

**WHEN IS NOW?
WHEN IS NOW!**

**CORRECTIVE EXPERIENCE:
*With whom? When? And where?***

by

Albert Pesso

When clients enter the therapy room for a session, they bring their entire world and history with them. They are certainly aware of the therapist as they step in, but what part of the room are they taking in and what part of the therapist are they seeing? Even further, what part of themselves are they experiencing? All this awareness, conscious or unconscious, is going on whether this is a one to one session or a group process and a client steps forward to work. Memory studies of the brain suggest that the quality and present state of people's lives are the consequence of the complex interaction between their genetic and environmental histories impinging on the present moment. If clients are intact and have not had brain or memory damage, a huge crowd of people, experiences and events walk in with them, wherever they go -- and what an effect that crowd has on them. They often behave toward their therapists or the other group members as if they were stand-ins for one or several of the cast of characters that are milling about in the backs of their minds. Inevitably, those internally seen and heard characters significantly influence what people are seeing with their actual eyes and hearing with their actual ears every single breathing moment of their lived present. Of course, psychoanalysts and other kinds of psychotherapists understand this situation very well – they clearly know that the client's inner reality will be played out in the transference or through other means over time. The difference with PBSP® is that we attempt to give the client immediate information about their conscious states at the very moment they are occurring and not wait to attend to those phenomena at a later time.

In PBSP® we believe that it is critically important to attend to the issues of "with whom" "when," and "where" in the corrective experience. In this chapter, I will address the key features of PBSP® techniques which support our ability to attend to these issues. These key features are:

- How to create a setting that leads to a believable corrective experience.
- How to define the function and role of the psychotherapist during that healing experience.
- How to establish the "stage" upon which it takes place and the "time frame" within which it is most fruitfully experienced.
- How to help clients become conscious of and be able to monitor the "screens" where the corrective experience is lived and represented.

A corrective experience is that kind of interactive event which psychotherapists believe can compensate for what had been missing in a client's personal history. In psychoanalysis that corrective experience is

arranged to take place within the transference. The psychoanalytic therapist encourages, or at least permits, the client to experience him/her as the provider of what had been missed and what had been longed for during the client's developmental process. In other forms of psychotherapeutic practice, the therapist him/herself provides those missing and longed-for experiences during real time, within the therapeutic relationship. I would like to present another way that therapists can organize both themselves and the therapeutic relationship which could lead towards a more clearly defined corrective experience. In PBSP®, we call that relationship "offering the possibility sphere". The following explanation of the possibility sphere is from a transcription of one of my teachings:

"The possibility sphere is a psychological envelope, rather like a flexible balloon, that we surround the client with, in the relationship that we have. The reason it's called the possibility sphere is that it is a field that is so flexible and so full of "yeses" to the soul, that it gives the soul the message: 'Yes, all that is in you is possible, life is possible, life is good, you can feel good, nothing in you has to die. None of your potentiality, your possibility as a person, has to die, or those things, that you thought had died in you, may still be alive.' So it's very much a 'yes' to life and implicit in it is a belief that life is good -- so it is an optimistic view that is implicit in the possibility sphere.

When you present this possibility sphere, it's got to be really connected from your heart and from yourself. But in order to be a tool it's got also to be separated from the self. Part of the possibility sphere is also to be presented as a counter-transference screen, and in order for us to make use of that screen as a tool, we have to truly be separated from it. On the one hand, we have to have a caring relationship with the clients, and surrounding them. On the other hand we've got to have our own boundaries, our own lives so clearly distinct from theirs, that we don't get lost and lose our objectivity. Somehow (the possibility sphere) has got to be connected to our hearts, but not become part of the primary part of our lives, otherwise the client's therapy becomes more important than our own lives. But unless it's connected to our hearts, we are not going to be truly empathic and truly caring, it has to be a professional caring, so that we don't start caring more for the than we do for our own family, or more for them than they even care for themselves.

So the possibility sphere is not something you invent, it's something that has to be truly there, or if it is not, there are ways of recognizing its limited extent and you can see where it may be worked on. People sense it instantaneously in your presence what they can or cannot do."(Pesso, 1987)

The therapist offering the possibility sphere creates a personal relationship with the client which engenders a state of hope and expectation of goodness. However, we believe it is critical that the therapist does not position him/herself to be the actual provider of what has been missing in the client's life in the past in order to avoid clients' dependency on the therapist, and to side-step the dual pitfalls of regression and confusion between real events and symbolic events.

