7th International Conference
on Pesso Boyden System Psychomotor® (PBSP®)

Science and Good Practice

26–29 September 2019 | Prague, Czech Republic

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Editorial note

This booklet contains in full the conference contributions of the authors who sent their authorized texts in English for this purpose or agreed to a transcription of a video recording – if it exists. The other contributions in the booklet are included in the form of original annotations provided by authors before the conference started.

The following collaborated on the preparation of this booklet:

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Albert Pesso and Diane Boyden-Pesso (1929–2016)

The conference was held to celebrate the 90th anniversary of the birth of the co-founders of PBSP Albert Pesso and Diane Boyden-Pesso.

Acknowledgement

The Czech Association of Pesso Boyden Psychomotor Psychotherapy wants to thank Mr. Martin Howald for his generous financial support of the conference.

Conference Program

1. Thursday, 26 September 2019


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Science and Good Practice

1.1. Jan Siřínek: Welcome Speech by the Chair

Dear guests,

Allow me to point out some facts and contexts at the very beginning of our conference: We are paying tribute to Albert Pesso and Diane Boyden-Pesso and we are celebrating – celebrating the 90th anniversary of their birth.

Both of these outstanding people were born in the same year, in 1929, and they also passed away in the same year, in 2016, one following the other within a few weeks. While Diane would have already celebrated her 90th birthday on August 8th, Al Pesso's 90th birthday falls right into these days, to 19th September. Needless to say, the dates of this conference were, of course, planned with this particular date in mind!

This venue carries another symbolic meaning; we are currently situated on the premises of the Music and Dance Faculty of the Academy of Performing Arts, highlighting the fact that Al and Diane found each other in the art of dance and their offspring, PBSP, was born from it.

This conference is the 7th installment and one of the basic ideas of this meeting is continuity. Let's commemorate the six previous congresses: The very first one was held in the Netherlands in 1992. The next three that followed were spaced two years apart: Atlanta, Georgia in 1994, Basel in 1996, Oslo in 1998. However, only two top PBSP meetings have been held since the beginning of the century: Minneapolis in 2005 and the last one in Amsterdam and Bergen in 2009, followed by a ten-year long break. We are using this small anniversary to emphasize the continuity of PBSP conferences. Our message is as follows: Let's invest into big international representative meetings on a regular basis. The time and money invested in this way will not be wasted! Events of this kind help to develop the method and our profession. However, disregarding the undoubtful professional and scientific profit, such congresses have a big impact on community building: They help define communities, they motivate them and they help determine their direction for the future. They have – or can have – as these big rituals – a great transformative potential.

Speaking of continuity, let me say a few more words on this topic. From the beginning, for all these years until recently it had been Albert Pesso, who personified the continuity of the method. Now, after Al had passed away, the situation is different. There is something, I would like to share with you:

I reckon a 100 percent of the members of the PBSP community sitting here in front of me had seen Al work. Most of us have had our own therapeutic experience with him. There are still a lot of us who had been meeting with him on a regular basis for many years up until his death. We all have something in common. Each of us is carrying the picture of Al in our mind's eye: a white-haired man sitting in the armchair, concentrating deeply, calm, blue shirt, big earphones... and, of course, his absolutely unique style of working. Each of us can still see that picture, whenever we close our eyes.

My dear colleagues, last year, we opened a new training group in Prague, and we have some really amazing people in it. I can see some of them here and I would like to say a quick hello. There is something special about these people, something that we, as a team, realized not immediately but after some few training modules of working together: Most of them, for the first time in years, do not have and will never have any personal experience with Al Pesso. A subtle, yet substantial shift. The shift in generations. Each of us can imagine what challenges might be hidden in in such a shift for our community.

Now I am going to deny some of what I have expressed before starting this speech. You could have heard me say how impressed I was that so many members of PBSP community had arrived to Prague. But there are two sides to every coin: Let me ask you a question: How many PBSP therapists are there around the world? 500? 600? Far fewer, I'm afraid. We are a very tiny community – the group of only a few hundred people. In other words, the total of the members of our community around the world doesn't exceed the amount of us sitting here in the hall by much. Let me ask you another question: Isn't that a pretty good reason to organize these meetings, putting our heads together and discussing what we are going to do with the priceless heritage that dwells in our minds?

My dear colleagues, most of the previous conferences had some sort of a prominent motto or a core idea: "Shaping the Future" was the motto in Atlanta, Georgia, 1994. The fifth conference in Minneapolis was held under the motto "Remembering Our Roots, Spreading Our Wings". Most of us still remember the

poetic motto from Amsterdam / Bergen, 2009 – "Embodied Mind". While the last conference discussed the mind–body dilemma, this meeting is going to bring up another important comprehensive topic: the science–practice dilemma, the relationship between research and practice, more specifically the relationship between the neuroscientific research and our method. We have a good reason for suggesting this topic: Al Pesso was deeply interested in the newest discoveries of neuroscience, he followed his dream and invested his energy into gaining the neuroscientists' respect, or at least their acknowledgment of PBSP.

The participation of a neuroscientist, coming from one of the top research institutions in the world, as a keynote speaker of this conference is therefore meant as a symbolical present for Al Pesso as well as a step forward in the direction Al Pesso wished for PBSP.

My dear friends, there are three very exceptional days coming up for all of us. Please, enjoy the rich professional and social program of the conference, enjoy our beautiful ancient Prague, I wish you a lot of happy encounters and many unforgettable experiences.

Welcome to Prague.

Thank you for attention.

1.2. Tasmin Pesso: Welcome Speech

Hello and welcome.

I am so happy to have the opportunity to join you all in celebrating the 90th anniversary of my parents' birthdays at the Seventh International Conference on Pesso Boyden System Psychomotor.

I am confident that Al and Diane would have been delighted by this conference's theme of "Science and Good Practice". As many of you know quite well, their long held wish was for science to advance enough to be able to measure and prove what we know to be true, Pesso Boyden System Psychomotor is a powerful, transformative therapy.

I remember way back in the early 1960s along with my sisters as children with these creative parents leading us in species stance, reflex relaxed walk, voluntary movement and direct emotion practice. Diane got a special kick out of doing DE (direct emotion). Other memories include hearing the sounds of negative accommodation rumble through our bedroom walls from evening group sessions being held in the family living room, and family dinner conversations that were frequently about psychomotor.

We witnessed an amazing collaboration of two creative, insightful people with a deep trust in believing the body and a trust in human nature as they observed the self and needs being expressed. How amazing it was that didn't stop at exploring the expression of emotions but added interaction observing its effects. Just as it took our two parents to create my sisters and me, I want to underscore that PBSP has two parents. Al and Diane were co-creators of PBSP. It was through the interaction of their unique, brave, and creative minds that PBSP theory evolved and came into being. In later years, it may have appeared as though Diane was merely in a supporting role running Strolling Woods Farm in New Hampshire. Al's brilliance and genius is undeniable and Diane was his equally strong partner in every part of PBSPs development. Each theory, modification, and evolution in PBSP was thoroughly dissected, discussed and evaluated by the two of them.

I wish they could be here to join us today. And I'd like to share with you a quote from Petra Winnette's interview with Al in 2014 that she included at the end of her book.

Petra asked: "What would you like for therapists who practice PBSP to keep in mind? What is your message to them? What is your wish for the next generation of PBSP therapists?"

Al replied: "That they keep learning. Look at the difference between two kinds of brands, Coca-Cola never changing and Apple endlessly changing. I like to think of this work that it is not fixed, that it will keep on growing. It will have its essential roots, but it will get further and further into the complexity. So, I would like them not to hold back. But first, before they are going to get creative, get the essential foundation and then just keep on learning. I hope that people who are the trainers beyond my lifetime are going to keep the foundation and then still let it grow."

And here we are today, moving forward, gathering together and learning from each other.

Thank you to the Czech Association of Pesso Boyden Psychomotor Therapy and thank you to the conference committee members for their dedication and drive for making this conference a reality. Thank you to and the speakers presenting over the course of these four days. Lastly, thank you to all you all for being a part of this celebration. I am looking forward to meeting you and learning with you throughout our four days together.

2. Friday, 27 September 2019

2.1. Jiří Horáček: Structure of the Brain and Architecture of the Mind (Keynote speech)

Linking physical reality, brain activity and consciousness still stands as one of the most interesting and elusive problems of neuroscience, psychology, psychiatry and philosophy. Finding their mutual relationships represents the first step toward explanation how the brain process external information and how the picture of reality in our mind relates the world. It would also enable to elucidate the mechanisms responsible for psychopathological symptoms.

In this lecture, I will start with basic morphological and functional constituents of brain activity such as the neuronal doctrine, neuroplasticity and the origin of mental representation of external world. The next part will aim to propose and support a concept of a triple brain network model of the functional switching between default mode and central executive neuronal network related to the orchestrating activity of the salience network. The last part will be dedicated to the theory of predictive coding which explains how the activity of neuronal networks is coordinated in physiological conditions and dyscoordinated in mental disorders. The proposed models could represent a unitary mechanism of a wide array of symptom domains present in mental disorders and address the essential therapeutic targets for psychotherapy.

Prof. MUDr. Jiří Horáček, PhD., FCMA (CZ)

Jiří Horáček is a Professor of Psychiatry at the Third Faculty of Medicine, Charles University, Prague, Czech Republic. He holds a degree in psychiatry and psychotherapy. He is currently the Deputy Director of the National Institute of Mental Health, Czech Republic.

Professor Horáček has been actively involved in 50 scientific research projects. His research activities involve the use of brain imaging (PET, fMRI and qEEG) in the fields of schizophrenia, depression and OCD, psychiatric genetics and the animal modeling of mental disorders. He is both the editor of several books and the author of more than 100 scientific articles.

Jiří Horáček has received several national and international psychiatric awards from the International Pharmaco-EEG Society (Werner Hermann Memorial Award), the Czech Neuropsychopharmacological Society and ECNS-ISNIP. In his productive career he has been awarded the Senior Research Fellow of the Bedfordshire CMHR in association with the University of Cambridge. He was also the President of the Czech Neuropsychopharmacological Society.

2.2. Jan Siřínek: The Effectiveness of Scenic-Symbolic Interventions Used in PBSP for Inducing a Corrective Emotional Experience (Plenary lecture)

In traditional approaches, the corrective emotional experience is produced in an interpersonal setting either in the client–therapist relationship or amongst the members of a therapeutic group. The vital contribution of PBSP is its shifting a corrective emotional experience from an interpersonal to a symbolic reality. For this purpose, PBSP includes a unique system of interventions using precisely targeted and controlled instruments of body- and drama-oriented therapies. Research recently conducted by the author at Charles University in Prague explored the potential for verifying the efficiency of these instruments in a randomized, controlled trial.

