

## EGO FUNCTION AND PESSO SYSTEM PSYCHOMOTOR THERAPY

By

**Albert Pesso**

*From An Interview of Albert Pesso by Lowijs Perquin, M.D.,  
edited by Perquin, Gus Kaufman, Ph.D., and Pesso*

Pesso System Psychomotor Therapy (co-founded by myself and my wife Diane Boyden Pessa) uses the information in the body as a way of acquiring information about the unconscious. As therapist do this, they stay in contact with the ego processes of the client. The importance of the balance between body work and ego processes is the topic of this discussion.

To illustrate this, I will present an example of a female client, 25 years old in the 5th year of university study. This was the client's first "structure" in an open workshop group. She described a history of intense long-lasting headaches and pains in her jaw and chest. The client had undergone an extensive neurological check-up which revealed no medical reason for her complaints. While the client talked in the first part of the structure, I watched her body as she unconsciously showed different "variations of intensity" connected with what her conscious ego was saying. When I talked to her about what I heard from her story, I talked, so to speak, to her conscious ego. In this case I simply stated that it was possible that her physical complaints were an expression of an unconscious conflict and the consequence of unexpressed emotions.

When she finished telling this preliminary history, I asked her, as an exploratory technical step, to tighten the muscles in her chest and jaw (where the pains were) to see what came out - in terms of emotions, movements, sounds or associations. She did so and began to cry. I asked her if she knew what she was crying about. She had no idea. This meant that at that moment her emotions came directly to expression without ego participation. Her emotions were living in her, but she didn't know or recognize them as a meaningful part of herself. That is, when the tears came up in her, her ego didn't connect with them. Or, perhaps you could say that the conscious part of herself didn't call that emotional part of herself, "I". Without the extra impetus of the instruction to tense those facial and chest muscles, her defense mechanisms and the unconscious restraint of the voluntary muscles in those areas would have kept that particular kind of crying successfully inhibited, not permitting those emotions to be expressed. The symptoms of pain she complained of, I surmised, were the result of the muscles of her jaw and chest, (the locus for the expression of crying) being blocked by their antagonistic muscles, successfully neutralizing the expression of the apparently conflicted impulses.

In trying to determine for myself what the mysterious crying was about, I recollected that at several points during the telling of her story, her gaze had gone upward in that certain manner which I have come to understand as indicative of the client thinking about someone significant who has died. Of course it is not a cultural or social norm to look upwards in that way when one is preoccupied with the memory of a significant person who has died - this is something I have learned from watching people's body movements during therapy sessions for over twenty years. It was unconscious body language and

she didn't realize this connection.

Her answer to my question about what she felt or associated with her crying however, indicated to me that an "understanding" of the meaning of that gaze existed on an unconscious level. I pointed out to her that I had noticed her consistent manner of looking up, and that in my experience this could mean that she was thinking about a loved one who had passed away. She answered indifferently, "Now that you ask this, my brother died when I was fourteen." Then she further volunteered information about her family. Her parents hadn't permitted any strong emotional response whatsoever in the family. They never openly acknowledged that her brother was severely handicapped by heart disease. Thus, the children never got the opportunity of experiencing and expressing all their worries about him before he died; and any feeling of jealousy or anger towards him was also impossible after he died.

Her parents had flown with her brother from Holland to the United States in order for him to undergo an operation at a famous heart clinic - he died during the operation. The parents announced his death by telephone from the States. And, so as not to disturb the children's party where the children were playing Monopoly, they tried to tell the story of his death in a casual way in order not to make it "too horrible" for them.

Try to realize the impact of these events in terms of implicit messages to the children: "Strong emotions are not to be expressed". And, "The death of one of our children is not important enough to interrupt a party or grieve about." These would seem to be condensations of the family patterns that existed before the brother died. Her ego accepted the messages of the family: "You cannot have contact with that part of yourself. It's a forbidden part" (the emotions, feelings). Another way of saying this is that parts of the soul of this child had to live in a hidden way. She had to be dissociated from the emotions of grief.

