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**Back to the Root:
Healing Potential Sexual Offenders' Childhood Trauma
with PESSO Boyden System Psychomotor**

Juliet Grayson

I am often asked about the people I work with who commit sexual offences. "Have they all been sexually abused?" Hudson Allez, speaking from 25 years experience of working with these people, says, "They may not all have been sexually abused - but if you ask, 'Have they all experienced trauma?' then it is a yes. Every time. There is trauma in their history." (Hudson Allez 2012)

Since we know that histories impact upon present-day behaviour (Perquin 2004a; PESSO 1997) surely this damage should be addressed as a vital and necessary part of the work of rehabilitation (Hudson Allez 2010). As Morgan and Findlater say, "Research has highlighted that difficulties in attachment are more prevalent in all offenders versus non offenders, but ... sexual and violent offenders report greater levels of attachment difficulties than some other types of offender." (Morgan & Findlater 2012, p. 26) Some professionals fear that working with childhood issues of offenders could encourage offenders to see themselves as victims. I see it differently. I think we should be working on the trauma and poor attachment which is the root cause of these issues, alongside therapy specifically focussed on stopping the offending behaviour.

To this end some colleagues and I have set up Stop Sex Offending (www.stopso.org.uk), an independent group of psychologists, psychotherapists and doctors offering an easy-to-access nationwide network for people at risk of sexual offending or re-offending, and for their families. Treatment for sex offenders has been shown to reduce reoffending rates (Fortney, Levenson, Brannon, & Baker 2007). One study showed that only 9% of first time offenders in treatment reoffended, compared to 27% of those who went untreated. (Nicholaichuk, Gordon, Gu, & Wong 2000)

The psychotherapeutic method I use for working on the area of early history is the PESSO Boyden System Psychomotor (PBSP) which Al PESSO and Diane Boyden began creating in 1961. (Howe 1991; PESSO 1990) This approach "represents the coming together of psychodynamic, cognitive-behavioural and system-oriented principles, along with client-centred attitudes, in one integrated philosophy." (PESSO Boyden UK n.d.) PBSP can be used for any issue requiring emotional healing. It is particularly effective when dealing with insecure attachments, developmental deficits (where not enough has been received from the right people at the right time), or trauma (where 'too much' came in too early, overwhelming the fragile boundaries of a developing ego). As Van Der Kolk said in an interview:

"Where a person has suffered severe developmental deficit – perhaps with no early experience at all of what it felt like to be safe with someone ... it will be hard for the patient to feel safe in the therapeutic relationship, and the answer lies in the kind of body work done by Albert PESSO [using PBSP] in which a patient in a group context is able to orchestrate

their own reparative somatic experience – perhaps being held or touched by another member.” (Pointon 2004 15 p13)

Van Der Kolk sees “PBSP ... as part of the future of trauma work — one to which he is powerfully committed.” (Pointon 2004)

Below I introduce the core concepts of PBSP, followed by a case study of a client, and a summary of subsequent sessions, allowing you to see the healing journey.

PBSP helps clients identify emotional deficits and create *new memories* which provide an *alternative history*. This provides “a taste of what it would be like to have had a different, benign past, and thus to engender more positive expectations about the future – expectations that are rooted in the body.” (Scarf 2005, p. 254) Since our memory of our history drives so many of our choices (Harris 2012; Pessó 1999), if we have different memories, we will make different choices in both the present and the future. PBSP is a client-led process, focusing “the client’s self-direction within [the] therapist’s stage-direction” in a co-directed way (Mann 2005 p.316). The goals are to help the client discover and attend to:

- a. memories, emotions and attitudes of the past that are embedded in their experience of the present, that colour their perceptions and impede successful living;
- b. awareness and acceptance of buried and unprocessed emotions connected to those past events;
- c. unmet developmental needs of place, nurture, support, protection and limits; and
- d. construction and accurate storage of a new memory, where these needs are symbolically satisfied at the right age, with the right kinship relationship, leading to greater hope, pleasure, satisfaction, meaning, connectedness and choice, both in self regulation and in future interactions.