Learning objectives:

- Introduce the key terms of "scenic-symbolic principle/intervention", invented exclusively for the purposes of this research.
- Review relevant psychotherapeutic schools which use the scenic-symbolic principle.
- Review the introduction, methods, and results of the original research.
- Outline the possible contribution of PBSP to research in psychotherapy in the future.

We will use a case study for defining and demonstrating the relevance of the term "scenic-symbolic principle". The term was introduced and intended to (1) ascribe symbolic significance to people, objects, or areas of the therapy room, (2) enable these as roles for dramatization, and (3) employ the symbolic significance of physical contact and body motion. Therapeutic schools that use the scenic-symbolic principle will be discussed briefly.

In the original research, 40 volunteers were divided into two groups, experimental and control. Both groups were exposed to a supporting intervention under strict experimental conditions: The control group received supporting/non-scenic, and the experimental supporting/scenic intervention.

The design and results of the research will be described in detail. In the following discussion, we will consider some perspectives on the possibility of the undiscovered potential of PBSP for conducting randomized controlled trials.

Jan Siřínek, PhD. (CZ)

Jan Siřínek is a clinical psychologist and psychotherapist with private practice in Prague, Czech Republic. He attended the first PBSP training in Prague from 1998 to 2002, and has led PBSP groups once a week for 16 years since. He co-founded the Czech PBSP association in 2010, and elected head of the association in 2013, charged with co-developing experiential and training PBSP programs in the Czech Republic in close collaboration with Al Pesso. Jan coordinated two national PBSP conferences, in 2011 and 2014. He published several articles on PBSP in local professional journals.

The Effectiveness of Scenic-Symbolic Interventions Used in PBSP for Inducing a Corrective Emotional Experience
(Plenary lecture)

Ladies and gentlemen,

I am truly honored to present the results of my research at this representative gathering. I have finished the first phase of my research back in 2017 and last year I have defended it as my dissertation thesis at the Charles University. I am mentioning the first phase of the research specifically, as I personally see its potential and I hope it will be able to continue in the way I have outlined.

This lecture is also significant to me on a deeply personal level. As a matter of fact, I see it as a delayed, yet all the more important defense of my dissertation thesis. When I first defended it at the Department of Psychology at Charles University, I did so in front of people, who did not know the PBSP method. All of its intricacies therefore may have been, in a number of aspects, quite lost on them. Now I stand in front of all of you, in front of this auditorium, filled with my teachers and a community I myself feel to be a part of, and in front of which I am thoroughly motivated to succeed. Honestly, it just feels very different… So, let's get started.

Short definition of PBSP

PBSP is a method inducing
a corrective emotional experience
by using drama and body contact
procedures.

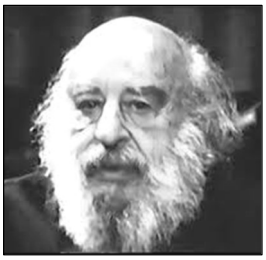
This is a short operational definition of PBSP, which is mostly relevant to specialists who do not know anything about the method and who simply need to somehow categorize it. I use a descriptive language of general psychotherapy without any distinctive PBSP jargon. This short definition however still constitutes the core of my work.

Over the course of the last ten years I have repeatedly asked myself this question: Can PBSP, this uniquely elaborate method, somehow contribute to the research of how corrective emotional experience occurs? Clinical practice speaks for itself – we encounter the astounding effectiveness of the method on a daily basis. However, can we, as practitioners, contribute to our field at the level of a controlled study? Is it possible to fish something out of this notional ocean of intuitive insights, observations and empirical data, something that can be measured, statistically verified and to an extent predicted – since this is what is in today's world required from anyone, who wants to be accepted by the scientific community?

History

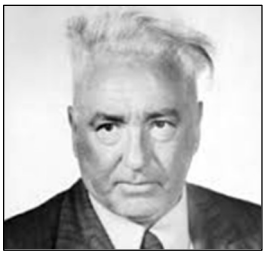
Inducing corrective emotional experience by using drama and body contact procedures within psychotherapy is nothing new. Let us embark on a swift voyage through the history together:

This is **Jacob Levy Moreno** (1889–1974), who first introduced drama into psychotherapy. There are certain biographical parallels between Moreno and Pesso. They were both sons of Jewish emigrants from Europe and they both had developed their systems in the USA, while originally pursuing artistic objectives rather than therapeutic ones.



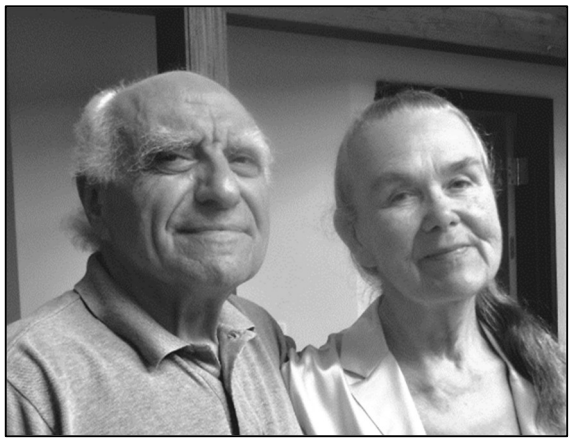
There is **Fritz Perls** (1893–1970), who had borrowed Moreno's psychodrama techniques and has amply expanded them in the context of gestalt psychotherapy with the rudimentary aim to induce and intensify the emotional process of therapy. He came up with the "empty chair" technique, to which we, as PBSP therapists can relate on a number of intriguing levels.

There was also **Virginia Satir** (1916–1988) sculpting her family systems and other systemics alongside her with their dramatization of family and generational ties.



And this is, of course, **Wilhelm Reich** (1897–1957), whose legacy is the introduction of touch in therapy as a legitimate intervention technique. In certain ways Reich was reacting to Freud, the founder of modern psychotherapy, whose approach was in varying degrees perceived as restrictive, distant or even aseptic by many of his contemporaries and successors.

Speaking of drama and contact procedures – all of them had originated simultaneously with the work of **Albert and Diane** (1929–2016). It would certainly be interesting to map out and document in exact detail what these two knew and did not know, when they developed the accommodation – an essential tool of PBSP, what they were surrounded with, what inspired them and where they drew the lines.



Accommodation

A unique tool of PBSP for inducing a corrective emotional experience.

Procedures are:

- Gradual
- Targeted
- Controlled

It is obvious, clear and downright indisputable that drama and body contact procedures work. As we know, expressive movement actualizes emotionally charged content within one's consciousness. However, we are all equally aware of how a powerful experience and a healing experience can be two very different things. In therapy, a powerful experience can also be retraumatizing, whereas a more subtle "aha-experience" can be quite healing. Using drama and body contact in psychotherapy is always venturesome, it is like riding an unbroken horse.

One of the undeniably genius characteristics of Al's work continuing all the way to the very last years of his life, is the fact, that he has managed to tame and saddle up this notional wild horse of drama and body contact. He figured out a way for it to do no harm and only help, and he did this in two ways:

1. By establishing the principle of accommodation as the only and exclusive therapeutic tool. Within the framework of accommodation, the client is consequentially defined as the recipient of interactions that are supposed to be rewarding in terms of the recipient's needs.
2. By eliminating spontaneity and improvisation that all of the aforementioned people had used as the fundamental driving force of their work. Gradual, targeted and controlled procedures are therefore considered a unique contribution of PBSP to all the schools that use drama and body contact.

Research

The research idea matured in my mind around the year 2010, right after the Amsterdam conference, where Al Pesso fully adapted his method for individual use. This was the last theoretical-practical wave of innovation within the method. Back then, Al had radically minimized the means for inducing corrective emotional experience and streamlined the intervention procedures. He had put a lot of emphasis on the symbolization of space in the form of reversals, he had given the possibility sphere a certain physical form, when he first spoke about the "antidote arena", and had distinguished it from the "placeholder arena" or the "movies arena". (I apologize to all of the present attendees, who don't know PBSP – this was some of our internal jargon.)

These accommodations performed in such a minimalistic way, without people in roles, oftentimes with mere images "sketched in the air" have among other things – and Al most likely has not intended this – streamlined the method for research. Since then, we were able to disassemble the interventions into their prime elements, into individual behavioral acts.

Fragment of an intervention – a case study

I would like to show you this short fragment of one of my real interventions, which became the direct model for my research design.

I used to work with a client, who back then knew nothing about PBSP. She spoke about her clearly traumatic childhood experience with her mother, who would verbally insult her. This is the verbatim transcript of our dialogue:

C: I remember, when I was about eight years old, I think, I lost something one day, probably my keys. I was about to fall asleep when my mother entered [the room], furious. She woke me up and berated me in a way, I'd never experienced before… When she finally left, I was frightened she would come back and kill me.

T: I can see it in your face, in your expression, how shocked you are even now, years later, when you are remembering this. You know, this is exactly how the human brain works – when we talk about something, it's as if we were feeling the same things that we felt then, so our memory has an impact on how we feel in the present… I think this has something to do with your intense need of feeling safe and protected and what we need to work on together is creating an experience in your mind of somebody protecting you, shielding you, not letting you come to any harm, so that you can feel safe.

C: (Sorrowfully nodding her head.) And how does one do that?

T: If I could send something straight into your memory, it would be a person that is close to you, shielding you, protecting you. That person would tell you that they would protect you, that they wouldn't let anyone harm you. (At this point the client was staring at me impassively and somehow angrily at the same time.) I would imagine that person standing somewhere near you (gesturing with his hand and with a pronounced movement outlining an adult figure, in order to evoke spatial imagery), and speaking directly to you. They would say: "If I were there that time, I would stand by you, I would protect you and I would not let anyone hurt you." (Said in a strong, determined voice, while continuously gesturing with a hand towards the space, where the figure is positioned.)

C: (It takes her a split second to brighten up and then she says in a satisfied voice:) That would be great...

I have concluded this intervention with an educative minimum enabling to continue in a similar manner in the following sessions.

Sequence of interventions performed

1. Non-scenic micro-tracking / tracking emotions in context
2. Education in neuropsychology
3. Interpretation of a developmental need according to PBSP
4. Outline of possible fulfillment of the need
5. Scenic realization

Here is a brief analysis of this case study fragment: I have performed these interventions.

I have named the emotion that showed in the client's face and I have contextualized it: "I can see it in your face, how shocked you are, when…"

I offered the client an educative neuro-psychological outlook on her current emotional state.

I have interpreted her actualized need within the theoretical framework of PBSP (the need of protection).

I have pointed out a possibility of imaginary satisfaction of said need: "… creating an experience in your mind of somebody protecting you, shielding you, not letting you come to any harm, so that you can feel safe. That person would tell you that…"

I have then realized this imaginary possibility in the form of a scenic representation. I have utilized the spatial aspects of the room in the process and I have spoken in dramatized direct speech.

Now is the time to explain what does the term "scenic principle" stand for and what the polarity of scenic and non-scenic denotes.