We believe the corrective experience should be provided for by symbolic figures in a new, "symbolic-memory," choreographed by the client with the support and assistance of the therapist. This "virtual-event" is then installed -- with the help of the therapist -- in association with stored memories of past deficits that occurred in "literal-past-events". In that collaborative process, client and therapist construct those symbolic (yet body-based, and therefore emotionally impactful) experiences in a way to satisfy the basic developmental needs clients have long waited for. The relationship provided by PBSP® therapists in offering the possibility sphere certainly supports the *believability* of a corrective experience, while the relationship by itself is not the *actual content* of the healing event.

Our goal then is to create a “symbolic enactment” of satisfaction of remembered needs in the “seeming-real-time” of the therapy room. We assist clients to learn how to record and internalize the event in a way to make it the equivalent of a long-term, “actual memory” of the past. We are aided in this endeavor by the powerful, body-based affect that motoric enactment arouses in clients (see Pesso, 1991 for case studies)

Further, we encourage and support clients to consciously internalize the corrective experience within their “mind’s body” database of early emotional states and self images. What we call the mind’s body is the storehouse of the interactive/kinesthetic/motor memories of critical periods when the satisfaction of basic developmental needs are actually required and literally longed for (Stern, 1986; Erikson, 1964)

Later, I will elaborate on how the appropriate providers of the corrective experience are created and represented and, in what time frames those healing interactions with those figures are stored as virtual/symbolic, memories. But first, let us look at the beginning of a session using these procedures.

How do PBSP® therapists follow all that is going on inside and how do they help the client attend to the same task? We use a process of what we call micro-tracking” to help clients become conscious of their own internal processes, with the goal of helping them to become more in charge of what they are immediately feeling and thinking as well as what they are emotionally recalling during the course of the session. Micro-tracking also helps the client become more aware of the relationship between their emotional and mental states. In addition, micro-tracking helps make the crowds of unconsciously, felt and seen people in their mind’s eye become more conscious, externalized and thus more visible, and therefore more under their conscious control. **THUS**, the role of the therapist doing the micro-tracking is to assist clients to see and externalize their own:

- Internal emotional/mental processes and
- Internally represented, remembered, emotionally-experienced dramas.

During micro-tracking, therapists also attend to whether their clients are projecting a part of themselves on them or relating to them as if they were one of the figures in their remembered dramas. If therapists are going to effectively micro-track their clients, it is important that they remain clearly *outside and beside* them – not in a typical “therapeutic relationship” with them -- in order to assist them to see who and what else they are relating to as they sit with them and see them and the rest of the room in the immediate present. PBSP® therapists endeavor to set the stage for their clients so that they can see the inner workings of their own consciousness as well as their bodily reactions that are in response to those states. Therapists can then help their clients stage and externalize those times, places and deficit-laden, interactive events that clients discover are the foundation for their present distress and distortions as they live in the “real-time” present. Thus, micro-tracking helps the client distinguish between the:

- Emotions they are having now,
- Thoughts they are having in relationship to those emotions
- People and events that are associated with that pattern of relationship between those emotions and those thoughts that have arisen in the here and now.

This micro-tracking of consciousness leads to clients affectively associating to those impactful events that are the foundation for their present difficulties – difficulties and the discomforts accompanying them which have led them to seek therapeutic help. The next step in the therapy process is to help externalize and stage those emotionally laden, internally represented events in the therapy room.

In the micro-tracking process, therapists use the notion of a “witness” figure who is posited to note the client’s moment to moment emotional shifts, shifts that are illustrated primarily by the client’s facial expressions, naming them and placing them in the context of what the client is talking about. A standard statement of a witness figure would be, “I see how furious you feel when you speak about, or remember how angry you were at your older brother for attacking you when you were a boy.” Such a statement makes it clear that the present anger felt strongly in the body *now* is a consequence of remembering that event, “seen” in the mind’s eye and also “felt” in the mind’s body *then*. This makes it clear that there is a distinction between *then* and *now*, that though the feeling is *happening now* it is about *remembering then*. This helps anchor the client’s ego in the “actual present” and helps them have subjective feelings while also seeing themselves objectively through the eyes of the witness figure. Thus the witness becomes the external template for their own objectivity, which we understand as part of the “pilot” function in PBSP® – or in neurological terms, that part of the central nervous system that monitors subjective states.

