis situations and also there is the risk of social isolation (Zumárová, 2012). Social isolation (enforced by an aggressor or “chosen” by the isolated individual) is one of the results of domestic violence, not only in seniors. Since we assume that there is a connection between the individual’s life story and his/her experience with domestic violence, we use the term in the above-defined wider sense.

Potential danger is to be found in the environment and relationships in the primary family. Bednářová (2009) connects this with the identification with the role of the victim or the aggressor. Pesso (in Pesso, Boyden & Vrtbovská, 2009) speaks about the so-called holes in roles – a child takes the empty place of a person which is missing in reality – s/he takes a role and fills in the place of the missing person by a part of himself/herself. Thus the child often becomes the provider of needs for his/her parents. An individual whose basic needs were not satisfied (deficits, abuse etc.) often has low self-confidence. S/he chooses a partner which is either similar to the aggressor or enters the relationship with the feeling of inferiority and low consciousness of self-efficacy, which automatically puts him/her the subordinate role. This produces the feelings of hopelessness and helplessness. According to Wunsch (in Bednářová 2009), domestic violence is dangerous not only for the woman but also for the child. This brings us to the life story of the individual. A child who grew up in a family where domestic violence occurred is a so-called secondary victim. Returning to the figure of the battered woman, it is important to stress that the experience of domestic violence seriously affects self-concept, f.e. self-evaluation and self-confidence. The woman loses her self-respect; she suffers of anxieties, depression, feelings of estrangement, physical exhaustion, uncertainty, fear of her partner and limited capacity to make independent decisions (the woman feels unable to assume responsibility for her own life and the life of her children). Such problems may develop into the so-called Stockholm syndrome (Vávrová & Vavroňová, 2004; Herman, 1997) – the formation of emotional ties with the partner and identification with him. Another syndrome typical for the victims of
domestic violence is the battered woman syndrome. Bednárová (2009) defines it as a “complex of specific characteristics and consequences of abuse, which decrease the woman’s capacity to effectively respond to the violence”. Ševčík (2011) differentiates between the individual symptoms of the syndrome. Above all, he puts an emphasis on the symptoms of the post-traumatic stress disorder, which is a general consequence of domestic violence in the battered women. Herman (1997) argues for a more detailed definition of rape, abuse and violence, since we cannot always regard them as events outside the common, everyday experience. For instance, domestic violence is a “common” part of life for many women.

PBSP provides structures (stylized sessions of individual therapy assisted by a group) consisting of several steps. The so-called true scene “here and now” enables the client to explore his/her inner experience and possibilities; s/he is encouraged to talk about his/her urgent thoughts and emotions. The therapist observes him/her and witnesses the modulation of voice, facial expression, posture and movement. The antidote is the healing principle for traumatic experience, memories of holes in roles. The witness figure sees and names the emotional states of the client in micro-tracking. The “voice of truth” figure pronounces the client’s attitudes, views and judgements concerning him/her.

Figures from the past and the present are represented by so-called symbols. The group members used to represent the real and the ideal figures, which helped to reveal the internalized messages from the client’s life story (the scene then a there). At present, objects are used instead, especially to represent the real figures from client’s life and in individual therapy and the attention is focused on ideal figures. This enables the client to focus not on the past, which was often painful, but on the symbolic satisfaction of needs by the ideal figures (see below). The client works with the “old map”, observing the figures connected with his/her judgements concerning him/her and the world and s/he discovers his/her inner self. The expressed deficit in basic needs of the client is treated immediately using a corrective symbolic interaction – the corrective emotional experience balances out the negative past experience. “Concrete and symbolic experience of e.g. the longed for physical contact is assimilated in the present bodily consciousness so that it becomes a counterweight to the negative bodily memory tracks created in the past”. The new perception and integration consists in integrating the client’s experience in his/her current self-image, expectations and feelings and it helps to use this new map instead of the old one. Also, the client can modify his/her behaviour so that it is in harmony with the relationships and the outer world. (Pesso, Boyden & Vrtbovská, 2009).

The aim of our study is to learn about the experience of helping professions with the use of Pesso Boyden Psychomotor for the treatment of traumatized clients. The attention is focused on the victims of battering, abuse and domestic violence.

2. Research Questions

Based on the research objective the following research question was formed: What is the experience of therapists with the use of Pesso Boyden Psychomotor for the treatment of traumatized clients?