To illustrate this polarity, let us have a look at the relevant interventions used in the aforementioned case study, that is numbers 1, 4 and 5.

Scenic principle

A scenic intervention introduces "as if" reality.

A non-scenic intervention is carried out in a dialogue.

Intervention no. 1: I have named the emotion showing on the client's face and contextualized it. However, I have not scenically outlined a hypothetical witness figure with my hand. Thus, we can describe the intervention as non-scenic, as it was happening within therapist – client dialogue.

The difference is even more evident in interventions no. 4 and 5, which are completely identical content-wise: They are both an expression of fulfillment of the client's need via a hypothetical figure. In the first case I tell the client about it and I describe the role of the figure and what would the figure say. Through the narration I incite her imagination, as it frequently happens during conversations. In the second case, however, I perform an action: I scenically sketch out this imaginary figure, with a hand movement I designate the space where they would be situated and I let them convey their message "as if" they were directly speaking through my own mouth.

This action, dramatization or this ritual, whatever we want to call it, can be performed through a sequence of interventions. Let us call them scenic attributes.

Drawing from this we can generally consider all interventions that introduce "as if" reality into the process to be scenic. The ones that leave the therapeutic course of events fully within the therapist – client dialogue can then be considered non-scenic.

Scenic attributes

Ascribing symbolic significance to any of these attributes:

- Areas of the therapy room
- Direct speech
- Present persons
- Objects
- Movement
- Body contact

This is the full list of the scenic attributes. An intervention can be considered scenic, if we enter an agreement with the client to ascribe symbolic significance to either one or many of these attributes: physical parts of the therapy room, direct speech, an object, a present person, body contact or movement. The "symbolic reality" or the "as if" world is then created exclusively using these resources and none other.

Drama and body contact are in doing so disaggregated into individual behavioral acts: each one of these either takes part in the therapeutic process or it does not. It is "either – or", nothing in between. We know what we are doing, we are able to control it, compare it, connect and disconnect it. We can create variables, variables for research. Practice also points towards the fact, that each one of these attributes impacts the client's cognitive apparatus and therefore their experience differently. This opens up room for the research of how a corrective emotional experience occurs, what kind of learning this is, and which functions contribute to it.

In the case study fragment that you have heard, I have performed the identical intervention in two ways, one closely following the other: non-scenic (in the client – therapist dialogue) and scenic (using symbolic significance of the space and direct speech). During the non-scenic intervention, the transference dynamic was amplified without any positive impact of the intervention – the client was staring at me, slightly angry and expecting something (from me personally, within transference). Whereas during the scenic intervention, the client's attention was instantly shifted to the imaginary staged figure and an

immediate corrective experience occurred, accompanied by the "relieve grief" experience, relief and satisfaction. I have used two scenic attributes – spatial symbolic significance and direct speech.

From the perspective of clinical practice, the efficiency of "scenic-symbolic" interventions is clear and indisputable to anyone, who has ever used it within any of their therapeutic schools. However, a question emerges: to what extent is this type of intervention efficient on its own and to what extent is this efficiency a result of the therapist's charisma, the client's transference bond, the desire to defend this therapeutic concept or a mixture of other external variables? The only way of verifying this was to see, if the clinically evident efficiency would hold true in experimental circumstances.

Research design

Hypothesis: The intervention is more effective when scenic attributes are employed.

An experiment with 40 volunteers:

- Experimental group (N = 20)
- Control group (N = 20)

Utilizing the principle of accommodation of the need for support:

- Scenic in the experimental group
- Non-scenic in the control group

I have used the aforementioned case study fragment as a template for my research design. As a matter of fact, I have transposed this fragment into strict laboratory conditions. I have done so led by the hypothesis of the interventions being more efficient when scenic attributes are employed. I have divided 40 adults (healthy volunteers) into two groups of 20 – an experimental group and a control group. None of them knew me, nor did they know the PBSP method. The experiment was presented to the probands as researching the possibility of improving one's performance using autosuggestion, rendering it a blinded experiment. The probands underwent the experiment individually, it was not administered to everyone at once, and they were divided into the two groups randomly.

The participants were brought to an empty experimental room by me, the author of the research. I was present in the room, but I have not interfered with the course of the experiment in any way. I was sitting outside the probands' field of vision. The complete set of instructions was presented via an audio recording, recorded by a different person, who read out the instructions without knowing what the goal of the research had been.

The probands would fill out a STAI questionnaire first, measuring their current levels of anxiety. After that they were asked to *recall a task, a job or a duty they were expected to fulfill in the next few days that was not entirely easy for them*. The experiment was working with the idea of this task. After determining the chosen task and noting it down, the participants indicated the level of stress and anxiety that the task generated for them on a numbered scale. After that, the test sheets were collected and the participants moved on to the actual experiment. They were asked to imagine a person, who has a good relationship with them. It could have been either a person from their present life, or a historical one, or a fictional one. They were then asked to *imagine that this figure supports them in what they do, that they stand behind them in whatever is to come…* They were asked to commit this image to their memory. After this supporting intervention, the participants had to evaluate the levels of their current stress and anxiety again by retaking the standardized STAI questionnaire. This was the end of the experiment itself. After a three-minute break the probands would write down answers to questions verifying the validity of their performance within the experiment, such as understanding the instructions, the ability to work with the chosen task, the ability to imagine the supportive figure etc.

Both of the groups have received the same instructions. The only difference occurred within the key part of the experiment, when the probands were receiving the supportive intervention. If a proband was a part of the experimental group, they would receive the supporting intervention in a scenic form. They were asked to not only imagine the figure, but to use their imagination to locate it in a specific area in the room. They were asked to point to the selected place with their hand. The next instruction was to draw out the silhouette of this figure in the air, moving their whole arm and aiming it towards the area they chose to

locate the figure in. Then they would get up and place a big pillow in the chosen spot to temporarily represent the imagined figure. The instructions encouraged them to experience the "presence" of their supportive figure. This was verbally affirmed via the administrator on the audio recording, saying in direct speech: *"I support you in what you are about to do. I stand behind you in whatever is to come."* Spatial symbolization, utilization of symbolic objects and direct speech being the scenic elements employed.

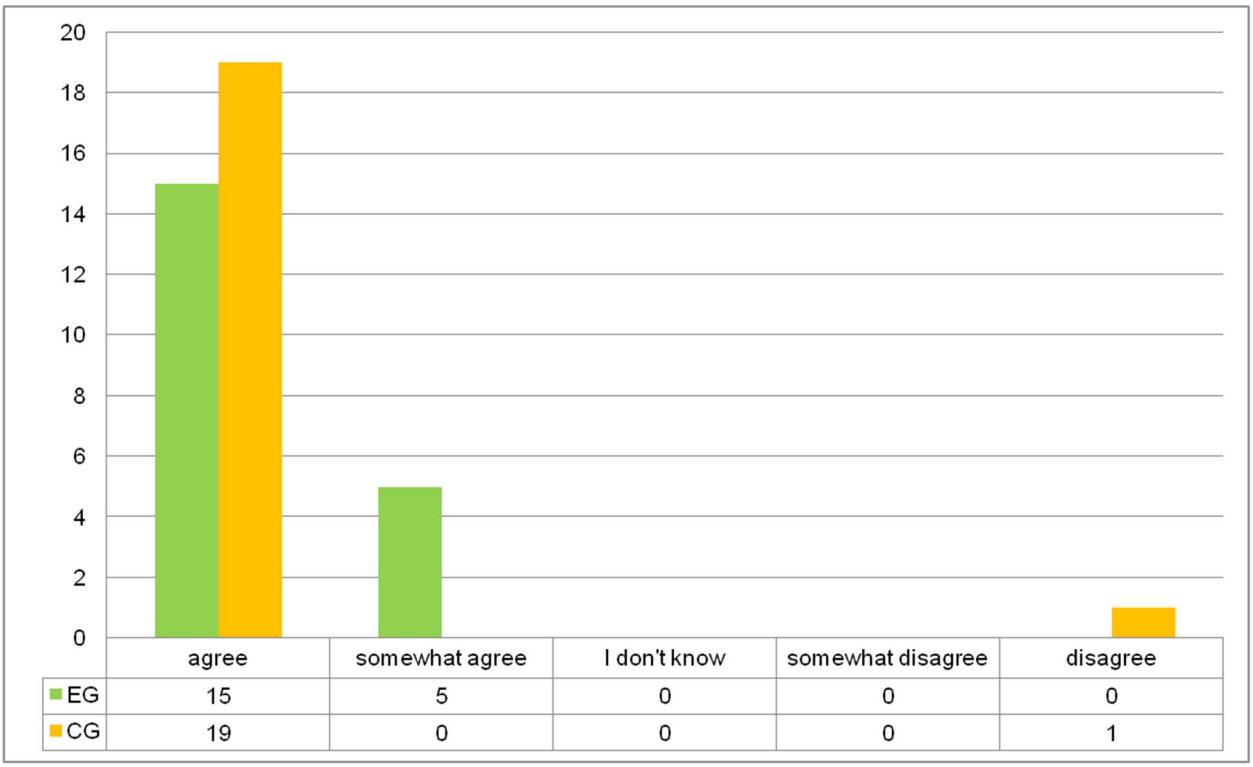
The control group went through a non-scenic form of the experiment, they were working only within their imagination, not using any scenic elements.

The experiment took about twenty minutes in its scenic form, the non-scenic version was adequately shorter.