When clients pose a thought that is expressive of a value or a way of being, for instance saying, “There’s no use in getting angry at my brother, he will only take it out on me later.” This thought is presented back to the client via a “voice figure” who simply says back to the client, their own exact statement, word for word, but posited externally as a command. For instance, in the above example the voice figure would say, in the imperative “There’s no use in getting angry at your brother, he will only take it out on you later.” The point and purpose of this tactic is to externalize that particular life-attitude formula. This externalization process allows the client to be more free of its effect and in a better position to consider an alternative strategy. In general, thoughts are regarded as if “carved in stone” and are responded to by the self as if they were hypnotic suggestions. When those controlling thoughts are thus externalized and presented back to clients in the imperative, as external commands, clients are more able to effectively contend with them.

Therapists should not take the route of constructing another more positive statement (such as an affirmation) to offset the effects of that original, negative statement. The above-mentioned, negative thought arose in response to a *literally experienced, negative event* which gave birth to that life attitude and belief. A new, alternative, positive thought should therefore only be effective if it arose out of an alternative event, albeit a *symbolically experienced positive event*. New ways of thinking about possibilities in the future is one of the goals we have in mind in providing the corrective experience.

Thus, one of the goals of micro-tracking, is to awaken the *events* which were the underlying foundation for present emotions, thoughts and life-strategies. When those memories arise, the people and places that they are comprised of are externalized and represented on what I will later describe as the third stage of moveable time and place. Those negative memories are the template from which an alternative, opposite, healing event can be staged with either an ideal brother or some ideal protective figure, who would have intervened on his behalf, during the age when the client was weak and vulnerable.

Considering the above resolution to past indignities, it is important for the therapist to avoid unwittingly encouraging the client into thinking that they (the therapist) are the good guy and they would have

done the right thing for the client that the real figures in the past had not. This is a very attractive pitfall for both the client and the therapist.

In summary, in PBSP® we believe that in order to help keep clients from becoming confused and overloaded with transferences and projections on the therapists—as well as on the others present if it is a group therapy -- it is essential that therapists should become aware of and have effective techniques to handle with clarity the following critical issues:

- Time
- Place
- Stages
- Screens

Certainly, psychoanalytic psychotherapists are fully aware that history is interwoven with the present and they pay due attention to that fact in notions of transference, regression, abreaction and projection. But they nonetheless only have the one objective stage of reality to view it from and to discuss it from. This third stage (of the wished for there-and-then) we construct consciously – with the full participation of the client – in the therapy session. On this stage therapists mount the scenes of memories of interactive events that are associated with the present day perceptions and actions taking place in the immediate moment.

More about that in a moment, but now we have to use another theatrical metaphor in order to clarify the next points which have to do with perception. Here we would like to use the more modern forms of theater and refer to “screens.” Thus we will be looking at the different arenas where we play out our lives which are enacted on three different “stages” and represented on three different screens.

In order to fully understand our notion of stages and screens, one first needs an understanding of the notion of time. Time is a construct created by the neurological organization in our brains. This sense of time allows us to experience immediate sensations which we call the present, and to recall previous sensations which we call the past, as if they (the present and the past) were part of a time-line stream of seamless, continuous, contiguous, conscious events. Along with this sense of time, people have the innate capacity to develop anticipations/expectations of the future from an internal review and distillation of the new data of the experienced present, coupled with the stored data of the recalled past.

On first glance this seems simple enough, however, brain studies show that it is not possible to experience the present without unconsciously remembering/re-experiencing parts of the past. They also show that when we remember the past now, it awakens the same part of the brain that was active during the past experience of the original event when it happened in the then present (Edelman, 2000). Thus, our experiences in the past inevitably condition and modify our experiences in the events of the present. Further, since the construction and anticipation of the future is dependent on the amalgam of the data of the past and present (Damasio 1999), one's future will be hugely affected – positively or negatively -- by the qualitative contents of past and present input.