3. Research Methods

Considering the research objectives, the qualitative research strategy was chosen. The method that we chose to obtain data was a semi-structures interview. This technique was chosen since it leaves a certain space for creativity and possible addition of sub questions. Interpretative phenomenological analysis was chosen as the analysis method. The phenomenological approach seems to be crucial for the possibility to focus on the experience of the individuals in helping professions the aim of the study being to understand it and incorporate it in a wider frame (including its relation to theory). Hendl (2005) suggests that phenomenological research focuses on personal experience, tries to describe and capture the basic meanings of human experience. Similarly to therapy, the method requires a good ability to listen, observe and establish an empathic connection with the client/participant in the research. In IPA we focus on the participant’s perception and the process of giving sense to the observed phenomenon (Smith & Osborn, 2003; Willig, 2001). We intend to capture the quality and
structure of individual experience (Willig, 2001). Osborn and Smith (2003, p. 51) describe the IPA principle as a process in which “the participant tries to understand his/her own experience, while the investigator tries to understand this understanding”. We expect to identify the fundamental topics and sub-topics which occur in the experience of therapists and PBSP clients.

The analysis of the data proceeded as follows. First of all, both interviews were transcribed word-for-word. Then we analysed the first interview and the second interview. The analysis had four stages. On stage one, the text was read and a space for notes was created on the left side. On this stage we intended to identify the crucial and otherwise interesting topics which occurred in the therapists' experience. Stage two consisted in the transformation of the notes into more abstract topics expressing the essence of the experience. A part of the topics appeared to be superordinate to the others. Each topic was represented by a quotation of an informant in order to meet the criterion of abstraction but also to preserve the original formulation. On stage three the so-called master list was used. It focused on the connections between the topics. A part of the topics appeared to be superordinate to the others. On stage four, a list of structured topics was created and literal quotations from the text were added. The list comprises the topics referring to the experience of therapists with the use of PBSP therapy for the treatment of traumatized clients. More topics were added on the following stage and some topics irrelevant to the experience were crossed out. The topics from the first interview served as a guide for the second interview and new topics from the second interview were added.

4. Solutions and Results

Following part contains an overview of the topics and sub-topics concerning the experience of therapists with the use of PBSP therapy for the treatment of traumatized clients. Each topic is assigned to the therapist who suggested it.

A. “Originality” and the demands of the method on the therapist and the client (Sub-topics - Work on the symbolic level; a competent client)

B. Particularities of the use of PBSP in helping professions (Sub-topics - The use of PBSP in counselling; the use of PBSP in crisis interventions; PBSP as a therapeutic system)

C. Feeding the pilot (Sub-topics - The theory of trauma and education; Emotions in context; The use of dissociation and auxiliary figures for the strengthening of the pilot function)

D. Holes in roles (Sub-topics - Personal history; Satisfaction; Movies)

Originality and the demands of the method on the therapist and the client – the aim in this topic was to determine the assets and limitations of PBSP in relation to the therapist and the client.

Work on the symbolic level - PBSP requires the ability to work on a symbolic level on the part of both the therapist and the client.

“I think that a PBSP therapist has to be willing to learn all the time, be hard-working and diligent and he has to master the symbolic and abstract level and I think that he has to be very flexible.” (Therapist 2)

“He has to be mainly a competent person – that’s a generally theoretical thing – he has to be able to work on the symbolic level and accept the fact that he works on the symbolic level and really accept it, I mean, and be in accordance with it.” (Therapist 2)

“And here I suddenly redirect the relationship to the ideal characters and our relation to the healing is no longer the primary one and it does not happen through our relationship but in a completely different way.” (Therapist 1)

“I think that there are highly personal structures... These ideal characters and using them...that is what seems to be really original...and the movies ...and the fact that the pilot should be always present on the symbolic level...that could be where it is a bit specific.” (Therapist 1)
A competent client

"...it is a really understandable concept for the clients and in enables partner work. I appreciate the simplicity, the understandability. A part of the therapy is the education of the client, telling him about all these mechanisms, so it makes him more and more competent.” (Therapist 1)

“It’s the client who is exclusive and competent... That’s what I love about the method and the biosynthesis. It’s something that I can give to the client and he leaves saying: “Yeah, that’s good, that fella really pissed me off, I made the antidote and pff I could let it out of my head, buy.” That’s what’s the very best about it for me.” (Therapist 2)

The particularities of the use of PBSP in helping professions – we assume the use of PBSP in counselling, crisis interventions and psychotherapy. We expected similarities, such as the possibility to use the concept of basic needs, the pilot or micro-tracking on all levels of the work with the client. We supposed that the differences will be connected mainly with the possibility to use PBSP as a whole in psychotherapy as opposed to the use of some parts and principles of it for crisis intervention and counselling.