As was mentioned above, apart from the data collected directly during the experiment, the probands were evaluating the course of the experiment after it took place as well, providing a lot of interesting information that enabled us to assess whether the research design was applicable or not. This information has been processed in terms of descriptive statistics:

Let us have a look at some of the diagrams:

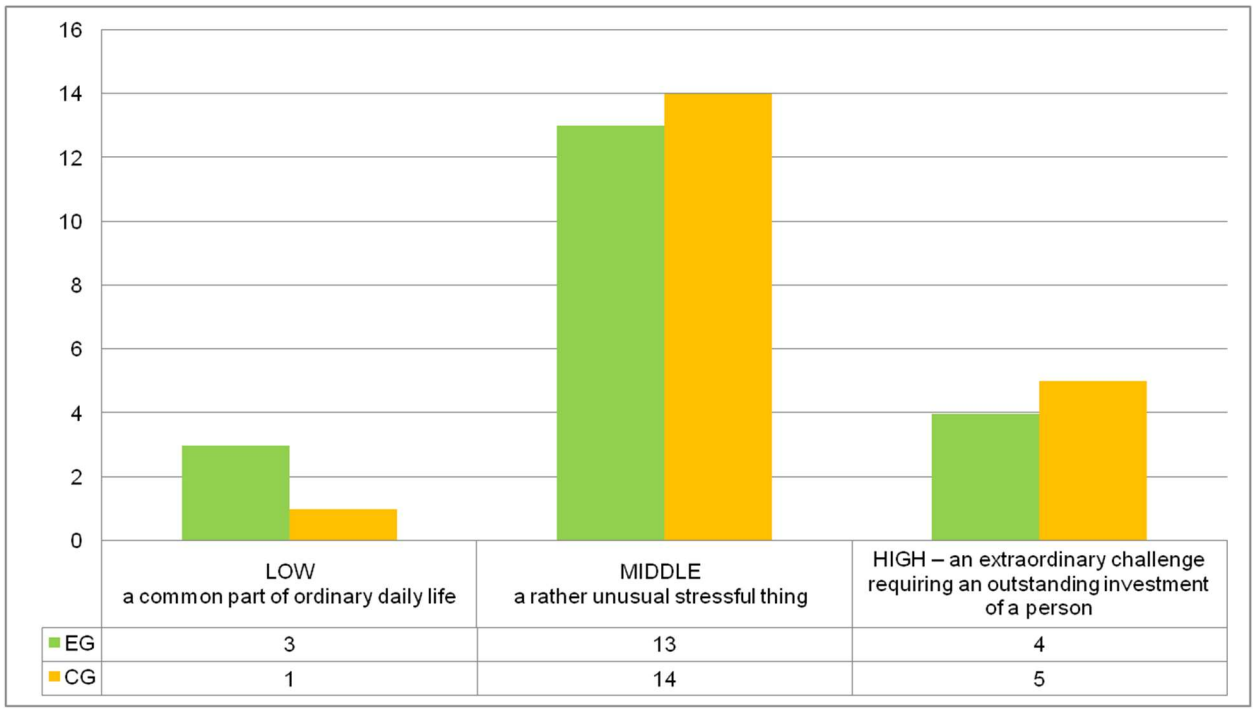
Recalling a working task
I was able to recall upcoming work, a task or a duty, which I could work with.



	agree	somewhat agree	I don't know	somewhat disagree	disagree
EG	15	5	0	0	0
CG	19	0	0	0	1

We have asked the probands, whether they were able to recall a certain task, as it was asked of them. As you can see, an absolute majority of them was able to do so.

Rating the degree of difficulty of the task

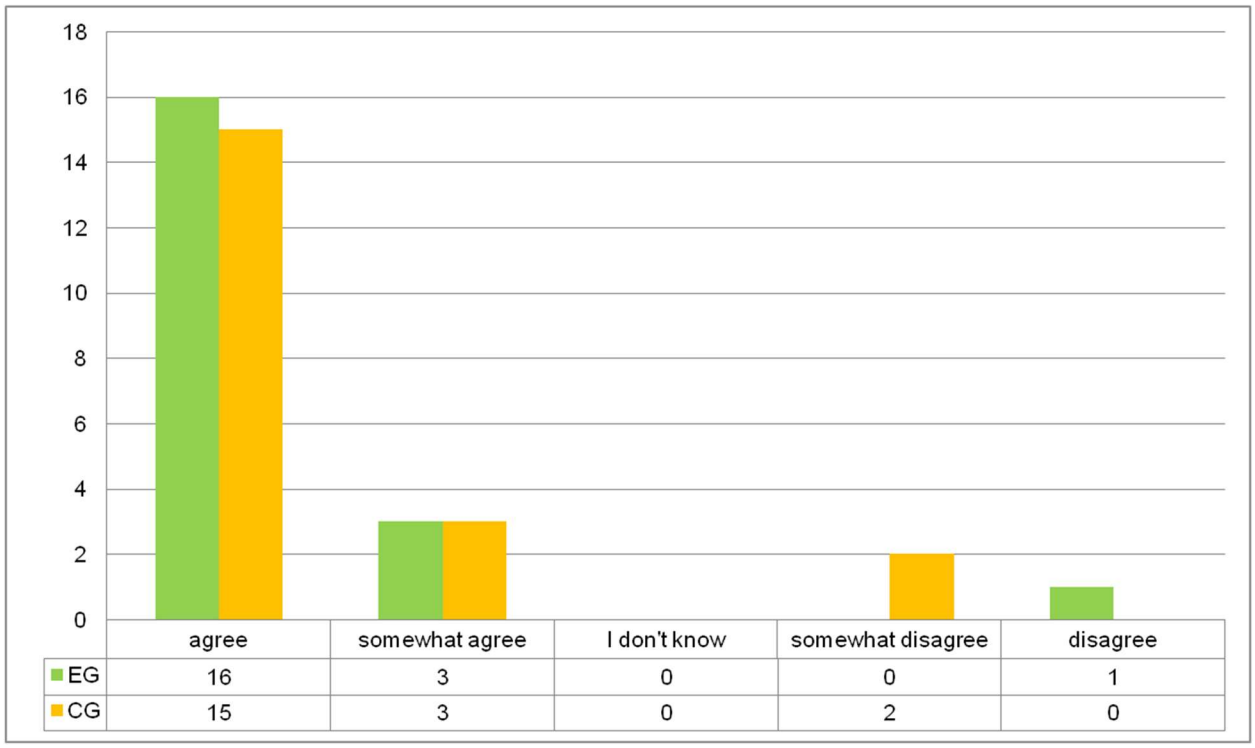


	LOW a common part of ordinary daily life	MIDDLE a rather unusual stressful thing	HIGH – an extraordinary challenge requiring an outstanding investment of a person
EG	3	13	4
CG	1	14	5

This graph depicts the subjectively perceived degree of difficulty of the task, that the probands had to choose. They had three options to choose from: basic day-to-day tasks, a rather unusual challenge, or something utterly extraordinary, requiring an exceptional level of investment. As you can see, most of them chose the mid-range of subjective degree of difficulty.

Supporting figure

I could imagine successfully a supporting figure.

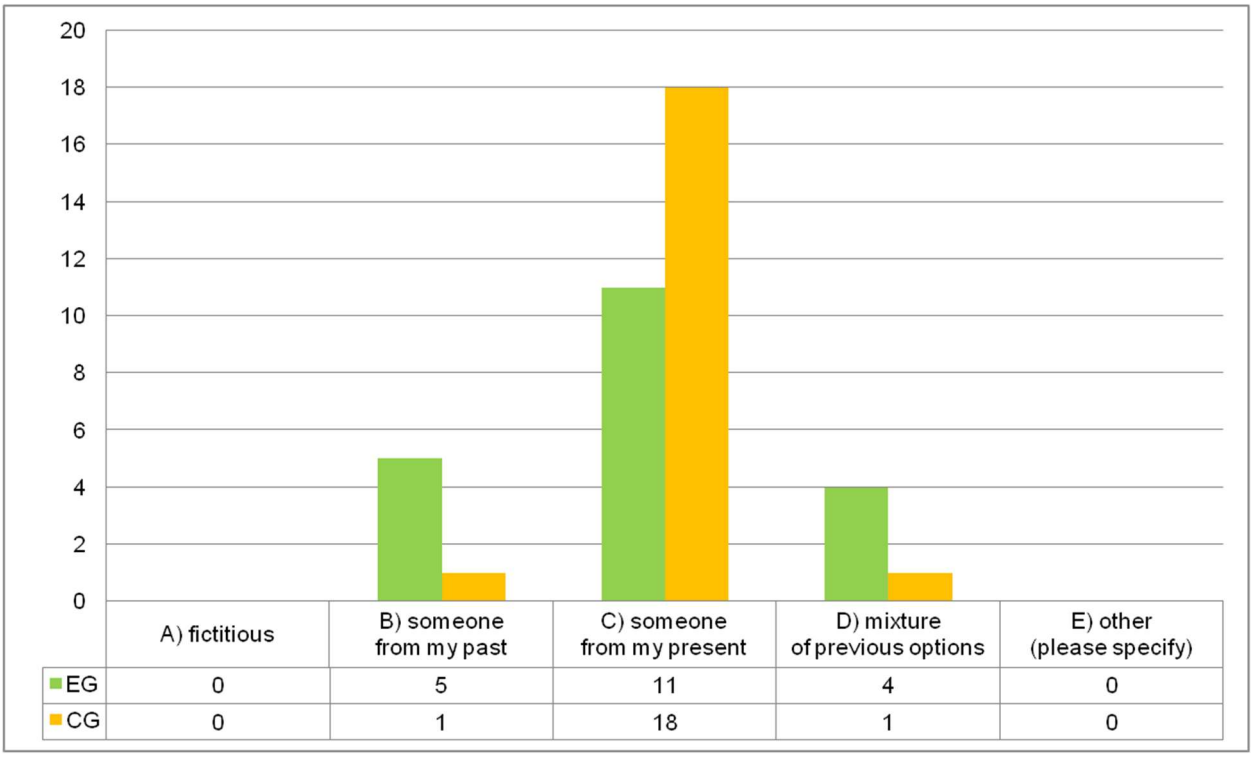


	agree	somewhat agree	I don't know	somewhat disagree	disagree
EG	16	3	0	0	1
CG	15	3	0	2	0

This graph shows that an absolute majority was able to imagine a supportive figure.

Identity of the figure

The identity of the supporting figure was:

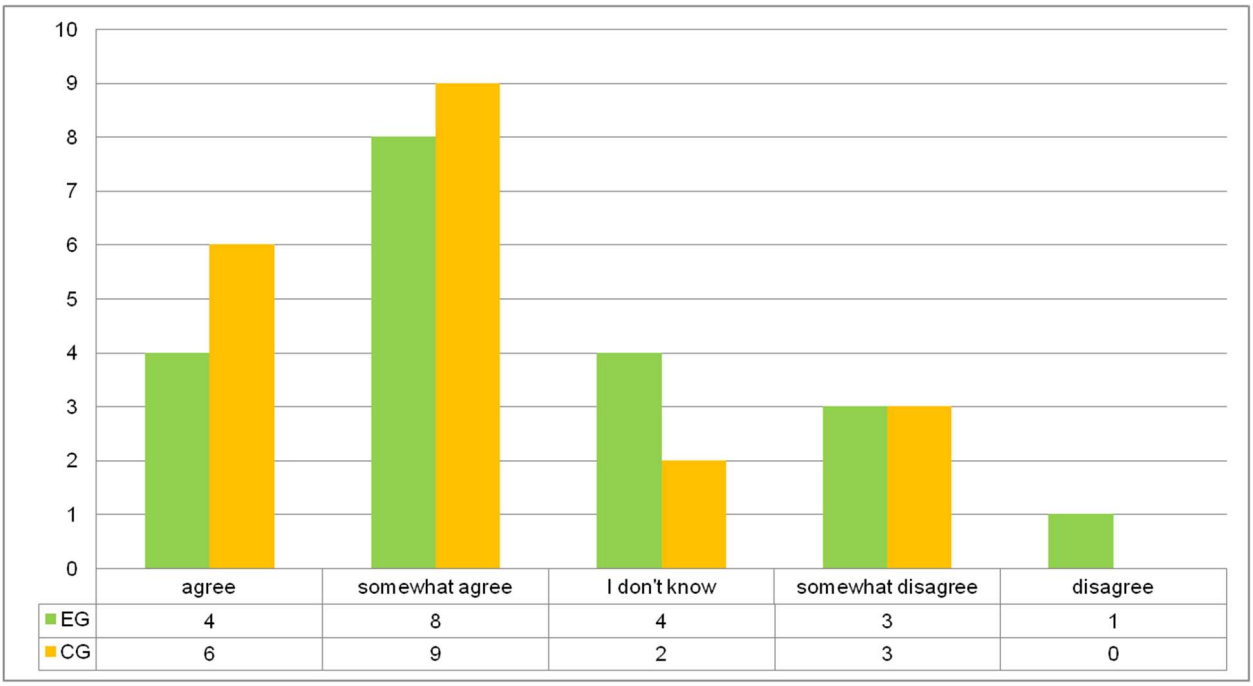


	A) fictitious	B) someone from my past	C) someone from my present	D) mixture of previous options	E) other (please specify)
EG	0	5	11	4	0
CG	0	1	18	1	0

You will most likely be interested to know, that all of the volunteers were working with real figures from their lives, both from their present and from their past. No one was working with an imaginary or fictitious figure, which in this case can simply be considered a manifestation of the probands' normalcy.