After recounting this story, she told us that she could understand the reasons for her parent's action. They both had had very traumatic experiences in a Japanese prison camp, and they didn't want to burden their children with the hard experiences of life. A tragic solution: the parents, with their bad history, intentionally giving their children a "bad history", simply by not allowing them to experience the bad events that happened to them. By "protecting" their young children from the experience of grief, they destroyed the necessary relationship between the children's inner experience and a parent's outer permission to emotionally feel that experience. With therapy we have to expand the borders that are built up by the conscious ego, supported by such unconsciously internalized "messages", so that the "real self", or the "soul", is allowed to come out in such a way that it can be recognized by the person as a true part of the self.

You have to give a client a corrective emotional experience, and new emotional and rational reasons that are strong enough to counter the original messages which have become blueprints or "maps". At some point this client has to recognize that, in fact, "their system was wrong" and come to discover that she is angry at "that part of my parents which taught me such dissociation."

There was a second critical point further in her structure. She had chosen one of the group members to role play her dead brother. She looked at him and said: "I am totally indifferent. I hardly knew him, I was only fourteen when he died." At that moment as therapist, I had to oppose her rational, reasonable belief system. It was important to remind her that she had lived with him for fourteen years, a long and important period of her life. Seeking bodily confirmation of my assumption, I asked her again how her body felt while she was looking at her dead brother (the accommodator in a role). She reported a pain in her chest again and tension in her face (forehead, eyes and mouth) which I speculated might be signs of

an impulse to cry and a simultaneous struggle against crying. I asked her once again to exaggerate the tension in the affected areas, and unexpectedly, she started to laugh. There were now two possibilities: either the laughter was an expression of primitive victory that it was her brother who was dead and not she, or her ego again wouldn't allow the grieving to take place and instead converted the rhythmic sounds and movements of crying into a contradictory and unexpected laughter. As it turned out the laughter was a precursor of crying. For suddenly, her laughter changed into deep sobbing which she quickly stopped. She somehow managed to turn off the emotional process that she had just begun.

This was the third difficult spot. One possible solution was for the therapist just to ask her to go on and work from the bodily feelings, more or less saying, "trust what comes out of you." The danger in that course would have been that she might experience very strong emotions without the permission and the rational acceptance of her own ego - which could result in a situation where even if she did express the underlying feelings, she would not integrate that new experience as her own. The other way would have been to convince her with reasons: to explain why the grief had to come out and why her belief system (that her brother's death was not important enough to grieve about) had to be attacked. This is a point where I had to balance "body work" and "ego work". Arguing too forcefully on a rational level might have strengthened her defenses; helping her keep her beliefs as they were and fixing the symptoms as they were. On the other hand, too much pressure to express on a bodily level could have resulted in an emotional happening, an outburst of unintegrated expression not in accord with her ego and therefore not internalizable. That is, if I had helped her just let loose or blast the feelings out, she might then feel about this experience, "I didn't do that, something or someone else organized it, it was not me". Or, following such forced expression, she might later block it out and possibly not even remember that she had ever experienced or expressed it. Or, it could so shatter her to find these alien forces screaming inside of her that she could have felt, and even temporarily become, crazy. None of these outcomes would be useful or desirable.

Let me now describe a general principle - that of bodily contact during the experience of strong emotions. This kind of bodily contact is a way of organizing a context in which the emotions can not only be safely expressed physically and emotionally, but the client also feels validated and accepted with those feelings by the appropriately appointed role figures. Furthermore, bodily contact given by other people in roles provides a temporary replacement or supplement to the ego, which otherwise tries to control, by muscular inhibition, the free motoric expression of the emotions.