In PBSP®, we attend to these complex facts and time-fusing, potentially confusing, neurological realities by introducing the element of “place” in combination with the notions of “stages” and “screens.” We use the term place in two contexts: one, in the sense of the stages, arenas or platforms where life is occurring and two, in the sense of the screens where that activity is represented. We will then describe

how to work with all these elements to produce a corrective experience, clearly and effectively, in the psychotherapy session.

In PBSP®, we posit the notion that there are two, actual-now stages upon which present reality is enacted/lived; and a third, virtual-then stage – which we construct for therapeutic purposes – upon which the remembered past can not only be re-enacted as it actually was, but a more “genetically-satisfying” past can be symbolically constructed now (in the therapy room) to be experienced and internalized as if it had taken place then, so it would contribute to an anticipation of a more satisfying future. But in order to understand that notion we must first address the issue of on what stage and in what time does ordinary living take place? Objectively speaking, it takes place on the literal/material stage of the external world. The freshly born objective present endlessly unfolds anew. Objectively speaking, the present is only what is happening now. There is only one objective present. This we call stage one, the concrete/literal stage of the present, where the action of life unfolds in all its complexity, in the outside world as well as in the therapy room. Subjectively speaking, the same as above happens on the literal/material stage of the external world. However, knowing that the subjective present always includes much of the past, we feel obliged to call stage one the platform of the *apparent* here-and-now.

Internally there is another stage where living takes place. This theater takes place on the surface and interiors of our bodies. The performers on this three dimensional arena are our sensations, emotions and felt states “dancing on” and “swimming in” the surfaces and interiors of our bodies. We call this stage two. You might also call this the stage of the body-unconscious. Here, the dancers/swimmers are actually our unconscious body emotions -- that swirl of feelings before they become conscious and acted upon -- which clients may experience as disturbing, purely physical symptoms. In fact, many of these “symptoms” are caused by sensory awareness and proprioceptive, kinesthetic, feed-back arising from pre-motor contractions and muscle tension triggered by unconscious emotions and states (Ledoux, 1996). In this light, the freshly born, subjective present also endlessly unfolds anew, but with the inclusion of each individual’s personal history combined with it. Thus, there are as many subjective presents as there are living individuals.

The average person is mostly conscious of living on stage one. He/she has little knowledge that the subjective present is a compound blend of some of the here-and-now coupled with some of the there-and-then and innocently assumes that the past is over and done with and their notion of an absolute present is all that needs attending to. They also may pay scant attention to the unconscious theater playing out on and in the stage two of their bodies. Further, they may sometimes unwittingly begin living their apparent, here-and-now on stage three when they unconsciously have a transference reaction to someone or unknowingly project on someone and blithely act, feel and think just as they did in some defining past event. All the while assuming they are simply and entirely in the objective present, they have unconsciously and unwittingly boarded an instant time machine and are replaying the past. Some might chalk such situations up to having a *deja-vu* experience. Other more esoteric-minded persons might describe such events as past-life effects rather than the effects of memory of their own personal history.

The third stage is the stage is consciously constructed—in collaboration with the client—where those memories of the past, that are interspersed with our perception of the present, can be given the time and place to exhibit their history in the seeming-real-time of the therapy session. That third stage is on wheels – so to speak – it can be made to virtually roll over the stage of objective reality of the therapy room *per se* and land like a virtual-time-machine in any location, at any time, in any moment, of the client’s remembered events.

It is upon this third stage that the client – with the assistance, of the therapist – constructs synthetic, symbolic, “gene-satisfying” memories to offset – point for point – those abuses and deficits of the past, which had contributed to the anticipation of a negative future. This third stage is a virtual stage, built upon the stage of the actual here and now of the therapy room. That stage is where all the events that are unfolding in the client’s mind -- that had taken place in the then of the past -- can be externalized and staged in the now of the present as it is seen in the mind’s eye and represented in the mind’s body.

In PBSP®, we define screen one as the actual/literal screen of what our eyes are seeing at the present moment. However, it is clear, as I said above, that every time we see something in the present, it automatically awakens parts of the visual cortex that deals with past images. Therefore, seeing *now* always includes something of seeing *then*. Thus, screen one is what is mostly operating when a client is in the apparent here-and -now of stage one. The micro-tracking process begins on stage one as clients speak about what they are feeling in the present moment. The witness figure and the voice figures then are posited on stage one.