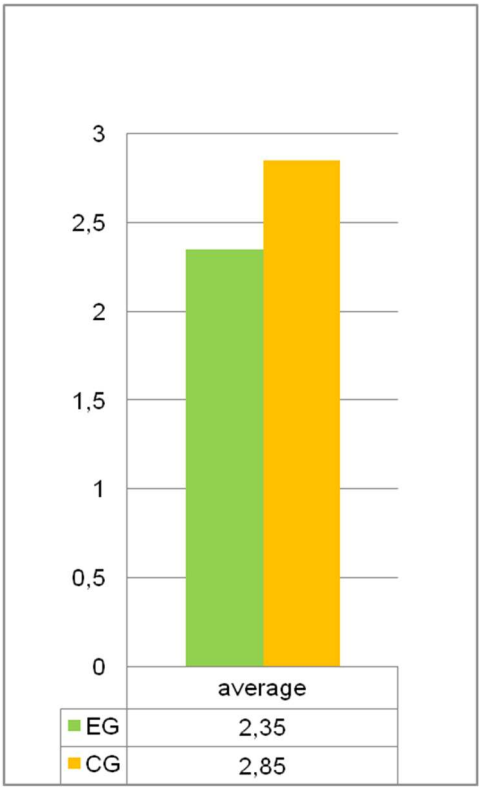
Experience with the figure

The experience with the supporting figure changed my feeling about the task.



	agree	somewhat agree	I don't know	somewhat disagree	disagree
EG	4	8	4	3	1
CG	6	9	2	3	0

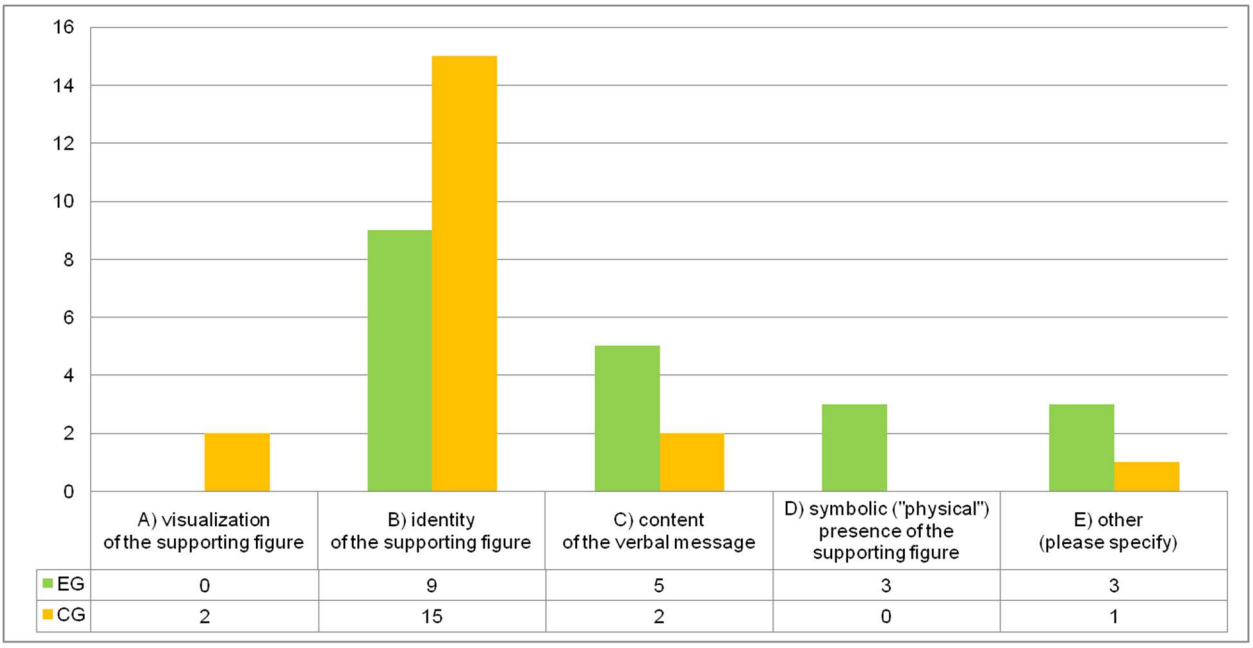
You can see in this picture, that a vast majority of the probands from both groups stated, that the intervention changed their feeling about the task... and the next graph shows…



Numerical rating of the change of the feeling
(1 = no change, 5 = a maximum change)

… and this is quite intriguing that the control, i.e., the "non-scenic" group evaluated the intervention as even more effective!

Factors influencing the change of the feeling



These are the answers for the question of which of the factors played the most significant role in the effectiveness: In the non-scenic group the identity of the supportive figure was the most effective, the visualization of the figure had lesser impact. The preferences of the scenic group were much more divided: the identity of the figure played the most important part again, but also their verbal message and their symbolic presence in the room was considered impactful. Naturally, the symbolic presence of the figure was not an option for the non-scenic group.

Let us add some basic information about the research sample:

It consisted of healthy adults aged between 20 and 50 years, with the minimum of secondary education. Any experience with psychotherapy was in no way a contraindication for participation in the experiment, the main thing was for the probands not to know PBSP. Both groups were homogenous, regarding to age and gender. The average age in both groups was 33 and the gender ratios were approximately the same (11:9 in the experimental group and 10:10 in the control group).

Research sample

Healthy adults, 20–50 years old, broader norm range, participation in psychotherapy permitted, minimum secondary education required.

Average age: 33 years in both groups.

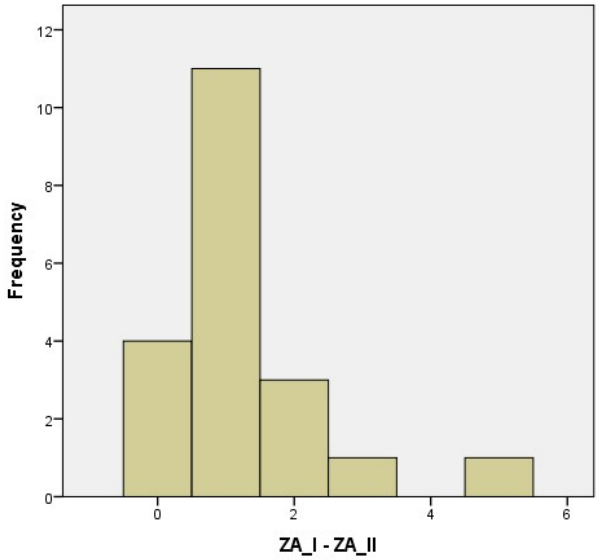
Balanced ratio of men and women:

- Experimental group – 11:9
- Control group – 10:10

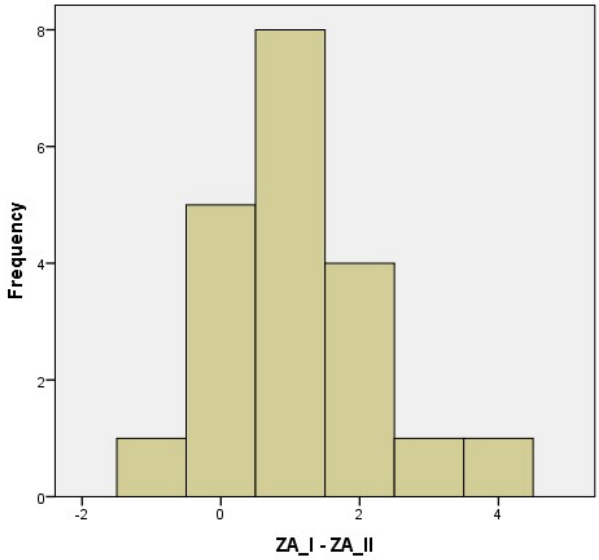
Moving on to the actual results of the statistical tests represented by graphs:

Feeling of the task

Experimental group:



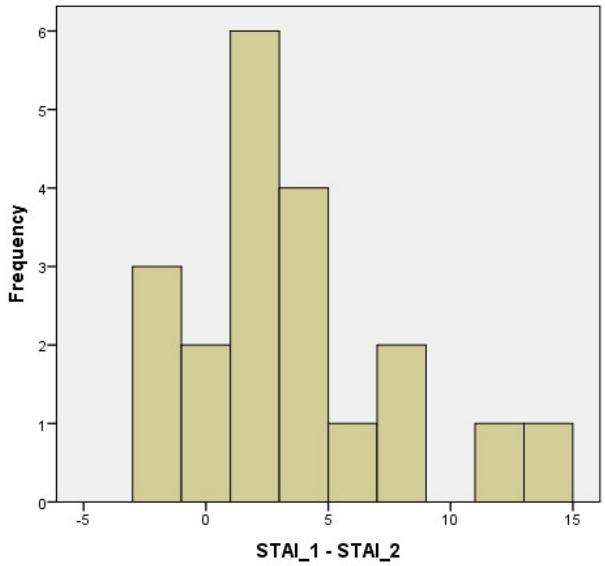
Control Group:



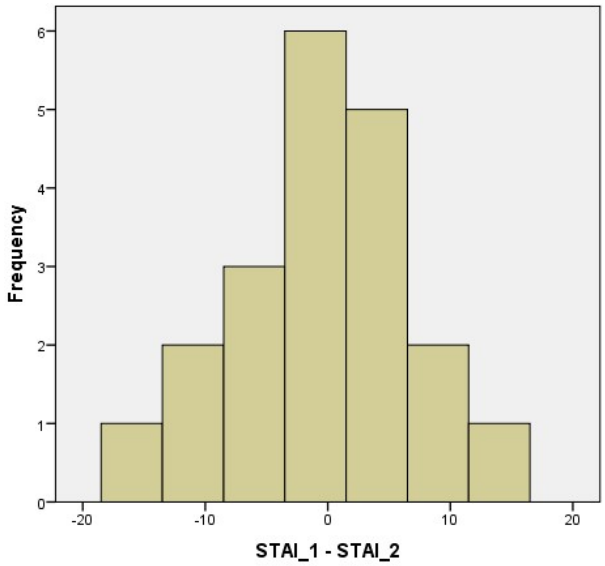
Both groups reacted to the supportive intervention in a positive way, no matter if it was performed scenically or non-scenically. In layman's terms, basically everyone stated that they are less afraid, when they think about the task ahead of them, than they were before the intervention. This result however, does not bring anything new to the table – it could have been a number of external variables that could have played a part in this: a pleasant environment, a pleasant voice of the administrator, the whole positive feeling of the situation could have suggested the feeling of improvement. The method of choosing the research sample had also favorited well cooperating individuals. Moreover, there was no significant difference between the two groups.