Traditionally, this individual therapy is done within a group setting. One person elects to have a session – called a *structure* – lasting approximately one hour. Scarf described it as a “carefully constructed mini theatrical event which is presided over by the therapist.” (Scarf, 2005, p. 256)

The therapist starts by creating a *possibility sphere*, a field of heightened awareness, filled with sensitivity and reactivity that “invites the client to bring out the portions of the self that have been in hiding and never before consciously known, named, validated, and internalised into the ego.” (PBSP n.d.) The client is invited to focus on their current feelings and thoughts. Using a skill called *micro-tracking*, the therapist closely observes the facial expressions and vocal tone of the client, and verbalises the emotional responses through a process called *witnessing*. The benign Witness figure, “an extension of the empathic abilities of the therapist” (Perquin, 2012, p. 5) is invoked and portrayed as if there were another person in the room who sees, names and validates the client’s feelings – connecting those feelings to the context which the client has verbalised. For example:

Client: (Sounding miserable) My wife is always too busy to spend time with me.

Therapist: If there was a Witness in the room, the Witness would say, ‘I see how disappointed you feel when you remember your wife being always too busy to spend time with you.’

Client: But I don’t expect more attention from her, she has so much to do.

In micro-tracking the client, the therapist is also listening for so-called *voices*: cognitions, compelling injunctions or conclusions that the client has accumulated from life experience. These typically limit the client’s vitality, or dampen feelings, and often have the character of a survival strategy. When the therapist hears the client shutting themselves down with a *voice*, the therapist externalises it:

Therapist: (Gestures and dramatises as though another person is actually saying the words) That's the *Voice Of Reasonableness* that says, 'Don't expect more attention from her.'

Through micro-tracking, the client becomes increasingly aware of his body sensations and current thoughts, as the therapy room becomes the externalised stage of his mind's eye. This first part of the structure is called the *true scene*.

The client's body reacts to these thoughts and internal images, triggering spontaneous memories of underlying events in their history, that relate to, or are the root of their current state of mind. "Present consciousness is a tapestry woven of threads of memory." (Pesso n.d p. 17)

Client: She's like my mother. My mum had to take care of four children by herself, and she was also really busy all the time. She had no time for me.

As opportunities present themselves, we create *reversals* – opposites of whatever negative experience the client names from their history. Reversals stop the client rehearsing the familiar story of deficits or trauma, and begin to choreograph an *antidote* to the root cause – a healing interaction that creates *new memory*. For example:

Therapist: Can you imagine the idea of an Ideal Mother who would not have had to take care of four children all by herself? She would not have been so busy all the time. She would have had time for you.

This plants seeds for an alternative history by *bookmarking an Ideal Mother*.

Accurate *reversals*, that 'fit' the client, have an impact, and the client begins to find the *new possibility* believable. Then the therapist invites him to pick a group member, to role-play the appropriate *Ideal Figure* he would have needed in the past. Thus the figure that the client had created in his mind's eye is now symbolically represented by a real person.

Under the therapist's guidance the chosen person takes on the role, saying to the client, "I will take on the role of your *Ideal Mother*," and waits for the client to place her.

Fascinatingly, clients always know precisely where to place the role figures in the room. It is not unusual for clients to ask an *Ideal Figure* to move ten centimetres, or turn slightly, until the client feels it is 'just right.' This precision is characteristic of the delicacy and respect shown throughout a PBSP structure.

The *Ideal Figure* is not an 'improved' representation of the person's real mother, but a completely new figure, built up from the client's yearnings and aspirations for an unconditionally loving parent. Our innate knowledge of what would have been needed for our healthy development is deeply embedded and indestructible, and is the core of this kind of therapeutic process. There will usually be some physical contact with the *Ideal Figure*, so that the *antidote* becomes an embodied experience. Embedding the experience tactilely fortifies the experience emotionally as a body-mind (or psycho-motor) memory. As Scarf says on her website: "The idea that we can repair what has happened to us just by thinking about it is fallacious. We have to integrate our insights into our bodies. Otherwise, we'll just go on repeating. The mind and the body really are one." (Scarf, 2004) The *Ideal Figure* offers new, accurate, healing interactions, e.g.:

Ideal Mother: If I had been your Ideal Mother from the very beginning, you would have been my only child, and I would have given you all the attention and love you needed, just like now.

These new, symbolic, countervailing and satisfying memories become integrated experientially, just as actual historical memories are. Rather than help people cope with negative, traumatic history, we help them to

create a new believable memory which can “loosen the grip of a historical pattern.” (Mann and Chapman 2009 p. 372) Thus PBSP “unites a conventional ‘talking therapy’ approach with a variety of bodily experiences – touching, holding and the like.” (Scarf, 2005, p.252)

After a structure, group members who have taken roles are ritually de-rolled, followed by *sharing*, where group members own and express personal responses to the structure.

