

Psychotherapy Guidebook

PSYCHOMOTOR THERAPY

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Psychomotor Therapy

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Psychomotor Therapy

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DEFINITION

Psychomotor Therapy is an action-oriented form of therapy that includes information presented by the client's body tension, overt and covert actions, reports of physical sensation, as well as emotional sounds and verbal content regarding feeling states and ideas. This information is processed in a highly organized interaction called a structure. In a structure the information, both verbal and nonverbal, is related to on both concrete and symbolic levels. A structure may start with the motor recapitulation of a past event.

We Albert and Diane Pessó observed that emotion is part of a continuum of Emotion-Action-Interaction, and that all three parts were intimately related to one another. It was concluded that the emotion contained the seeds and information about its outcome as action. And the action contained the seeds and information about its chosen target, the interaction.

In a structure, the target figures of emotional expression are polarized into negative or positive figures. Negative accommodators stand in for the

negative aspects of real-life figures, such as parents, peers, siblings, and so on, and respond in a manner indicating defeat and destruction to the rage reactions of the client. Positive accommodators respond with the wished-for behavior while usually in the role of ideal parents. These responses provide powerful new positive learning experiences for the clients, which is, in a sense, a reprogramming.

HISTORY

Psychomotor Therapy developed out of our desire to create methods to help actors and dancers to become the best possible movement communicators of honest human feelings. Our individual training and explorations in physical movement started some thirty-five years ago.

It is difficult to list the experiences that made our discovery and development of this method possible. Some of them were: the observing of our own bodies/selves and our students as we let them express unconscious emotions into feeling states; training in the movement techniques of Isadora Duncan, Stanislavsky, Martha Graham, Jose Limon, Martha Hill, and Barbara Mettler; readings of Freud and various psychologists; working with Charles Pinderhughes, M.D., Leo Reyna, Ph.D., and many others.

We taught large numbers of people, of all ages, in our studio and at several colleges. One of our most important observations was that when

people expressed emotion through movement without anyone responding to them for long periods of time, it frequently resulted in feelings of futility and loneliness. This made us want to explore what it would feel like for them to have their movements responded to in a validating and gratifying way.

We found that the best way to encourage free expression of emotions so that more parts of the self could come forth was to have other people role play the category of person (positive mother, father, etc.) for the desired response. This provided the greatest satisfaction and flow of emotion. We called this precise, controlled way of role-playing reactions, “accommodation.”

Early groups in Psychomotor drew the attention of Charles Pinderhughes, M.D., a psychiatrist who invited one of us (Albert) to participate in a research program on Psychomotor at the Boston V.A. Hospital (where he was director of psychiatric research) over a five-year period.

Then we both began to work with patients in Psychomotor at McLean Hospital (the psychiatric division of Massachusetts General Hospital). Al conducted many introductory groups for members of the staff of McLean.

We also continued to develop Psychomotor in our private practices. The Psychomotor Institute, a nonprofit organization, was founded in Boston, and Al headed up the program for training psychomotor therapists. Currently, the

institute administrates the predominantly post-doctoral psychomotor certification training programs for practicing psychotherapists. There are fully trained, certified psychomotor therapists in Massachusetts, Georgia, Florida and the Netherlands.

TECHNIQUE

Preparation for psychomotor structures has three stages. The first stage deals with training the client to become sensitive to his own motor impulses. The second involves sensitization to the effects of the spatial placement of others in their visual field. The final stage deals with the handling of emotional feelings and events, using the skills of the first two stages, in structures.

The first stage is basically intrapsychic. The goal is to give the group member skills and tools to comprehend how he feels and behaves under the stimulus of different motor impulses. In Psychomotor Therapy motor impulses are grouped in three different categories: reflexive, voluntary, and emotional. Attempts are made to move purely in each one of these modalities as self-diagnostic techniques to determine the state of the emotions.

The second stage is basically interpersonal. It teaches an individual to be more aware of the emotional impact of gesture and the placements of one or more individuals. In this stage accommodation is taught.

The third stage is both intrapsychic and interpersonal and handles the emotional expressions involved in structures.

APPLICATIONS

Psychomotor Therapy is being applied in psychiatric hospitals and clinics in the United States and Europe and in drug treatment centers, chronic-pain units, schools for disturbed adolescents, etc. In private practice, it is being applied in groups and one-to-one sessions with a wide range of clients, including clients with psychosomatic problems. Some therapists have adapted psychomotor techniques and have evolved procedures whereby traditional psychotherapy is offered in conjunction with psychomotor techniques and structures.

Psychoanalytically oriented therapists, gestalt therapists, transactional analysts, bioenergetic therapists, and psychodramatists find many elements of Psychomotor Therapy compatible with their systems and have included Psychomotor techniques in their overall practices.