State Treat Anxiety Inventory (STAI)

Experimental group:



Control Group:



The key discovery comes into play here: all of the probands filled out STAI, a classic tool for measuring the levels of currently experienced anxiety, before and after the intervention. You can all see it here (picture): an actual decrease of anxiety occurred only in the experimental group and it was statistically significant! While evaluating one's feelings about a task is a clear, conscious and fully controlled standpoint, the STAI is different: it was administered before the intervention and then again, at the very end of the experiment. It consists of 20 questions about the state of the body and ego experiences – the possibility of consciously skewing the results is therefore very low, increasing its test–retest validity. The results can be interpreted thusly: on a conscious level everyone rated the intervention as effective, the non-scenic group even saw it as slightly more effective! On a less conscious level, a dramatic and statistically significant decrease of anxiety levels occurred only in those, who had received the intervention containing scenic attributes.

Interpretation of results

How did the intervention work?

How am I feeling now?

Control group: The intervention was great and/but I am feeling still the same as before.

Experimental group: The intervention was good and I am feeling much better than before.

What have we found out then?

While in the first tested criterion the probands articulated their answers to the question of *"**How did the intervention work?**"*, the second criterion focuses on the question of *"**How am I feeling now?**"*.

Let's summarize these results into two propositional statements, that might almost sound anecdotical:

Probands working with non-scenic supportive intervention have said: The intervention was great and it worked, but I'm still feeling the same, which shows an obvious discrepancy.

Probands working with the scenic supportive intervention have concluded: The intervention worked and I feel significantly better. No discrepancy in this case – the conscious evaluation is more realistic and their self-experience is distinctly more positive than before the intervention.

Discussion

I am not overestimating the results of this experiment. I consider them representative enough for me to have the courage to stand here before all of you and composedly tell you: look, these are simple measurements performed on such a small research sample, and yet we are getting meaningful results. This research design might not be that bad…

Conclusion

The research gives evidence to confirm the initial hypothesis:

The scenic attributes have some independent, peculiar effectiveness and therefore are worth being explored in further research.

And yes, it would be necessary to replicate this experiment with a much larger sample, preferably as a double-blinded study, which would not be an easy feat with this particular research design (as the administrator could not be knowledgeable of the objective and could not know which type of the experiment they are administering).

I am a clinician, not a researcher, and I had no research facilities at my disposal. The study program of the university has offered me a formal patronage and a certain specialized support, mostly in the methodological matters. The whole of the experimental production was of course up to me. Therefore, as a solitary unit, I have turned my focus to a specific minimal format of the research that I was able to perform and bring to a successful end.

This way I would like to give many thanks again to my colleagues and friends, who have helped me in various ways – mostly by reaching out to probands, which posed a rather substantial difficulty in the context of adhering to methodological and ethical standards. Some of these wonderful people are present here today. They have taken part in the trial phase of the experiment and their feedback helped me polish the final version of the intervention instructions. Without them this research would have been inconceivable.

I would like to elaborate on the possibilities of this research design, that I see as easily accessible and beneficial in the case of better realization facilities.

- Even within this experiment there was the option of evaluating the perceived degree of long-term impact of the interventions. I did conduct additional inquiries, I was, however, not able to gather enough data.
- I have used all of the available scenic attributes in my experiment. What I would consider extremely valuable, would be comparing the effectivity of individual attributes among themselves, for example the effectiveness of the "air drawn" figures in comparison to figures represented by large objects.
- Performing the experiment with actual PBSP therapists would also be an option, as they could utilize their highly developed self-reflection and knowledge of the method in order to compare the individual scenic attributes and their effectiveness. The statistical results of these comparisons could also turn out to be highly interesting.
- Using fMRI could represent another stand-alone chapter. The main question being, whether the interventions activating different sensory modalities would be differentiable by modern imaging methods and whether they could bring any useful information about the process of such learning.

The experiment in the context of psychotherapy research

At one of my university seminars I was asked by one of the mentors: *"Could you please tell me, how does all of this research actually relate to psychotherapy?"* Admittedly, this is a really good question… and here is my answer.

The described experiment was meant to verify interventions, not concepts. It verified a set of interventions that I call scenic on a behavioral level. These interventions are used across the board of psycho-

therapeutic schools, they are in no way exclusively owned by PBSP. And in terms of PBSP, the experiment had its limitations – for example we were not able to work with ideal figures, which was very limiting for the potential effectivity. Nevertheless, only thanks to PBSP it was even possible to study the dramatic methods on such a controlled level. Thanks to Al and Diane, who have been working on accommodation as a unique psychotherapeutic tool for year, and thanks to Al, who had spent the last years of his life organizing accommodation techniques for individual use in a way that makes them clear enough to be used for cognitive function research of emotional learning. This is where I unambiguously see the overlap with psychotherapy and the potential asset it could be for its research in general.

Now for the last question:

How does the experiment relate to PBSP practice and to the discussion within our community?

Let's go back in time ten years, to Amsterdam. Many of you have probably been there and so you can reminisce with me: It's Sunday morning, the conference is nearing its end. Lowijs Perquin is giving his concluding interactive lecture titled "Mind Body Dilemma in PBSP". Al and Diane are sitting in the front row. Among other things, Lowijs poses a serious rhetorical question about what I've called "the last wave of innovation in this method". The question predominantly tackles the minimizing of resources for the purposes of the "one-to-one session" and the legitimization of the overall relativization of physical contact with people in different roles. I will now closely paraphrase, if not directly quote, Lowijs' question:

> ***"Isn't this development of the method a step back? Isn't this the journey back to merely verbal therapy? Isn't PBSP becoming a body therapy without the body contact?"***

My research does not answer his questions directly. It does not aim to study the differences between the effectiveness of live actor accommodations and strictly spatial symbolizations without an object. But despite this fact, it still contributes to his questions in a certain indirect manner: it shows how spatial or object symbolizations with the simultaneous use of direct speech are distinctly more effective, compared to the common stimulation of the client's imagination within a therapeutic dialogue, as we have seen in the non-scenic version of the experiment. Moreover, everything points toward an autonomous effectivity of these instruments, regardless of the therapist's personality.

Each and every one of us have their own experiences and surely even opinions on what, how and when is effective. For me personally, Lowijs' question was an incitement for research, and I've kept it in my mind for the whole time I was conducting it. In any case, Al's legitimization of interventions "softer" than a direct contact with the actor in a particular role, has enabled me to see, how other scenic attributes themselves – such as spatial symbolization activating spatial imagination as a cognitive function – are these immensely strong factors of creating the antidote. If I have enough strength to take part in any future research, I will support precisely the research of spatial imagination within emotional re-education.

These are my concluding thoughts and future suggestions…

During a simple couloir chat, one of my Czech colleagues said something that stuck with me. She said: *"Oh, please, the structures are flawless, never touch them or change them in a hundred years!"* I wholeheartedly agree and I would add that even changes and revisions of any live language should not be done too often – they should be at least several decades apart. Similarly, should we [the practitioners] have nothing but respect for the unique technique that is PBSP. Let us not change it haphazardly, superficially and arbitrarily. Let us investigate what works and how it works instead! Let us use the clarity of Al's thoughts and his clockwork precision in which he had defined, isolated and reconnected everything in his method. I think that in doing so, the psychotherapists who know, what they are doing, will have an easier time of keeping at it in the future.

Thank you for your attention.

2.3. Sandy Cotter: Parallels of PBSP with Key Concepts in Developmental Psychology (Plenary lecture)

Three fundamental formulations in developmental psychology articulate well established psychodynamic crossroads. These are 'Attachment Theory', 'Mentalization' and the 'Oedipal Triangle'. This paper will explore how PBSP techniques and devices can partner with these high-profile concepts, providing a practical and singular contribution to healing.

Detailed description of the contribution:

John Bowlby believed that an individual's 'attachment style' is in place by 11 months. Neuroscientists maintain that this 'wiring' is laid down in the arena of implicit memory within the depths of the limbic system. Issues of babyhood are pre-verbal and so are well addressed by PBSP interventions concerning place, nurture and support. In a PBSP structure the 'rewiring' of alternative and ideal memories about being welcome, safe, and a focus of delight is palpable. Attachment Theory's 'earned secure' category provides a definition of what good PBSP structures based in babyhood achieve.

Fonagy's notion of 'mentalization' (the ability to imagine what is in the mind of another) is facilitated by PBSP's classical 'limits' intervention where the omnipotent 'toddler' is faced with the reality of others who are subjects (with minds of their own) rather than objects (a resource or an obstacle in reference to the child's 'me'). Again, the right brain focus and robust body work in PBSP stimulates changes in the body–brain in places where talking techniques cannot reach.

Arguably, Freud's Oedipal triangle was the start and the basis of psychoanalysis. Although less central these days, it is still relevant in the psychological development of many individuals. The Oedipal conflict – unlike the previous two issues – occurs once the left brain is in place and possibly in control. Nevertheless, change is augmented by the physical interactions and symbolic encounters central to PBSP's unique limiting interventions geared to resolve the desire to (1) displace the primacy of the same sex parent, and (2) become inappropriately linked to the parent of the opposite sex.

All of us in Prague at the Conference know that PBSP is a remarkably creative and effective system. We also know it warrants a wider profile. One purpose behind the paper is the demonstration of PBSP's theoretical coherence with other highly regarded perspectives along with its confluent body-based focus. It is hoped that this may serve to broaden appreciation for our work among therapists schooled in other traditions.

