

Albert Pessu interviewed by Piera Serra

Editor's note: The original conversation has been edited for grammatical clarity.

The first question is, what are the most important aspects of PBSP method?

There're so many of them. Of course the body, and how to access the information in the body in a way that the client is understanding and aware of it. The reason we look at the information in the body is because we're concerned whether people have had, in their history, sufficient satisfaction of maturational needs. We believe that we are seeing the world through the lens of memory, of history, and if we haven't had our basic needs met, we're going to repeat that dysfunction in the present and in the future. So we track how they are perceiving the present, look for the historical base for that, find the history that hadn't been satisfying and then make a new memory; but we are making a new memory by being in access with their emotional self and not their cognitive self. I'm making a new memory, getting in touch with their emotional self by what's in their body and then having them imprint a new memory, as if it had happened in the past, so it isn't just happening in the present. That's a very fast condensation of the basic aspects of the work.

Is it possible, in a few words, to say what a structure is?

What we call a structure is a time period when we do the therapeutic work. We start with the notion that they're going to be doing some reconstruction of history. We start with micro tracking. We want to see how they feel in the present, how they think in the present, and we're going to give them that information to their prefrontal lobes, to their pilot, so that they're going to have awareness of this state. When we track how they're feeling at the moment, what they're thinking about, which is always based in history, we start putting the historical events in the foreground in their mind. And then, when we hear the historical events that were a negation of basic needs, we then make a reversal, and we put the person in something that we call a possibility sphere. We put into that space, which is around the client, these ideal figures who will be like parents, who, had they been back in history, would have satisfied place, nurture, support, protection, limits, all the things that are coming from our genes. And then they're going to experience feeling their childhood needs while they're still an adult looking at it. So they're in a different state, not a hypnotic state. We call it a structure level state, where they're seeing their childhood needs, and they're getting the childhood needs back, not in the reality time with the therapist in a relationship, but we put role-plays in, who give them the sensory and verbal experience of what they had been missing in childhood. And then their bodies shift and all their expectations and their vision shifts. We ask them to place these shifted feelings in their state, in their brain, as if it had happened in long term memory. That's what we call a structure. The whole setting of what we do with the client.

Well, the term new memories seems like a paradox as the time machine doesn't exist, and we can't change the past.

There's no intention to change the past.

How do you explain this complex concept to the client?

I say to the people, we are going to give you a new memory, not to erase the old memory but as a supplement to what the genes in that person have anticipated. We don't say the old memory doesn't exist, but we give them an experience in the present, and we help them to put that experience in their mind's body as if it had happened in the past, that's what I'm calling a new memory.

Would you like to explain a little bit further what do we mean when you say gene expectations?

Well, I'm making an assumption about the attachment theory and going beyond it because we know that in attachment theory the things that happen between the mother and the child will have effect. We are doing an expansion of what attachment theory has assumed, that there has been some kind of connection. It's well known that if attachment isn't there, it'll influence all the rest of your life in a negative fashion. If they have good foundation, there is a good prediction that they are going to have a relatively good life. In attachment they are talking only on a very young level, but I've expanded my notion, which I make assumptions are genetic: that we have to have place, nurture, support, protection and limits.

And our genes.

I believe that's in our genes. Of course the attachment theory, they have just tested it, but they don't know if it comes from the genes. They're making an assumption that people are born, children are born anticipating that there'll be a mother and a father and that they have reactions to that.

It's congruent with survival theories also.

Yes. So, I think I have elaborated a little bit of that. That's when I speak about maturational needs, and I talk about place, nurture, support, protection, limits, that's clear. But then I go a little further and I say, and this is my assumption because it seems to be universal, and if something is universal I assume it's genetic, that something universal means trying to be a whole person. I think that's in most philosophies. And then, to develop a sense of meaning and language, I think that's genetic. Children are born pushing to learn, so that's consciousness and language. And I think there's a push to what I call "the pilot" because the pilot is just another name for the prefrontal cortex, the evolution of that part of the brain that oversees the rest of personality and modulates it. I am assuming that's genetic, and I am assuming it's also genetic that we want to make some additions to the world. It seems to be universal. In many religions people say, "What's my calling? What am I here on Earth for?" There's a push to add something, not simply to survive but to add something.

The evolutionary concept.

I believe it's in our genes. But then I go a little bit further and I say that beyond those things there's a push for making things whole and I think that's genetic. I think when people see things incomplete, they immediately want to help, and it has something to do with our mirror neurons. We see, we feel the other person's feeling, and if they are not feeling good, we want to take care of them. I think empathy and compassion come from the mirror neurons.

Interesting.