This type of bodily contact is what I decided upon for this client at that moment. When she had first started crying, her shoulders shook and heaved forcefully, but she didn't make any sound of crying, pain or grief. To deal with this level of emotional force, I instructed two people in the group to take positive roles in order to interact with that uncontained action of her shoulders by placing their hands there and applying some pressure. With the external, containing aid of this contact and pressure, she was able to cry and sob with clearly integrated and felt emotion. The counteraction provided by the pressure from outside replaced the effort of her own antagonistic muscles fighting against the movement of the agonistic muscles. The agonistic muscles that could give expression to her emotions were in her case the expiration muscles of her chest and shoulders. The antagonistic muscles create the counter-movement of inspiration. When both sets of muscles are working at the same time the consequence is a neutralization of the impulse, resulting in tension or shaking. By giving resistance from outside to the antagonistic muscles, we stop their effect and as a consequence the agonistic muscles are then free to do their work: expiration, crying, screaming.

So far we have discussed the technical reasons for the necessity of bodily contact when a client is

expressing her emotions: the contraction of the antagonistic muscles has to be stopped in order to give freedom to the muscles which are actually ready to express the sound and movements of the specific emotion. The second argument for the use of bodily contact is the symbolic meaning of that contact. Let us say that the client chooses a group member in a positive parent role. When this role figure makes such body contact and is closely present while the client expresses his emotions, the client will experience this close contact as a symbolic permission for what she is expressing. This symbolic permission can be integrated as a new alternative for the client. It will help her in her actual life to accept her feelings and emotions as being legitimate, meaningful and sensible.

The ego is expanded by such experience, getting to know that this positive contact exists and by realizing therefore, that contacting the "hidden self" can be safe. The ego can, so to speak, "grow" through this type of bodily interaction with other human beings. When primitive impulses and emotions are being expressed, bodily contact seems to be needed to integrate these forces into the ego. We can see this happening in small children who are sad or angry and are held by their parents in an adequate way. The client in a Pesso System Psychomotor Therapy session (a structure) is feeling and behaving according to these child needs, while at the same time she is reflecting as an adult on this experience. The adult ego is awake in a Pesso System Psychomotor Therapy structure - there is no decline of consciousness, nor is there encouragement for it.

We could see a new awareness on the face of this client: part of her looked as if she was in shock (feeling the impact of her long repressed grief), and at the same time she appeared to be outside, hearing herself doing something that existed inside her (which had been an unfelt and unregistered part of her past experience). She was hearing new sounds and assessing whether or not she was going to accept them as a real part of herself. You have to help the client to realize, as she hears the sounds, that is legitimate to cry in this way, even though she had never heard herself make those sounds before. She is hearing her true self, but it is unfamiliar to her existing image of herself. So we have to help to make the client consciously accept that she is expressing her emotions and that it is right and OK to express them - that the death of a family member is a very painful experience and creates a great deal of sadness and anguish. When this woman was crying in anguish over the death of her brother, she was also crying about never having cried as well. There was also anguish at the stillbirth of that part of her own soul which had not been accepted, not only in the case of the death of her brother, but all through her life. Not until this moment, I think, had she allowed such strong feelings to be expressed.

While working with a client you have to keep attending to the signs of tension and stress, so that you can monitor when all of the expression is finished. Do not end the procedure until all the tension that was registered on the body as visible and reported symptoms is expressed, for otherwise the "new map", the "outline of new possibilities" will include the fact that (even with all this therapeutic help) it was not possible to integrate the old unexpressed experience. Thus, we have to make sure that in the new structure experience the expression is complete and not partial, for the client will not construct that new map as a "partial one", but as "the one", and the fact that she could only express herself partially will be encoded in the new map.

Therefore, I kept noting whether there was still a residue of pain and grief showing on her body (by the way she breathed, held herself and moved) and I encouraged her to keep working with the feelings, tensions and sensations in her body until all the feeling was expressed. When creating a new map it must be in contrast with the old one, thus it mustn't include the kind of partial and unfinished expression our old experiences have led us to have. In Psychomotor therapy we move towards relief and satisfaction, for it is in that moment of relief and satisfaction in a structure when the corrective

emotional experience can be paired with changes in cognitive sets and life attitudes. I believe that one consequence of emotional expression completion is that, on a biological level, the endorphins and enkephalins "kick in", providing the chemical background for feelings of pleasure and relief.