Sandy Cotter, MA, MS (UK)

Sandy Cotter is one of the three PBSP trainers and supervisors in the UK accredited by Al Pesso and Lowijs Perquin. She brings a career in body-based approaches to mental wellbeing and organizational interaction, having studied under Alexander Lowen and Stanley Keleman, founders of bio-energetic psychotherapeutic practice. Sandy has extended bio-energetic principles of character structure and relational effectiveness into her own system of professional development, the Centaur model. Beyond her work with psychotherapeutic clients and PBSP trainees, Sandy has consulted and led workshops for many years with major corporate clients in different sectors. She was a Founding Director of the Praxis Centre at Cranfield University's School of Management.

Parallels of PBSP with Key Concepts in Developmental Psychology

Pesso Psychotherapy: A Body Based Method That Supports Earned Secure Attachment, Mentalization and Oedipal Healing
(Plenary lecture)

Pesso Psychotherapy is a revolutionary and unique body-based method which offers technical devices that contribute in three arenas of healing: personality formation, trauma and transgenerational issues of parentification. This article addresses the first of these in discussing: (1) how the Pesso method can be used in establishing an 'earned secure attachment' through targeted and precise body interventions that arguably 'rewire' the emotional 'right hemisphere' with wholesome memories of nurture and support thus establishing a sense of 'secure place' (or attachment) within the baby brain; (2) how Pesso body work facilitates the development of 'theory of minds', which is the foundation of Fonagy's highly regarded capacity for 'mentalization'. In this case, carefully choreographed interactions between the client and role figures 'wire in' a vivid physical experience of the boundary of 'the other' thus establishing at a felt and practical level both a limit to personal power and the reality of a subjective other; (3) how the 'Oedipal triangle' can be physically ignited and played through to a good outcome by using precise physical dramatization with 'Ideal Parents' who would neither be seductive nor hurtfully competitive.

In his acclaimed book "The Body Keeps the Score" neuroscientist Bessel van der Kolk writes how the Pesso method provides "the possibility of forming virtual memories that live side by side with the painful realities of the past and... can serve as antidotes to memories of hurt and betrayal".

Transformation takes place within a one hour session called a 'structure' where a highly ritualized 'liminal' state is cultivated that is similar to what we all enter when we attend good theatre or a quality film. When watching a good movie or play we know that what we are viewing is not concretely 'real'. Experts in aesthetics say that we 'willingly suspend our disbelief' so that our hearts and minds can become engaged, caught up and affected. This is the same state that children enter when they say, "Let's play that..." and what follows describes a situation or adventure to which their imaginations can become dedicated for hours.

Within this creatively altered state, the inner world of the client is 'micro-tracked' by an attuned therapist. What is currently in the mind of the client is represented externally in symbolic objects. In this way a present issue is laid out concretely before both client and therapist allowing emotionally charged connections to the past to organically emerge.

Micro-tracking – learning to read the symphony of emotions that play across a client's face – is a central skill in Pesso Psychotherapy. Shifts in facial muscles along with subtle changes in body posture, tone of voice and eye gaze are all messages from the client's unconscious. The precise attunement of micro-tracking has a direct effect on the brain. Pesso-trained neuroscientist Bessel van der Kolk reports:

> ***"A neuroimaging study has shown that when people hear a statement that mirrors their inner state, the right amygdala momentarily lights up, as if to underline the accuracy of the reflection."***

This concrete impact on the memory-based right brain of the client is central to the remarkable success of Pesso Psychotherapy in a relatively short time. The scene symbolically recreated in the structure reveals the internal map and the hidden rules that the client has been living by along with a striking evocation of what they had to face as a child. From there the Pesso method offers a 'possibility sphere' in which the client is invited to imagine what other, better, indeed 'ideal' context would have given them an environment where they could have been fully alive and totally themselves. This ideal setting is an 'antidote' to the wounding scenario – one where the client as a child would have received the 'right response' at the 'right age' from the 'right kinship figure'. This process is not regression. The client remains consciously in charge of what happens. On differentiating Pesso work from regressive and drama-based therapies, van der Kolk writes:

> ***"... this work is not about improvisation but about accurately enacting the dialogue and the directions provided by the client... every time I conduct a structure I'm impressed by how precise the outward projections of the right hemisphere are. Clients always know exactly where the various characters in their structures should be located."***

Arguably, the external enactment of what is uniquely longed for has that same 'underlining' impact on the brain cited in research above, creating – continues van der Kolk – "... virtual memories that live side by side with the painful realities of the past".

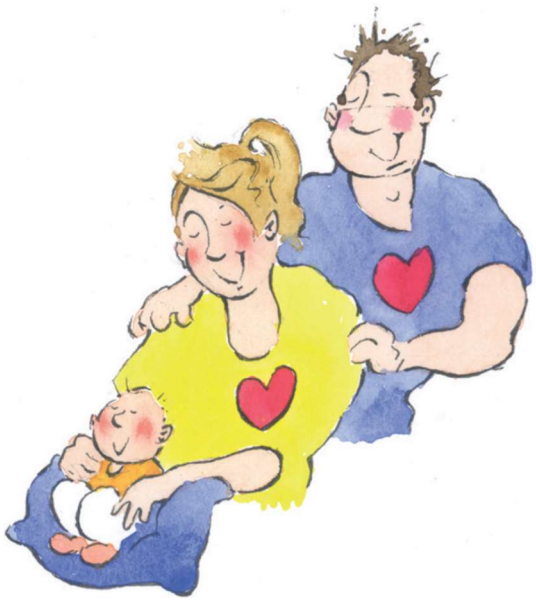
The notion of a 'new memory' is the most remarkable of Al Pesso's contributions to healing. With focused attention, these 'new memories' may be consolidated into a strong and positive inner framework that can underpin Attachment Theory's 'earned secure' status, facilitate the development of Fonagy's capacity to 'mentalize' the mind state of another, and heal the distorting wounds of Oedipal misalignment.

Pesso and Attachment Theory's 'earned secure' status

Bowlby maintained that our 'attachment style' is in place by the close of the first year of life and that it is stored in the deeply unconscious and therefore less accessible right hemisphere of the brain. Neuropsychologists Allan Schore and Daniel Siegel write of how the right hemisphere dominates development during the first two years of life, when the powerful impact of non-verbal communication is paramount. Moreover, the influence of the deep structures of the right hemisphere – through attunement to non-verbal elements – remains profoundly relevant. Neuroscientist Steve Porges demonstrates how this unconscious, non-verbal system constantly scans the environment to both keep us safe and to allow us to seek what we desire. Throughout our entire lifetimes, we tend to pay more attention to tone of voice than to the actual words spoken and we are soothed or alarmed by differing gestures more than by cognitive content. Van der Kolk reflects on the function of the left and right hemispheres of the brain in human interaction and puts Pesso work into this picture.

"According to recent research, up to 90 percent of human communication occurs in the nonverbal, right-hemisphere realm, and this was where Pesso's work seemed primarily to be directed."

Throughout the first year of life, when organic and hopeful expectations are well met, the baby develops what Bowlby termed a 'secure' attachment to the mother or care giver laying down an inner worldview of safety, self-value and trust in the responsiveness of others.



When babyhood expectations are disappointed or denied 'insecure attachment' wires into the implicit level of the brain. In this case, the internal world of self-esteem is diminished and confidence and optimism in relationship with others is to a greater or lesser extent foreclosed.

The good news is that neuroscientists assure us that the human brain retains a marvelous capacity to change and grow throughout life. This 'neuroplasticity' means that less than optimal attachment patterns laid down in babyhood can be transformed into fresh, more positives perspectives.

The concise Pesso protocol for working with babyhood issues resulting in insecure attachment styles reflects the exquisitely attuned interactions between mother and baby recorded in the split screen work of Beatrice Beebe. What is striking in these poignantly touching films is how the 'good' mother responds with precise mirroring responses that affirm and augment the signals and gestures that come from her baby. In a Pesso structure, the client as 'baby' is asked to intuit – from within their body-based self-system – exactly what touch, tone and position would be 'ideal' in order to create a new and healing 'memory', which will pattern into their brain. Role figures, with the guidance of the Pesso therapist, are required to attune to and then enact these instructions exactly with no improvisation whatsoever. Every move and phrase comes from the client. The Pesso therapist will repeatedly ask: "Is that (touch, tone, phrasing) right?" The shift in bodily presence and relaxation when 'right' is achieved is palpable to all. Dan Siegel maintains that this kind of focused engagement literally changes the anatomical patterns of interconnections between nerve cells of the brain. In this way new and better 'virtual memories' form, which can compete with and even subsume memories of hurtful experiences from the past, providing, according to Van der Kolk, "sensory experiences of feeling seen, cradled, and supported".

In a fortunate babyhood, the infant develops what Bowlby terms a 'secure attachment' based on alive and appropriate responses from the mother or care giver, laying down an inner worldview of self-worth and a confident expectation of the world of others. In the 'ideal babyhood' enacted in a Pesso structure these same vitalizing experiences are 'wired in' through an act of imagination establishing over time – through effort and commitment – an 'earned secure' attachment to both self and others.

Pesso and Mentalization

Whereas Bowlby's focus is in babyhood, Fonagy's skill of 'mentalization' is established later during toddlerhood where the ability to differentiate 'self' from 'other' is the developmental task. Mentalization-Based Therapy (MBT) is a psychoanalytically orientated approach designed to address borderline personality disorder and narcissistic issues. Its focus is helping people to differentiate and separate their own feelings from those of others. This ability to distinguish self from other is referred to philosophically and psychologically as 'theory of (other) minds' and is typically established in the toddler's mentality when parents lay down appropriate boundaries that are respectful of others.

Toddlerhood is a quite separate developmental stage from babyhood. Acquiring a 'theory of (other) minds' brings to a close the 'benign illusion of grandiosity' that is the hallmark of the kind of blessed babyhood that produces a secure attachment style.

If a parent continues the 'primary preoccupation appropriate to a baby with a toddler, an unhealthy narcissism is forged in the child's personality.

In successful toddler development, others come to be regarded as 'subjects' with their own minds and rights and needs rather than mere 'objects' that are either 'for me' (meet my needs – the 'good other') or 'against me' (do not meet my needs – the 'bad other').

When this stage of development is the focus of a structure, the Pesso framework of babyhood needs – place, nurture, support and protection – are joined by a fifth called 'limits', whereby appropriate boundaries are defined.

Once again in this method, specific and often robust physical interventions provide a protocol for installing a sense of 'my boundary' – the limit of my power – and the 'boundary of another'. Within the Pesso structure, a symbolic 'limit' (boundary) is discovered by consulting the body-based self-state of the client during an exercise wherein the client pushes against the hands, arms or chest of Ideal Parent role figures, who remain grounded and constant.