A Case Study.

The following case study illustrates working with a man who exhibits sexually inappropriate behaviour. The client has given permission, and I have changed his name.

John, a 32 year old engineer, referred by another therapist, was a self funding private client. After two initial one-to-one sessions, I suggested he join a PBSP group I run specifically for clients struggling with sexually inappropriate behaviour, and for people likely to sexually offend or re-offend. John attended this group, alongside one-to-one therapy sessions, for eight separate days over one year.

Setting up the Group

Members of the general public who were at risk of committing a sexual offence could apply to join this group, which I called the ‘Slippery Slope’ . One man had served a prison sentence for a sexual offence; one was serving a community sentence for sexual offending; a woman was awaiting sentence; and a third man had fantasised about offending. Represented therefore were previous offenders, potential offenders, and possible re-offenders. In my workshops I use a clear contract about the legal and ethical lines and what I will report, so participants understand the potential consequences of disclosing details of their behaviour.

Wanting additional people in the group available to play roles, I sought volunteers, non-offenders who supported this group’s purpose. I was encouraged to be contacted by 22 male and 41 female volunteers – PBSP groups require role-players of both genders. I screened volunteers to ensure that they could handle difficult or traumatic content.

The final eight-strong group comprised four ‘Slippery Slope’ clients and four volunteers – three women, five men – and myself. The agreement was that at each workshop, the four clients would each have a *structure*.

Assessment

Normally I do a short telephone assessment before people join a PBSP group. However, my two sessions with John had enabled me to do a fuller assessment, using Ruth Hallam-Jones’s model (2008), which evaluates risk across psychological, spiritual, physical, relational and sexual dimensions (Grayson 2011) . This enabled me to establish the full scope of John’s case and potentially significant contributory factors, such as:

- serious stomach problem at birth;
- major operation at six days old to correct this;
- a violent father;
- attempts to protect his mother from his father’s violence;
- regularly seeing his parents having sex, from when he was 6 years old;
- finding his father’s hardcore porn at the age of 8;
- masturbating to porn from then, before he was ejaculating;
- a group of girls bursting in on him while he was using a school urinal at the age of 12;
- he found pornography more arousing than a real person and it became his main sexual outlet;
- he explored new porn genres, e.g. exhibitionism and voyeurism;

- the latter became normalised;
- unrealistic expectations of an intimate and sexual relationship with a real person;
- he considered his social skills poor (though I found him open and easy to talk to);
- he was a virgin at age 30;
- his first relationship, a marriage, lasted twenty months;
- he was unable to maintain an erection or to have penetrative sex with his wife;
- he had not sought help for erectile dysfunction;
- he was charged with indecent exposure and voyeurism;
- he had acted out in these ways since his adolescence;
- exhibitionism involved revealing his penis, as if accidentally, to a group of women who would laugh and be titillated by the experience;
- his marriage had ended after he was charged;
- recent suicidal feelings - immediately after being charged he attempted suicide and spent ten days on a mental health ward;
- he was highly motivated to stop acting out and to let go of old patterns;
- he described himself as an atheist; and
- he presented as likeable, well turned-out, intelligent, communicative and straightforward.

I hypothesised that the predisposing and perpetuating factors were:

- A problem bonding with his mother due to the attachment injury from the major operation at 6 days old (Hudson Allez 2007).
- The sexual template that comes 'online' age 8 was corrupted by finding hard core pornography (Hudson Allez 2010) (Money 1986).
- He had repetition compulsion (Van der Kolk 1989; Hudson Allez 2010): his voyeurism dated from when he arrived home from school and found his parents having sex in the living room.
- The exhibitionism was repetition compulsion, from the group of girls bursting in on him urinating.
- Learning to satisfy his sexual desires through pornography, he had not sought relationship with a person.
- When he finally had penetrative sex, he had been using pornography for 23 years.
- Real life sex was disappointing compared to his expectations built up through pornography (Maltz and Maltz, 2009).
- Asking for help was not easy.

With far more information than I would normally have going into a structure, I still needed to allow the session to be client-led and to unfold in an organic way, as is usually the case in PBSP. A PBSP theoretical perspective on John's assessment above would note traumatic, formative bodily memories, including the major surgery in infancy, his violent father, and seeing his parents having sex. There were also indications of his parents' psychological disturbance (violence, and no boundaries in their sexual life) and of parentification (John protecting his mother).