All kinds of instinctual or genetic "gestalts" like crying and anger expression have to come to a climactic end. This is where I think Reich made an error because he believed that the only therapeutic climactic end to attend to was literal orgasm. Instead of looking upon the orgasm as perhaps a metaphor for climactic closures in general, he sought to bring his clients to the state where literal and complete orgasm was the outcome - assuming, I suppose, that this orgasmic capacity would then generalize to all other climactic outcomes. But of course we have dozens of climactic closures that are not and should not be looked upon as "pseudo-orgasms", - each has its own rhythm and pattern. The closure of crying in response to loss or pain, with all its tears and upheaval, reaches a peak and then organically dwindles down --in its own rhythm. The same is true with laughter which is the climactic response to happiness, pleasure or joy. And when someone is feeling affection, there is its need for climactic closure, not of orgasm, but of caring contact, caressing and the vocal and active expression of pleasure.

The need for completion when people feel angry is made visible when the hidden wish to destroy the object (victim) is given permission for overt, albeit symbolic, expression in a structure. The satisfaction that anger expression gives is very clearly seen when clients express it motorically in that safe setting. There, they get the completion requirement of the felt impact of apparent bodily contact when the client punches a cushion while a role-playing "negative accommodator" acts as if he has been punched and is really hurt. In this example the completion requires the symbolic death of the negative accommodator. The client's consequent feelings of triumph, relief and satisfaction lead toward the integration of those aggressive feelings and death wishes. To motorically enact the completion of those aggressive feelings in this type of context is an ego building process.

Carrying out decisions through voluntary motoric action is a basic, early learned, ego function. For every motoric action one can schematically outline four steps: the decision, making a program, implementation of the program, and verification that the program was carried out. Finishing the entire sequence results in a feeling of satisfaction at the completion. This feeling of satisfaction is like that experienced when actions, such as sneezing, swallowing, laughing, etc., are concluded, following the prior experience of itching, thirst, happiness, etc. Something is finished and completed - satisfaction and relief are the result.

A part of psychological growth and feelings of competence and confidence comes about when children carry out these ordinary completions in conjunction with their being told (one way or another) by their parents, "That feeling you are having is good, that expression you are making is good...and you are good for being like that". Thus, children grow accustomed to sequences such as this: feel hunger, reach for food, chew; food tastes good, swallow, food felt going down - completion, satisfaction and pleasure. Later, the food is fully digested, the child feels the mounting pressure in his rectum, the child decides to defecate, the anal sphincters open, feces are pushed out, the sphincters close down again, the pressure in the rectum is relieved - completion, satisfaction and pleasure. Through these kinds of acts the ego is consistently developed as all these completion processes are experienced by the child, in participation with his conscious and volitional choices and, most importantly, he is validated by his parents as all this goes on. The parents, as representatives of the environment must welcome all the child's learning of these sequences, eating, shitting, sneezing, swallowing, crying, laughing, getting angry, etc.

In the process of learning these simple actions there is always conscious ego involvement - the actions

don't just instinctively "happen". The parents and other care-givers help by permitting these impulse and actions to arise by saying "yes" to the child as she feels them, but also by teaching the child to (volitionally) ego/ modify those actions, so she will be able to tolerate postponements and to control emotions over time and distances. For instance, when the child is angry it can learn that it can scream or punch in the air but not smash its brother in the face. So, by carrying out the behaviors of anger but with enough ego control creating safe distances from the object, children can learn to shift from strictly literal action to an equally satisfying symbolic motoric level of expression.

To continue the story of the structure of my client as an example: she finally emitted a very loud and long-lasting scream - finally able to surrender to her grief. The scream sounded as if torn from her, perhaps because her emotions had so much pressure, or perhaps from having been buried for so long. While she was expressing this grief in the structure, it was important that she make the connection (via her adult conscious ego) with her memory of herself having the impulse to scream in anguish at the age of fourteen when she had first felt the grief, but hadn't been able to cry or do any mourning whatsoever. It was important that she not place her grieving in the context of herself now - the 25 year old woman she is, but in the context of the memory of herself as that 14 year old girl. Her conscious ego, overseeing the structure, had to place the experience of grieving going on at that moment in her adult body, at the right psychological age level when it would have first come out, had it been permissible to do so.