There is speculation about that. I have been reading . . . I try to be as scientific as possible so I am not just simply inventing a kind of a fantasy world. But I believe there's some universal principles. I find this in so many countries, and it seems to be fairly universal. And then there's this push for justice, which I think is universal. And we are seeing it all over the world and this brings me to the old topic of which kind of justice, which is exclusive justice, being my kind, or inclusive justice, which is diversity. And that's, I think, that's the whole of the thing about justice. People are resistant to take in a new memory, not because of a cognitive thing. It's because they have, somewhere in their brain, made some unconscious movies—they don't do it, but the brain does—when they hear of the injustice, if they hear that too early, well before the prefrontal lobes, which can modulate. The prefrontal lobes are where we internalize the image of ourselves and the image of the others; but if there's only the self and no other, then there's going to be that sense of “my way is the only way, and everybody else can go to hell,” which is what we see all over the planet right now. And that comes from cultures, which teach the children too early about injustice, well before they've had the modulating effect of the maturation of the prefrontal lobes, which doesn't get fully matured until the early twenties. Anyway, I try to be as scientific and as biologically and neurologically correct as possible.

This is a science in evolution, neuroscience is getting better and better. Mirror neuron theories are developing.

Yes, but they know that even when the monkeys are seeing somebody doing a movement, they see that lights up the same part of the monkey's brain, so they are feeling what the other person feels. And their brain is already identifying with the other person in some way.

I would like to slightly change the topic. During the structure you introduce an ideal father and an ideal mother, and a logical consequence of this move could be to undervalue the real mother and the real father of the client. But in my experience, when I do that it never happens, people after a structure are even in a better relationship with their mother and father.

Yes, that's generally what happens.

Why?

Because they no longer are so angry at them for what they didn't get because now they're getting it. And then they can have more compassion, knowing the way their mother and father were because of their history, so they're seeing them from a broader perspective and not from a sense of frustration. It regularly happens over, and over, and over again that after the people get their new memory from "ideal figures", they then have much more compassion and can accept the frustrations of history and imperfections of their parents and don't expect them to be so good. And they don't carry the resentment. That's without saying, "Now, let's go and forgive you." We don't do anything like that, but people regularly say, "I just see my mother as a human being, and I feel so caring for what she did give me, and I can understand what she didn't give, because of her history." That's what seems to happen.

We know that structures can be done individually or inside a group, which are the advantages and disadvantages of the two settings?

That's a very interesting question! It depends on the individual. Some individuals are so anxious in a group that they just don't feel safe because of their history, so there has to be some way of doing this on a one-to-one basis. But when we do it one-to-one, there's no other figure but the therapist. So how to do it one-to-one without having the resolution, or happening in the relationship, to correct their experience? The therapist and the client have got to be able to invent, believably enough, these ideal figures when there's nobody in the room. Now, some people can have a good enough sensory memory so they can feel the touch, but some people cannot. So they need to get, at some point, sensory input, and you can do that with objects. But it can't be the therapist because then the therapist is going to be the real healer, and it won't be happening in the past with these ideal parents that it will intensify the transference, which is happening anyway. Sometimes we may use a blanket, which will be used as if they were being embraced, other times we might say to the client, "Bring your friends in, and they'll role-play for you." So that they can get the 'touch' experience, but with some people it works perfectly well. And I think it seems better in some structures, even in a group, when they don't choose anybody; and yet, they get a physiological shift in it. That's a good thing because then you can do telephone sessions, which I do, but only with those who are able to get that sensory experience. The people who are not may need a group. And then it's necessary to be in a group for that.

In your experience, what can make clients afraid of a group, of working in a group?

I know that some people are afraid of working in a group. Some people have had such bad experiences. Or they're so shy, or they're so sensitive that every moment of reality is uncomfortable, and they don't feel safe enough to expose all of those sensitive, vulnerable parts of themselves. They haven't had a history of safety and trust, and for those people you have to give them the opportunity to have that safety.

From which case, from which experience in your leading structures, you learned more?

Oh my gosh. I've never put that category in my brain. I think I'm learning all of the time. I think the real education about humanity I've learned by leading structures and following what's in the body, so I don't have in my mind, "Oh, I learned so much from this one!" I think it's like an endless learning. I have no picture in my mind of a particular event, where I said, "Aha, now I've just learned something!" I think I'm learning from each person each time, I think! But what do you have in mind when you say that?

Well, in my experience as a psychotherapist, there are some sessions, some difficult cases, that I could manage, and while I managed I had something which pushed me to invent and to understand more.

Actually, I'm sure there have been events like that, but they haven't registered in my mind that I say, "That was that one, that was that one." I feel like I'm endlessly learning. Because I come each time being open to see what is real and that helps me see the incredible diversity in human beings, as well as universal elements. Then, every person is so unique that. Yes, I'm learning all the time, I think.

Is it correct to say that PBSP developed somehow in opposition, in relation to other psychotherapies, to give something different to the client?