The Structure

First, creating an atmosphere where John has the freedom to explore who he really is (the *possibility sphere*), I (the therapist) wait in silence for him to begin, assuming this particular *now* will contain all the learned meaning of past situations, both good and bad.

Therapist: (Sits quietly)

John: (Pause). I've seen this work for other people. But I don't think it will work for me.

Therapist: (Gestures with hand, as if invoking another person.) If there was a Witness here, the Witness would say, 'I see how doubtful you feel about whether it will work for you.'

John: Yes. . . Anyway, I'll give it a go. . . Well, having thought about what's happened to me recently, and what might be the trigger for it in the past, I've come to the certain conclusion that my father's behaviour towards me when I was a child is the reason. . . I mean, I don't hold him responsible for what's happened to me. I'm responsible. . . But his behaviour was a kind of trigger, for both my sexual behaviour and the problems I've got socialising.

Therapist: Let's bring out a *placeholder* for your father, that is, an object to represent your Real Father.

I explain that this *placeholder* represents *all* the different aspects of his father, positive *and* negative. John chooses a brown cushion to represent his Real Father, placing it two metres away, slightly to his left.

Therapist: (Pause) What do you think of when you look at him?

John: He's very harsh, unforgiving, impatient. He was very volatile. . . Violent. I had to tread on eggshells.

Therapist: That is a *Voice of Survival Strategy* that says (gestures to invoke a commanding figure) 'You have to tread on eggshells!'

John: (Shrinks, frightened) He was very violent!

Therapist: (Gestures to where the Witness figure was indicated in the air) If there was a Witness here, the Witness would say, 'I see how much terror you feel when you remember how violent your father could be.' Let's reverse that. (Gestures with hand to invoke an Ideal Father standing behind John) Let's *bookmark* the idea of an Ideal Father. He is the father you needed when you were a child. He would say (dramatises voice, to give a sense that it's the Ideal Father speaking), 'If I had been your *Ideal* Father when you were a child, I wouldn't have been harsh, impatient or violent. I would have been *patient* and *calm*, and *easy going*.'

John: I wasn't allowed to just be a child and enjoy myself.

Therapist: (Gestures to the Ideal Father, dramatises voice) The Ideal Father would say, 'If I had been your Ideal Father, I would have let you just be a child, and enjoy yourself.' (To John, normal voice) Can you imagine that?

John: (Hesitates) It's hard.... (Recognises) But yes, my best friend, Peter, had that kind of family, and the father that I always wanted. If Peter's dad disciplined him, he'd talk things through with him. So I could imagine him being my 'Ideal Father.'

Therapist: (Gestures to Witness) If there was a Witness here, the Witness would say, 'I see how appealing that feels to you, to have an Ideal Father who would be like Peter's father.'

John: (Nods, exhales, relieved)

Therapist: Let's have a *placeholder* for Peter's real father.

John: (Picks a yellow cushion. Places it a metre away.)

Therapist: Just for clarity, your Ideal Father would have *qualities* of Peter's father, but he wouldn't *be* Peter's father. That is because Peter's father was there for Peter, and wasn't *your* father, and *your* Ideal Father would have been there for *you*.

John: (Smiles. Relaxes.)

Note: we are not trying to change John's Real Father to be different, or cleanse John's memory of his real father. We want to create an alternative memory of an Ideal Father who would have been there just in the way John needed him. We can use his experience of Peter's father to start to formulate the qualities of an Ideal Father.

Therapist: What qualities did Peter's father have, that you would like to have seen in *your* Ideal Father?

John: He was tall, strong, calm and kind.

Therapist: (Gestures to the earlier-placed idea of his *Ideal Father* in the air) The Ideal Father would say, 'If I'd been your Ideal Father when you were a child, I would have been tall, strong, calm and kind.' (Pause) Where in the room would you place your Ideal Father?

John: (Looks up, indicates right.)

Therapist: What would you like to hear him say?

John: He would be gentle. Loving.

Therapist: (Gestures to the same place). Imagine your Ideal Father standing there – he would say, 'If I had been your Ideal Father when you were young, I would have been gentle. And loving.'

John: (Pauses) I'm afraid if I believe in this 'Ideal Father,' I'll feel bad about not having actually had a good dad.