If that 14 year old context and age level is not consciously connected to, she may not fully register that she is in a structure, recalling an old event and feeling at that age level once again, but may feel like a fool "making all that noise about something that happened so long ago." To avoid this unnecessary confusion and self ridicule, her ego has to provide her with the clear distinction between her memory of herself and her repressed feelings at that time, and her experience of herself in the present. That conscious ego choice helps her know that now, in the structure, she is being given the opportunity of feeling the physical sensations of that repression, and this time allowing the full expression of grief, and by that expression and its consequent relief of symptoms, coming to know that it was the previous non-expression of grief that created those physical sensations.

The therapist has to assist the client in the creation of a clear time frame for the experience of the feelings in a structure. If not, the experience might induce a regression and the client might think she is 14, rather than knowing that she is remembering and consciously feeling back and experiencing as that child of 14. Then the client's ego can frame the experience in its proper perspective and the client can come to know that what is happening now in the structure would have been a legitimate experience for back then.

For the client to believe that it is useful to go through all those painful feelings, several things must happen. First, I as the therapist must ally with both the primitive forces and the ego. When the client feels the upwelling and pressure of the emotions I tell her that this pressure is good and that when she expresses her emotions in a clear context, i.e. in a safe symbolic environment with appropriate role figures offering the right accommodation for that expression, that then she will feel better. This helps make it possible for her to accept that it is she who is feeling and experiencing this.

When training new clients in Psychomotor therapy, it is important to let them know that their body experience is a legitimate part of them. When you give reasons on a cognitive level why this is so you become the ally of the ego. As a Psychomotor therapist you have to switch between the two positions, helping weave the unconscious emotion and body level with the ego level. This process helps people in

Psychomotor groups develop the understanding and experience that powerful impulses; sadness, fear, anger, joy, and pleasure can and should be trusted.

The relief the client felt at the end of her structure (also the disappearance of the physical pains that she had for months) had much to do with the expression of grief, but it also came as a consequence of her letting herself, further in the structure, express the loving feelings she had bodily felt but never expressed towards her real parents (also present via role-players). By the family rule of repressing strong emotions, she had not only held back her grief, but also much of the love she felt towards her real parents. Thus, she couldn't psychologically grow away from, or leave, them. She was still, by the force of the unexpressed feelings toward them, bound to them. The unfinished expression of love for them was an unfinished gestalt which would not let her fully leave. Those unconscious feelings were still looking for closure. The uncompleted expression still caused her to "hang around in my parent's house", although she didn't know why. Perhaps the only way one can really say "goodbye" is to first say, "I love you" and maybe also, "I hate you". The amalgam of unexpressed feelings and unfulfilled needs makes a very tight, though unpleasant, bond with persons associated with those feelings and needs.

I am near the end of what I want to say for this lecture/interview, but I don't yet feel the closure, although I don't know precisely what I am waiting for. This is the same way it feels near the end of a structure. The therapist knows that the end of the structure is imminent, but something yet has to be done to complete the closure which will bring the satisfaction that arrives at the end. When you don't feel that quality of impending closure and satisfaction near the expected ending, it's important to see that as an indication that something is lacking and be willing to wait and to trust your own inner processes. We Psychomotor therapists also need to attend to and trust the organismic sequences we have genetically encoded in our own bodies. This attention helps us not only as therapists but also to continue being who we really are.

Look at a healthy child: when it is sad it cries and seeks comfort in bodily contact with its parents. When we learn more about all these and other organismic patterns we will be able to raise our children without so much frustration and harm, without philosophies hostile to our organismic functioning - philosophies that teach us that we will only have pleasure after life, by going to heaven or through reincarnation and other lives.