I didn't ever feel that I had to do something different. I was doing what I felt was needed. I didn't think of it as being something different because I wasn't trained in an academic way, didn't study all the other techniques. We just invented in isolation and tried to see what people really wanted. So I didn't say, "Oh, that's the way it is; we'll do it different." I didn't see the way it was. But, oh wait, that's not true. I've just remembered something. That's interesting. It just came up. It's a reality in the past. When I had faced the shock of having to leave New York in my dream of becoming a well-recognized dancer, and then leaving it, and going away from New York, I suffered anxiety attacks and panic attacks at that time. And then I went for therapy in a mental health center. They were using some techniques; I think they were exploring it. And I saw what was happening to me to be in that situation, and I think I felt that it was so unfair that I was never going to do something like that. But I didn't say I'm going to invent a new therapy. At that time I had no idea that I was going to invent a new therapy. But I felt there was an inhumanity, where there was no direct relationship. They were using me in a training. Because there was a wall mirror there, and we walked through a room, and there were maybe about ten interns watching. We would come into the room, and I'd say, "Who are all those people out there?"

"No," he said. "Who do you think is there?"

That is to mean that I was projecting like crazy, you know. But, they did it in a way that was not personal. Anyway, I think I must have had in my background, and in my mind that I should be much more open, have a real connection, and not this, "Who do you think is there." And the thing of the trainees, and whatever, I began seeing how it was projecting, that was clear, and then I began to know how to handle projections when we finally did the therapy because what we did is, how we developed the therapy was so unexpected. I think I've told you this.

We were just training our dancers, and we saw these three movement modalities. We were going to have our dancers really know how their body moves, so they'll know their instrument, you know, because their instrument is their body. So, when we made reflexive body righting, reflex is one part of movement, then voluntary movement, and then emotional movement, and when we separated those brain systems, each one separately, it was interesting. When we said, let's do emotional movements, but no control over it, and then boom everything from the inside broke out into movement. We were astonished about what came out. And then we saw that people got some relief to let it out. And it is interesting. I've talked about it that in a group they'll all be letting things out, all together, and then things are happening between them. A person would say, "What happened to you?" And this person says, "I felt like a little boy, and I thought he was my father." And the other person says, "Your father? I thought you were my boyfriend!" We saw that it didn't fit so we thought, maybe when they let out the feeling, then they have an expectation of who should respond. So we began to invent the counter shape based on what came out. We weren't just interested in catharsis—let it out—we had to let it out within a relationship to give it satisfaction. We began to find out. I didn't know. I hadn't seen all kinds of body therapy. I hadn't seen any kind of group therapy. Our therapy evolved right in our dance classes. Because, you know, we wanted them to do all these movement systems, so they had better technique, and then suddenly some people didn't have emotions or they didn't have reflexes. We thought they're going to be better dancers, and they did get to be better dancers. But they also got in touch with their feelings and then we began to see that they needed something that they had been missing in the past, that they had all these emotions that have been sitting underneath, never coming out because there was never going to be an answer. So we invented the answer. And we invented it based on what was coming out of other people. We didn't invent it from theory. We invented it from the necessity to match what was arising so unexpectedly in them. We didn't say, "We're going to invent a therapy." It just happened! At the outset, we wanted to produce good dancers, but suddenly we were beginning to help people improve their lives; so we got more interested in doing that. The process was refined in the dance class laboratory. It didn't come about from what we saw happening in other therapies. We didn't see it. It just became of itself. We were lucky people, who unexpectedly produced the process. That's how it came about, totally unexpected. And I think one other professor got irritated, I think I told you this story.

No, you didn't!

He got irritated when Diane and I met him as we were walking on the street, and he said, "I hear you're doing psychotherapy now!? What are you going to do next, brain surgery?" And that's just what we did get to do, so to speak, for we move patterns and connections in the brain. We have the prefrontal cortex take that new experience, so people aren't doing regression in this work because we keep in touch with their prefrontal cortex and have that part of their brain assist us in putting this new experience alongside the old memory. Anyway, at that time the stuff came about, and then, of course, I began to do more reading. And then I was a consultant in psychiatric research for five years with a psychoanalyst who was the Director of Psychiatric Research at the Veterans Administration Hospital and also in conjunction with a well-renowned behavior therapist. So I've learned a lot about those forms from them. And then I got a position at McLean Hospital, a psychiatric hospital connected with Harvard University. I was director of psychomotor therapy there for eight years. Thus, I began to learn and to teach with greater and greater experience and clarity. And then read more about

neuroscience because it is a scientific part of my brain. If I had not become a dancer, I wouldn't have gotten into science. But my parents didn't have any money for education and little interest in education, so I had to learn on my own. That's my story.

Thank you very, very much Al!

Oh, you're welcome!

And say thank you to Diana also.

Ok, I'm going to go to talk to her right now, thank you.

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