Therapist: (Talks directly to John) Often when we taste a *new* possibility, we also notice what we didn't get and feel some grief. We call that the relief-grief cycle – we feel grief, at what we didn't get. But we can only feel that grief in contrast to we really needed, and *now* know would have been just right for us. Grief is the other side of the coin – of the relief we feel with the Ideal Father.

John: (Nods)

We now have five 'virtual' characters in the room: the Placeholder for the Real Father, a Placeholder for Peter's father, the Voice of the Survival Strategy, a Witness Figure, and the Ideal Father.

John: (Pauses, considers, begins to smile). Good. (Hopeful) Maybe I could just have been a child if I had had a father like that.

Therapist: The Ideal Father would say, 'If I had been your Ideal Father when you were little, then you could just have been a child.'

John: (Smiles broadly, exhales deeply)

Therapist (Microtracks) The Witness says, 'I see how pleasing and relaxing it feels to have an Ideal Father who would have let you just be a child.'

John: (Sobered) But my real dad wasn't like that. Quite often trouble started just because I was the other man in the house. Even if I wasn't in trouble, and it was my mum. . . If he started on her with his fists, I would intervene.

Therapist: How did you intervene?

John: I was a buffer. I tried to be kind and honourable to my mother, to protect her.

Here John is indicating he filled the *role of protector* for his mother. In PBSP we call this filling '*holes in roles*.' If a child experiences a parent being inappropriately treated by their partner, that child may unconsciously step in to treat the parent 'properly.' John, treating his mother with kindness and respect, filled the role that her husband should have taken. However, that should not have been *John's* role. He should just have been a child, not acting to protect the adult.

We make images all the time in our mind's eye and respond to them, often unconsciously. By changing the image, we can change the response. In this next PBSP step we are going to consciously externalise a *new possibility* for John's mother, which will also impact on John. Using objects (buttons, stones, small cushions, etc.) to create a small but dynamic piece of inner theatre, we give John an *experience* of not having to be the protector. One object will represent John's *Real Mother*. Another object will represent an *Ideal Husband for his Real Mother*. The 'hole' in the family system, of a missing 'good' husband, will now be filled by a *symbolic Ideal Husband*, rather than, as occurred in actual history, by John-the-child. We call this a *movie*, with the client observing the scene, but not *in* the scene. Pessó (2012) discovered that, even though we often have no awareness of having filled these gaps, when the '*hole*' is later filled appropriately, in a movie, by the *right figure*, an emotional charge is dispersed and the client feels deep relief.

Watching his own inner-mind theatre-work become externalised in front of him on the floor, John creates a different memory of 'what could have been'. This calms him. We see a shift in energy and a profound neurobiological relaxation in his face and body. He now seems to be able to *take in* what it was right for a child at that age to have received. In PBSP language, as John sees 'how it could have been' if he had not been impelled to prematurely protect his own mother, he becomes receptive to creating new memories. These are based on here-and-now affectively moving experiences in the structure, which fill deficits from past imperfect parenting.

I briefly explain these concepts to John, and then ask him to choose an object which will represent his Real Mother in the *movie*. He chooses a small cream corduroy cushion. Then I invite him to choose an object to represent an Ideal Husband for his Real Mother, who would have protected and been kind to her. He chooses another slightly larger green cushion, which he places about a metre away from the cushion representing his Real Mother.

Therapist: That's interesting. I notice you've placed him a long way from her. Remember, he is her Ideal Husband – no part of her Real Husband. He would be kind, patient, strong, calm, and tolerant.

John: (Realising). Ah! In that case he can come closer. (Moves the green cushion representing the Ideal Husband right next to the cream cushion representing his Real Mother).

This indicates – as often happens in structures – that at first he had not made a clear distinction in his mind between her Ideal Husband and her real, and violent, husband. One of the jobs of a PBSP therapist is to help a

client be clear about this difference, as it is needed for progressing through a structure to a good ending, and to help the client 'store' the 'new memory' separately from his real memories.

At this point I move, to squat on the floor behind the objects. John has a clear view of an imaginary *movie screen* in front of him; I am behind it to choreograph the 'show.' I hold the object representing the Ideal Husband for his Real Mother, moving him up and down a few centimetres, like a puppet. This invites the impression that the Ideal Husband is talking to (the object representing) John's Real Mother, in the movie.

Therapist: (Animates cushion to simulate talking) The Ideal Husband would say to your Real Mother, 'If I was your Ideal Husband, I would be there for you, and I would protect you. I would be honourable, calm, and kind to you.'