The use of PBSP in counselling

"In counselling you can use the theory of trauma and definitely addressing the client’s pilot and you can help him understand why such and such a thing happened to him, which most clients want to know, but what actually caused it, what it is.” (Therapist 1)

“That means that in counselling he can use the basic view of the client, he can use the form of questioning, for instance and the method of obtaining data, but I think that he cannot go much further, in fact.” (Therapist 2)

The use of PBSP in crisis intervention

“Here I use working with basic human needs and the way in which we learn, so when planning the small steps we look in all these directions of the five basic needs, so this thing I certainly use.” (Therapist 1)

“In crisis intervention it’s basically the same and I think that the PBSP system can be actually used for the crisis intervener, for instance, he can see his own needs and be sure of his right to limit the client and be active in the intervention in a dangerous situation. That’s where I see a big advantage.” (Therapist 2)

PBSP as a therapeutic system

“I can use the whole concept in therapy, if the client is willing to work on the symbolic level and it appeals to him and he finds the theory somehow understandable, so it somehow appeal to the pilot, then it works – and when he is already on the stage when there is the antidote – then you can have a whole structure.” (Therapist 1)

“I think that in therapy for traumatized clients you can use the whole system, it just takes a long time before you can use all the elements and...or I would say that there is nothing in the PBSP inventory that you definitely cannot use but it requires great care and responsibility – i.e. watch out for retraumatization... which means do prevention, that’s the most important thing, I believe.” (Therapist 2)

Feeding the pilot

The theory of trauma and education – a sub-topic stressing the experience of therapists with the use of the theory of trauma according to PBSP, mainly at the beginning of the therapy. This is important for the client to realize what happened. (Rothschild, 2000)

“...with the theory of trauma – because we feed the pilot when we help to understand what happened and how it affects the body and the mind and also looking for a kind of pre-pre-antidotes – a kind of first signs of antidotes – that also works, what would have been right, what you needed at the moment – should there have been someone or looking back, what would have changed the image and made it more agreeable.” (Therapist 1)
“...strengthening of the pilot is what matters for half a year. There’s often a serious dissociation, so the pilot functions are fragmented a lot. Actually, I...I think that these people need to develop their playfulness and inquisitiveness and they cultivate the pilot.” (Therapist 2)

“...it means a great deal of patience and a very long preparatory phase.” (Therapist 2)

“Here I use working with the basic human needs and the way in which we learn, so when planning the small steps we look in all these directions of the five basic need, so this thing I certainly use.” “The concept of the pilot, the importance of his presence and that he should get enough information about what’s going on, so that he can wake...” (Therapist 1)

“I think that traumatized people are quite transparent for micro-tracking but I don’t use it sooner than after two years of work – I begin with education and the needs, because that is dangerously quick for them, so here I really watch out.” (Therapist 2)

“I think that the most important thing is not to do the historical scene, prevention of retraumatization, that’s what’s most important for me - I mean do the antidote first.” (Therapist 2)

“...a factor that I have recently seen many times, mainly in the traumatized clients... That they must be ready to sort of transform the fact in them and that it’s very important to see, whether we are already in this phase. Because in PBSP the contract goes “I look for a happy ending, an antidote” and it might prove that it’s not the right time yet, that he would have to go against himself, because he’s not there yet and there are clients who cannot believe in the ideal figures and I think that this is what’s behind it, right, that they are not yet ready to really deeply inside agree with...that the memory will be enriched with something good, because the bad is still so strong there that nothing else seems to be able to override it. They all want to but it is not possible yet, the trauma is yet so strong that it just doesn’t work – or they must make certain steps first.” (Therapist 1)

**Emotions in context** - the topic covers the experience with micro-tracking – witnessing. According to the therapists’ experience, it is necessary not only to name the emotions but to place them in context in order to make the client understand them (here is a visible connection with the topic “strengthening of the pilot”).

“The context must not be missing; just throwing an emotion in the air and trying to catch it without context doesn’t feed the pilot, it doesn’t bring any understanding or realization.” (Therapist 1)

**The use of dissociation and auxiliary figures for the strengthening of the pilot** The topic draws attention to the use of dissociation at the beginning of the therapy. It gives the client the opportunity to understand his topic from a distance. This reinforces the conscious functions – the pilot. Therapist 2 uses this level of the work mainly for the treatment of traumatized clients.

“...when I treat deeply traumatized people I sometimes do some unusual things. For instance, I take and object and put it in a role of a five-year-old girl and I ask what should be the mother that she needs and there’s no connection with the person. What would it look like if she was there and what would she say...” (Therapist 2)

Therapist 1 uses auxiliary figures for the development of the pilot. “Well, and if I looked at sort of signs of the antidote – or some auxiliary figures – there it is the work with the helping figure, that you have someone on your side so that you’re not alone in it and what he should say at the moment – that can be also used.” (Therapist 1)

**Holes in roles**

**Personal history** - both interviews lead us to the crucial topic of holes in roles. This topic is firmly connected with the client’s life story and it confirms one of the theories about the influence of environment and relationships in primary family on the experience with domestic violence.