When I look at my own process of growth and maturation, it is easy to now see that what I once labeled as "Al PESSO" was too limited. Further, I hadn't then realized that we are all carrying thunder and lightning inside our souls -- my conscious ego awareness about what was inside was so narrow. The more I am able to let my own conscious ego sufficiently trust the creative source of my interior, the more I can open that barred door and get into contact with the reservoir of unconscious information. In such a way my ego can begin to trust and use this source of knowledge, enabling me to expand my possibilities for solving actual life problems, bringing me greater happiness.

Yet, I suppose there will always remain in every person a part of the self that will never be known and which will never get enough ego "around" it. None of us will ever be finished or complete. To be sure, however, it will always be an adventure to work in a structure, finding the courage to dare to trust unconscious parts of myself, and with the help of a supporting and safe environment consisting of the group and therapist, be able to call a new, no longer hidden, part of myself "me".

To review, I want to again emphasize the necessity of bodily contact and muscular effort in developing the capacity of the ego to contact the unconscious material and learn from its knowledge. Mechanisms

of defense like denial, reaction formation, repression, are not simply organized in "the mind". They are developed, as all ego-functions are, in and by the movements of the body in reaction to the inner impulses and the demands of the outer environment the child finds itself in. The child learns and grows up in the verbal and sensori-motoric interaction with the parents. The psyche of the small child is not organized by the body movements coming from his own self alone. He needs the support and protection of the body movements coming from the outside, from his loving parents, who act on behalf of, and then become, extensions of the child's ego. As this benign interaction happens, the child's ego develops and becomes strong enough to permit the full experience and expression of its own powerful feelings and impulses.

A child who has been abandoned by his parents early or for long important periods of his life; and who has never had the possibility of expressing the feelings of grief about that period of time, can in my opinion not really be helped sufficiently by verbal psychotherapy alone. Such clients need caring and powerful physical contact as they experience and express what they have missed. I cannot imagine that the level of crying and anger expression we see during structures can be safely and satisfyingly expressed in a purely verbal setting - one that doesn't include any body contact or externally applied pressure. Without some literal holding, clients coming into visceral contact with what they really feel would likely go into panic.

I am inclined to believe that in verbal psychotherapy clients dare not fully get in touch with their really strong destructive impulses. Only with the aid of loving, benign limits can those feelings safely be contacted. Hovering around those vaguely felt but not physically expressed destructive impulses in traditional, purely verbal therapy would lead clients to the unconscious conclusion that neither they nor the therapist is able to handle them. Those feelings then remain an unintegrated "dangerous power". Such a person can be in verbal psychotherapy for extended periods without daring or being able to contact that part of his or her real self. For without the technique of limits the client and the therapist find out quickly that it is simply too dangerous to release, motorically, that part of the hidden self.

Without the inclusion of some body techniques, the client in traditional therapy might experience incredible amounts of pain and frustration, important parts of psychotherapy experience to be sure, but not necessarily followed with any promise of relief or satisfaction. Such clients might accept that painful condition as a basic requirement for their therapeutic growth, never suspecting that they have not been given sufficient possibilities for alternative solutions to their painful condition. When the traditional, verbal psychotherapist disallows physical contact and yet seeks as a goal the strengthening of the ego of the client, he seems to simply have forgotten that the client's ego was originally built in the physical interaction with the first objects, his parents. In Pesso System Psychomotor Therapy we have the combination of emotional working through of the old conflict, the cathartic expression and the "ego repair" experience - and the ego repair is directly related to the inclusion of the body in this therapy.

Simply being ready to touch and to move with clients is not sufficient. There is a technology involved. It is very important that group members playing roles do not touch the client with the wrong pressure or in the wrong place, as such touch can become an imposition and with inept use of body contact messages can be communicated to the client that are totally different from what is either needed by the client or intended by the therapist. That is why Pesso System Psychomotor therapists have to be extensively trained in awareness of bodily signs and signals. With such training and awareness, catharsis and ego repair in the context of bodily contact are, in Pesso System Psychomotor Therapy, interwoven.