I flesh this out with more lines for the Ideal Husband to say, by using prompts that John gives me as he experiences resonance with this new possibility. Clients invariably think of other things that 'could have been,' had the right role-holder filled the hole, and they offer these spontaneously. The therapist immediately converts these into further words for the *Ideal Figures*. I can see that John is completely engaged with what is happening. As the role of the Ideal Husband becomes more believable, John is energised. Then he gives a sigh and sits back, as his body quiets.

Therapist: (Gestures to Witness) The Witness would say, 'I see how relieved and calmed you feel as you imagine your mother with a gentle, kind and protective husband.'

John: (Nods) Yes, I feel calm. (Moves hand down his torso, body settles.)

Therapist: Imagine the Ideal Husband for your Real Mother, coming out of the movie now, and talking *directly to you*. (Turns the cushion representing his mother's Ideal Husband so it 'looks at' John). Her Ideal Husband says to *you*, 'It's *my* job to look after her, and be kind to her and protect her. Not your job. You are free to just be a child.'

John: (Sits back, huge sigh of relief, body settles. Pauses. Then, astonished) I could just have been a little boy!

Therapist: The Witness would say, 'I see how stunned and relieved you feel when you recognise you could have just been a little boy. And how right that feels.'

John: (Agrees, nods).

The use of the Witness Figure at these moments helps the client notice the changes he is feeling.

John: (Anxiously). But if he's there for *her*, who is there for *me*?

This is a signal he is ready for the next step.

Therapist: Sounds like you are ready to bring in a person to be there for you. Would you like to choose someone from the group to role-play the Ideal Father you needed when you were a boy, who would have been there for you.

John looks surprised, and curious. He slowly looks around the group, at all the men, and chooses Simon.

Therapist: (To Simon) Can you look at John and say to him, 'I'll take the role of your Ideal Father'?

Simon: (To John). I'll take the role of your Ideal Father.

Therapist: (To John) Where would you place your Ideal Father?

John places him precisely, in front and slightly to one side of himself, about a metre away. We arrange the chairs so that the Ideal Father's eye level is about 30 centimetres higher than John's when sitting down. This is to create an appropriate parent-child height differential, which supports believability in the new memory.

Therapist: What would you like to hear from your Ideal Father?

John: (Amazed) I don't remember my real father ever sitting down with me like this!

Therapist: How would it be if the Ideal Father said, 'If I'd been your Ideal Father, I would have often sat down with you, just like this.'

John: That would be good.

Therapist: At what age did you need that?

John: From as soon as I can remember.

Therapist: (Talks to the Ideal Father, modelling a warm and gentle tone of voice, giving him words to repeat to John) 'If I'd been your Ideal Father... from as soon as you could remember... I would often have sat with you and spent time with you.'

This is repeated, to John, by the Ideal Father,

Therapist: (To the Ideal Father) 'And as you grew up, I would have talked with you, showed you things and spent time with you.'

Again, the Ideal Father repeats this to John. By mentioning the timeline – 'from as soon as you can remember' and 'as you grew up' – he is helping the child-in-John to put the idea of this Ideal Father back into his history and childhood.

John: (Looking at his Ideal Father, shakes his head slightly, absorbing this). That would have been amazing.

Therapist: (Gesturing) The Witness would say, 'I see how surprised and delighted you feel as you imagine that possibility, of your Ideal Father sitting with you, talking with you, and spending time with you, when you were a very young child and as you grew up.'

I have given this level of detail here to offer a sense of how a structure begins and proceeds. Using the client's material, I act largely as a 'following guide'. Although this involves some repetition, as illustrated above, in the session an alliance builds incrementally. Invariably, the client's own words are the language I precisely reverse for him to hear back. I micro-track the strong reactions seen in the client, and invoke the Witness to name the physiological affects showing on the client's face. This slows the process down, allowing the client to notice his reactions as they are happening. This promotes self awareness and strengthens the client's *pilot* (his executive function), so the client retains autonomy.

From here on for the sake of brevity, I will describe the overall process of the structure rather than staying at the level of specific, sentence-by-sentence, detail.

Under my guidance, John takes in *antidotes* from the Ideal Father, based on what was missing from his real father. This lasts for seven or eight minutes. I invite him to put images of his Ideal Father – for example, him spending time with John as a child – into his databank of personal memories, to create a new template. John will still have his real history and be very clear about what actually happened in his childhood. But throughout the PBSP structure he is inserting some new possibilities, with emotional impact, into his personal history. In the structure these are developmentally needed *and met* at the right age, by the correct kinship figure. Experience in PBSP therapy shows that this significantly changes how people feel about themselves and how they see the world.