“I encounter holes in roles in all clients and as for the traumatized ones – well, I can think of several clients, who had some long-term trauma because of the education system.” (Therapist 1)
“Well, I think that this is the most important part of the structures and deeply traumatized people usually...usually have very serious holes in roles and sometimes it can be like...that they were traumatized by someone and they can feel it like “I’m the victim for someone else”, so it doesn’t have to be personal.” (Therapist 2)

“A pattern can be messed up but in the family the pattern still had some limits, right, but here it really got out of control...” (Therapist 1)

“And there – and that’s interesting, we often see that there’s a hole in roles under it coming from the primary family. And often - as far as my own experience goes - it concerns clients who should have never been born. A hole in roles of the “unaccepted child” type. So when we work with an ideal daughter then, if she was never born, or an egg, which would have never been – an ideal egg of the mother which would have never been fertilised so that the child never becomes real, that is the most common connection.” (Therapist 2)

“And these are often formed into those...victims later. They choose partners who arrange that for them.” (Therapist 2)

Satisfaction

“...so they actually learn very soon to fill in all the holes in the world, so they most willingly enter all kinds of holes in roles and they find it difficult to leave them because it is – but this is the same with all clients and holes in roles; they bring a great satisfaction, right, filling a hole in roles brings you satisfaction...” (Therapist 1)

Movies

“...we use those movies – right, those films as it stands there, so that they can – see that someone else does it and they don’t have to...” (Therapist 1)

“And we often begin...they cannot accept the antidote, so it is sometimes good to do so -called secondary movies for family members, for instance...” (Therapist 2)

5. Findings

The objective of the article was to bring information about the experience of therapist with the use of PBSP therapy for the treatment of traumatized clients. Two deep interviews with experienced PBSP therapists were conducted. Using the IPA, four topics and 11 subtopics have been identified in the interviews. The main topics include: Originality and the demands on the therapist and the client, Particularities of the use of PBSP in helping professions, Feeding the pilot and holes in roles. The analysis suggests that there is a considerable potential in the use of PBSP for traumatized clients – victims of domestic violence, battered and abused individuals. PBSP requires the ability to work on a symbolic level on the part of both the therapist and the client. Furthermore, there are differences in the use of PBSP in counselling, crisis intervention and psychotherapy itself. We see an interesting finding in the use of the concept of basic needs not only for the client but also for the therapist. Also, the necessity to prevent retraumatization was stressed. (Levine, 1997; Rothschild, 2000) In PBSP, this means not to do the so-called historical scene. PBSP works with a pilot who has the conscious decision making function. In the work with traumatized client it is necessary to feed the pilot first. The therapists’ answers testify to positive experience with proceeding slowly (patience and a long preparatory phase), especially at the beginning of the work with a traumatized client, which involves strengthening of the pilot (e.g. education – PBSP offers a complex and intelligible theory of trauma). The interviews suggest that the several initial months may be dedicated wholly to the strengthening of the pilot functions so that the client becomes able to understand his own experience. After that the client is able to accept the work in a therapeutic structure and work with ideal characters, which might not have been completely believable until then – s/he had been unable to see a good ending – as usually non-traumatised and “normal” individuals do (Havigerová, 2012). It is possible to use the so-called pre-antidotes in the form of thinking about what would have been good for the client. The work with auxiliary figures and dissociation is crucial. A very important topic is the experience with holes in roles in traumatized clients. The therapist consider them to be the most important part of structures (therapeutic sessions)
with traumatized clients. They have experience with a non-personal role of the victim (a victim for somebody...).

In personal life story there can be patterns which had relatively safe limits in the primary family but they get out of control in the new family, the woman usually being in the role of the victim. From personal history she carries out a message and the gap in the role is that they would not live (are mostly children who were not meant to be born) and they choose the life partner who to certain extend saturate. Moreover there is a tendency of clients not to leave the holes in roles (e.g. be a good battered person etc.), assuming a role of someone else brings them satisfaction. The therapists have positive experience with the use of movies when working with holes in roles – client sees ideal figures in them, who satisfy the needs of their parents and relatives and s/he realizes that s/he does not have to be the one who saturates those needs. The experience of therapists with the use of PBSP in the work with a traumatized client not only offers an interesting look at the theory of trauma but also testify to an original way of working with the client – the emphasis is on the reinforcement of conscious functions, which is a basic condition of the understanding of trauma, basic needs and holes in roles. “To be aware of your characteristics, values, and attitudes means to expand your own self-image.” (Juklová, Ulrichová, 2011). The last topic – holes in roles – is the one which deserves further research most.

The article reports results from the project Specific research realized under the name “The Use of Pesso Boyden System Psychomotor in the Work with Victims (with an Accent to Victims of Domestic Violence “ at the Faculty of Education at the University of Hradec Králové in 2013.

6. References