Screen two is the screen of the mind’s eye. During the micro-tracking process clients may recall a figure in the past and their bodies’ will show the impact of that perception on stage two. Their faces will flush, their breathing patterns will change, and their bodies will become tense or relaxed as their gestures broadcast a changed inner state.

Simultaneous with the awakening of stage two, that of the surface and inner volume of the actual body, is the awakening of the neurally represented mind’s body, which we refer to as screen three. This is where the neurally registered memories of body images and body coordinations are stored and available for recall.

When the corrective experience is organized, choreographed and experienced on stage three, therapists assist clients in accessing their body images and body behaviors that are stored in screen three of the mind’s body. We believe this coupling with the mind’s body of screen three helps them anchor the experience of the new possibilities with their body memory of when they actually needed to have those events happen. So, though the event is literally taking place in the here and now of the therapy room, it is carefully orchestrated so that as far as part of the psyche and brain is concerned, it is the equivalent of something that should/could have happened back in time. In this way, therapists can carry out the main therapeutic goal of constructing new, symbolic memories of a life-satisfying *past* on that third virtual stage which we have evidence to believe increases clients capacity to experience a more pleasurable present and leads to increased capacity to anticipate as well as create, a more life-satisfying future.

It is our hope that clarity in addressing the issues of “With Whom?” “When?” and “Where?” will provide the foundation for a more effective therapeutic experience for patients in emotional pain and suffering. I hope that the notions and interventions which I have explained in this article will help body psychotherapists provide a corrective experience in the hypothetical/symbolic past on stage three, without their actual relationship on stage one becoming transferentially overloaded. Using these techniques and concepts, therapists can avoid the pitfall of unwittingly enabling clients to fall into a dependent, personally indebted and vulnerable position where they can become emotionally over-attached, and subject to the uncertainties and vicissitudes of the actual, clinical relationship.

References:

Damasio, A. (1999). Chapters 2, 9. The Feeling of What Happens: Body and Emotion in the Making of Consciousness. (pp33-81, &pp277-295) Orlando, FL: Harcourt Brace.

Edelman, G.M., Tononi, G. (2000). A universe of Consciousness. New york: Basic Books.

Erikson, E. (1964) Childhood and society. Homburger, 1964; reprinted 1993, New York, NY. Norton& Co.

Ledoux, Joseph. (1996). The Emotional Brain: The Mysterious Underpinnings of Emotional Life. New York: Simon & Schuster.

Pesso, Albert. (1973). Experience in Action. New York, NY.: New York University Press.

Pesso, A., (1987)

Pesso, A., (1991). Abuse. In A. Pesso & J. Crandell, Eds. Moving psychotherapy: Theory and application of Pesso System/Psychomotor Therapy (pp169-188). Cambridge, MA: Brookline Books.

Pesso, Albert. (1991). Ego Development in the Possibility Sphere. In A. Pesso & J. Crandell, Eds. Moving psychotherapy: Theory and application of Pesso System/Psychomotor Therapy (pp 51-63) Cambridge, MA: Brookline Books.

Pesso, Albert. (1991). Ego Function and Pesso System/Psychomotor Therapy. . In A. Pesso & J. Crandell, Eds. Moving psychotherapy: Theory and application of Pesso System/Psychomotor Therapy (pp 41-49). Cambridge, MA: Brookline Books.

Pesso, A.. and Wassenaar, H., (1991) The Relationship Between PS/P and a Neurobiological Model. In A. Pesso & J. Crandell, Eds. Moving psychotherapy: Theory and application of Pesso System/Psychomotor Therapy (pp 33-40). Cambridge, MA: Brookline Books.

Pesso, Albert. (1995). The Realization of Hope. Gent: Journal of Communication and Cognition.

Pesso, A.(1997) PBSP®-Pesso Boyden Systems Psychomotor. Christine Caldwell, Ed. Getting in Touch: A Guide to Body-Centered Therapies. (Chapter 8, pp117-152) Wheaton: Theosophical Press.

Stern, D.(1986). The Interpersonal World of the Infant. New York, NY. Basic Books

© 1961 -2011 Albert Pesso and Diane Boyden-Pesso. All rights reserved.