The next stage unfolds naturally, as John brings in a person to represent his Ideal Mother. He places her right next to his Ideal Father. I ask what would represent his Ideal Parents being in a loving relationship with each other. He looks astonished at the possibility. Never having seen his parents happy together, he feels at a loss to know what would symbolise this. I suggest we start with them sitting close, side by side, so that the Ideal Father's left shoulder and the Ideal Mother's right shoulder (and his left and her right leg) would be touching. I suggest that his Ideal Parents hold hands. To complete the picture, I invite them to look at one another, smiling. I check all these suggestions with John to ensure that each one feels right.

John's face lights up. Looking like a boy of about four years old, he gazes at this image with complete fascination. We spend the next five minutes allowing this possibility to sink in. To aid the formation of this memory, the Ideal Parents say things that John wants to hear.

Ideal Mother}

Ideal Father } (Simultaneously. Look first at John, then look lovingly at each other) If we'd been your Ideal Parents when you were a boy, you would have seen us being affectionate with each other every day. We would have taught you about having a peaceful and loving relationship.

Therapist: Are the Ideal Parents still in the right place?

John: Can I bring them closer to me?

He brings one on each side of him, very close, so he is sitting in the middle, with their bodies touching his. They have cushions on their chairs to make them taller than he is. Again we see in John the face of a little boy excited at being with his parents, looking up in awe and wonder. He asks the Ideal Parents to put their arms around him and hold his hands. They verbalise their love for one another, and love for him, giving messages of a healthy, fulfilling relationship congruent with their physical arrangement.

Several group members are smiling fondly as they see the young John and his amazement at these Ideal Parents; others have tears rolling down their cheeks. All are moved by the picture of this little boy getting the love and attention that he deserved and needed, all the more powerful because of the scepticism John had shown at the start. Noteworthy in PBSP groups are group members' descriptions of the healing they experience from watching other peoples' structures.

After some minutes, John indicates he has absorbed this feeling.

Therapist: (Observes John relaxing). It feels like we are coming towards a close.

John: (Nods)

Therapist: Imagine going out into the world tomorrow, carrying this feeling with you – of having been loved by your Ideal Parents. And as you think about the things you'll be doing tomorrow, and the next day, imagine feeling this feeling inside, as you go about your life.

John has an 'inner focus' as he processes this, which takes about four minutes. This final step allows John to connect the current feelings with his past, and project the effects into his future.

His gaze changes, he looks at the therapist again and nods, indicating that he is satisfied and feels complete.

Then we de-role each of the figures involved, starting with the Voice of the Survival Strategy, the Placeholder for his real father and the Placeholder for Pete's father, the objects representing his Real Mother and her Ideal Husband in the movie, the Witness, and finally his Ideal Parents.

I allow time after the structure for *Sharing*. Group members reflect on what resonated for them, their reactions, or what the structure meant to them. In John's group, individuals were moved by his work. Group members shared the importance and power in their respective lives of simple love, connection, attention and contact – as well as its absence. One man finds himself incandescent with rage about the way children can be treated by their parents. The group listens while he expresses this, and spends about three minutes exploring events from his own history that triggered his strong reaction.

Further Structures: Themes

1) Healthy Sex Education and Social Life

John created an Ideal Father, who had a healthy, fulfilling sexual relationship with his wife, precluding any need for pornography. The therapeutic issue is not whether pornography is right or wrong – or whether PBSP views pornography in a particular way. From John's perspective, his own unhealthy preoccupation with pornography was a root cause of many issues.

Using Ideal Parents who modelled a healthy sexual bond and intimate marriage with good boundaries, John could imagine a different start to his sexual life. In the structure, when he felt a tingling in his genital region, his Ideal Parents let him know this was normal, affirming his sexuality. The Ideal Father talked to John about sex and intimacy, teaching him in a healthy way and answering questions in an age-appropriate fashion. The Ideal Parents created the right level of privacy, knowing it was not appropriate to make love in the living room when their son might walk in. John could discuss problems with his Ideal Father, who would have been calm, sympathetic and helpful. The Ideal Parents modelled a good social life for John, encouraging him to make friends and play. This *antidote* to his real childhood, allowed him to see he could have had a healthy introduction to friendships, relationships, and ultimately sex.

2) Trust

An Ideal Mother who would have been with him throughout his stay in hospital when he was six days old gave John the experience of early life with no separation and thus no attachment injury. We planted the seed that perhaps his Ideal Parents would have had excellent genes, and John would have been born without the stomach complaint. John found this possibility believable. For much of this structure John lay curled up, lying across his Ideal Mother's lap, with his head resting on her, gazing into her eyes, much as an infant might. The Ideal Father stood behind the Ideal Mother, supporting them both. This work, correcting early attachment issues, in PBSP terms exemplifies basic needs being taken in at the right time and in the right kinship relationship.

3) Anger and Tolerance

Work on John's violent father included creating a *movie* where his Real-Father-as-a-boy was given Ideal Parents. The Ideal Father for his Real-Father-as-a-boy was a kind, tolerant, honourable and patient man who loved his son and enjoyed playing with him. John saw that his Real Father would have grown up differently if he had experienced being loved and listened to as a child, becoming a man who could extend patience and loving kindness to his own son.

Then we reinforced a believable Ideal Father for John – gentle, patient, in touch with his emotions, who loved playing with his son. John's Ideal Parents helped him explore, and own, his anger – habitually John had suppressed anger. With my careful guidance the whole group was physically involved in this, as *limiting* and *containing figures*, enabling John to express anger safely and satisfyingly within appropriate limits (Perquin 2004b). Subsequently, John felt more able to access his power in a healthy way, and reported feeling more open too. Thus “the body, no longer the storehouse of frightening omnipotent impulses, can be in balance, and living in it can be a more comfortable, pleasurable experience.” (Pesso 1991, p. 188)

4) Realistic Expectations of a Relationship

John worked with a *Dream Partner*. The purpose of this was not to present an unrealistic and idealised relationship. On the contrary, by working with a Dream Partner and an Ideal Mother, role-played by two separate women, he began to clarify realistic expectations in an intimate relationship. For example, when he said, “I want my ‘dream partner’ to say she loves me unconditionally,” I intervened to let him know this was not a reality. Partners, wives and husbands love us conditionally; it is our parents who should love us unconditionally. If we have not had this from our real parents, then in PBSP we can bring in Ideal Parents to provide it, on the stage of the hypothetical past. When we satisfy that child-need for unconditional love with Ideal Parents, then we no longer yearn for it from our partner or spouse.

I reinforced this explanation with a *reversal* to give John the experience. The Ideal Mother said, “If I'd been your Ideal Mother when you were a child, I would have loved you unconditionally. I would have loved to listen to you... I would have loved you just as you are.” Later she also said, “I would have taught you about relationships with women, and let you know that when you have a girlfriend, you will be equals, she won't love you unconditionally.” The Dream Partner said, “I am your equal partner. I love you but I expect you to love me too. I will be needy sometimes and you can be needy sometimes. We have equal rights in this relationship.” The goal was to help John be very grounded and realistic about his expectations from a future partner.

The Impact

John has not acted out since his first PBSP structure. He has been tempted to do so, but less so as time passes. He feels calmer generally, and says he has been through a huge change: “I am now able to access the good inside me. I can express my emotions in ways that I simply couldn't in the past. I have a much healthier relationship to sex, and rarely have troubling sexual thoughts. I know when to stop. I feel full, on the inside, for the first time in my life.”

Conclusion

Having worked as a psychotherapist since 1991, exploring various methodologies, I am struck by the depth, gentleness, speed and effectiveness of PBSP. Within one hour people can transform issues that they have struggled with for decades.

“Your brain is making choices based on the preferences and beliefs that have been hammered into it over a lifetime” (Harris, 2012 p. 41) Although there is no research yet about using PBSP specifically with sex offenders, a study using functional magnetic resonance imaging (fMRI) with seven traumatised clients

demonstrated that after two PBSP structures, different parts of the brain were activated and de-activated. "PBSP therapeutic intervention improves the control of emotional execution and enhances the cognitive functioning." (Horáček, et al, 2005 p. 87)

Knowing that PBSP can change clients' neurology, it seems remiss not to offer this method to those whose behaviour has such a damaging effect upon potential victims. Effective therapies for perpetrators potentially reduce sexual offending. A dynamic alternative to conventional therapies, PBSP provides "a plentiful supply of memories of past satisfaction upon which to anticipate a hopeful future" (Pesso 2003)

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