A careful choreography of confrontation is agreed between the client as 'child' and 'Ideal Parent' role players: the client pushes against the boundary or 'limit' first at 20%, then 50% per cent and finally 100% of their power saying, for example, "I am going to push you over!" or "Push you out of my way!". The 'limit' or boundary is steadfastly held by the Ideal Parent role players (often with the help of extension figures) who say "I love and affirm your power and strength, but I will not let you push me over/out of the way – I will hold this boundary." This exercise within the exact and ritualized context of a 'structure' provides physical sensations that 'wire in' an experience of a distinct 'other' that can underpin and augment 'talking through' the differentiation of the 'narcissistic self' and the 'separate other'. This kind of body-based right brain anchor can be pivotal to an abiding change in behaviour of individuals with a chronic boundary issue.

Within safe boundaries that contain an appropriately restrained natural aggression, the client as 'child' finds a freedom within that is a good basis for adult confidence in the world of others.

Pesso and Oedipal issues

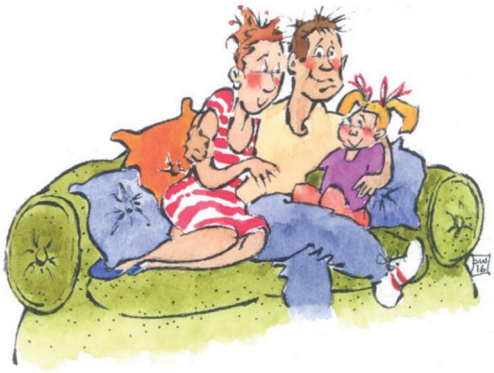
Our attachment style is formed in our first year of life and a sense of appropriate interpersonal boundaries, along with a realistic sense of 'other', is the key learning in toddlerhood.

When these first years of the formative context have been 'good enough' the child – aged three to six – moves into Freud's Oedipal stage of development, where an innocent romance typically evolves between the child and their opposite sex parent. At the same time a sense of competition emerges with the same sex parent as the Oedipal triangle enters the scene. Both the romance and the competition require attuned and competent parenting. When an immature parent responds inappropriately to the child's invitation to romance, a miswiring occurs in the brain that will distort sexual relationships in adult life. In a worst case scenario, the same sex parent reacts with punishing competition, which in turn wounds future capacity to be friends with individuals of the same sex as they are unconsciously viewed as rivals.

Again, Pesso interventions create an 'ideal' situation through an act of precisely crafted imagination within the ritualized theatre of a 'structure'. At this stage interventions are more varied and complex. In these instances, remembered events – largely inaccessible before three years of age – are available and may be 'reversed' to create well-fitting 'antidotes'.

Examples of healing antidotes include an 'Ideal Mother' who would not have been tantalizing and flirtatious with her little son, but rather constant, reliable and authentically loving. Likewise, she would gently but definitely decline the romantic offer of her son – thereby directing his energy and identification with his father.

Or an 'Ideal Father' who would affirm his daughter's beauty but would locate his sexual feelings with his 'Ideal Wife' – creating a safe context for his daughter's romance to flourish. Her 'Ideal Mother' would oversee and condone this unfolding making it safe and wholesome. And this Ideal Mother would be a good role model as her daughter moves from girl to woman. As always the 'antidote' comes directly from the inner sense of the client and is precisely enacted by role figures who, as always, refrain from improvisation. This reversing – within a carefully choreographed role play – of parental betrayals logs wholesome 'new memories' in the implicit reaches of the right brain providing a solid basis for present living.



Consolidation

Following their structure work – whether located in the first year of life, toddlerhood or later in the Oedipal stage of the formative years – clients are coached to 'recall' their experiences of Ideal Figures and access over and over again – within their imagination – the healing impact of the 'right response' at the 'right time' from the 'right kinship figure'. Calling to mind these experiences reignites and strengthens the 'new memory' which can, in due course, take precedence over the wounding experience of the past. Perhaps the new, ideal memory gains ascendance within the psychological system of the client because it represents what should have happened in the life of the baby, the toddler or the romancing child.

Installing and nurturing a new and better memory produces changes in both the physical and the emotional state of a client, which help them deal more effectively with the challenges of daily living. Every recall of the antidote strengthens the 'new wirings', which variously feed (1) the inner confidence and self-esteem of a more secure attachment (2) more grounded interactions with other people who are

increasingly perceived as subjects rather than objects and (3) more wholesome and less hectic relationships with intimates whether of the opposite or the same sex.

In conclusion, it is suggested that the Pesso method quite literally installs new memories that support an inner worldview of increasing optimism and interpersonal ease through direct interaction with both the poetic soul and the physical brain of the client.

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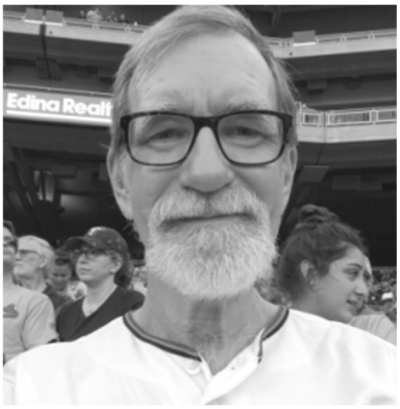
2.4. James Amundsen: Holes in Roles from the Perspective of Affect Regulation Theory (Plenary lecture)

I'll be using the work of neurologist Allan Schore, whose work is often summarized as affect regulation theory.

Albert Pesso's summary of holes in roles, "too much going out too soon", refers to a developmental sequence that results in an organized adaptation to the dysregulated self-state of another person. The dysregulated state of an other is experienced as one's own. This self-state involves an attempt to solve the others' pain through an omnipotent fantasy where the person feels as if he or she is the "only one" who can handle the dysregulated state, or, a state of in-completion, of the other. The pain/need of the other is experienced as the responsibility of the self and one's self is the only one that can fix the other. Both the felt sense that the self is responsible for the other and the felt sense that the self can fix the other is a grandiose fantasy that means the self is taking responsibility for something it in fact can do nothing, or very little, about which creates an ongoing, impossible, perfectionist demand on the self. The ongoing attempt to meet the impossible demand mask (of defends) the self against an intolerable dysregulated state.

James Amundsen, PhD. (USA)



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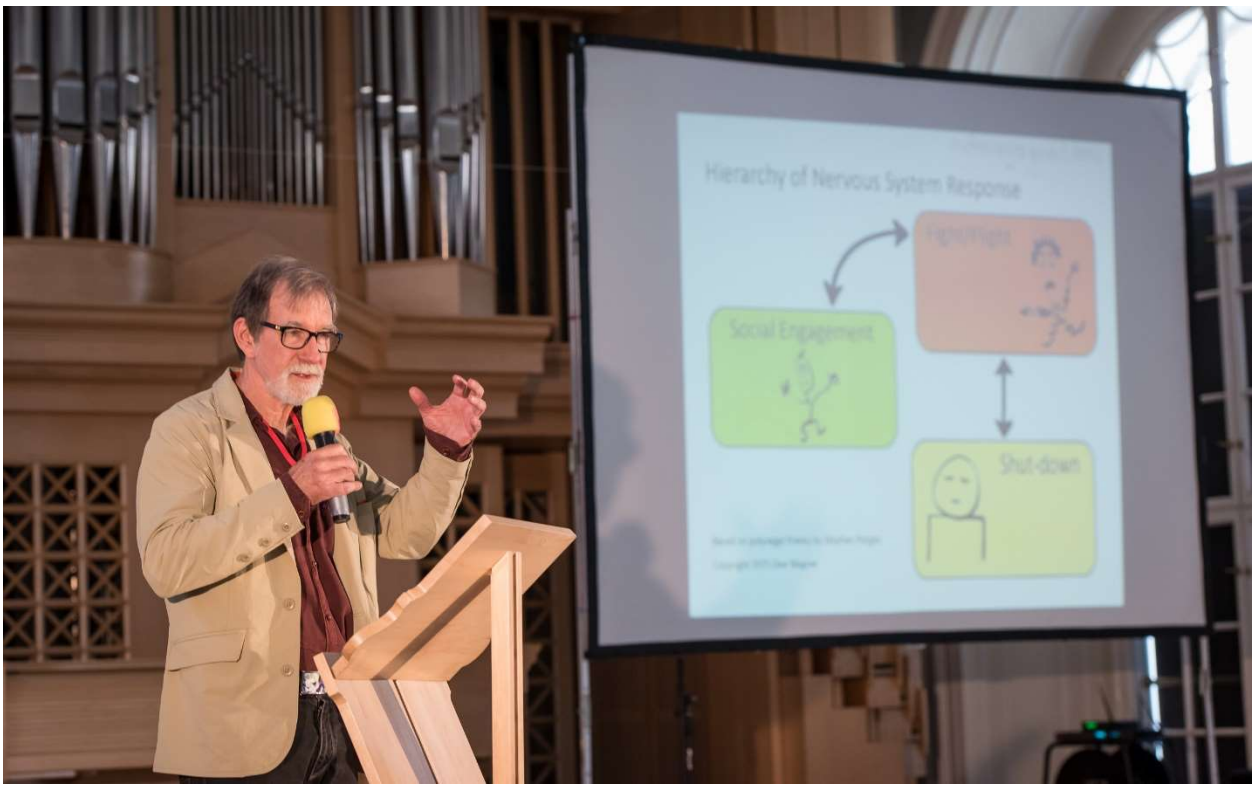
Holes in Roles from the Perspective of Affect Regulation Theory
(Plenary lecture)

My goal in this paper is to show how affect regulation theory can provide a scientific, explanatory, framework for Albert Pesso's theories he called "holes in roles". The psychotherapist and neurological researcher, Allan Schore, stated in 2012 that, "We are now experiencing a period in which rapidly forming bodily based emotions and psychobiological states are dominant in both research and clinical models. … this paradigm shift from behavior, to cognition to bodily based emotion has acted as an integrating force for forging stronger connections between the disciplines of psychology, social neuroscience, and psychiatry, all of which are focusing on affective phenomena" (Schore, p. 4, emphasis in the original). From the perspective of PBSP, which has focused on working with body for the last 60 years or so, this means we can now enjoy the support and affirmation of cutting-edge science for our theories and methods.

First, here is summary I have come up with describing holes in roles using the explanatory framework of affect regulation theory (ART): Al Pesso's one sentence summary of his holes in roles theory, "too much going out too soon", refers to a developmental sequence that results in an organized adaptation to the dysregulated self-state of another person. In the not yet matured mind of a child, the dysregulated state of the other creates a self-state in the child where he or she has a felt sense of having the sole responsibility for repairing the dysregulated state of the other. This omnipotent, "I am the only one who can fix this", self-experience leads to a dysregulated state for the child that the child must attempt to regulate. In other words, the pain/need of the other is experienced as the responsibility of the self and one's self is the only one that can fix the other. Both the felt sense that the self is responsible for the other and the felt sense that the self can fix the other is a grandiose fantasy, which means that the self is taking responsibility for something it in fact can do nothing, or very little, about. This represents an ongoing, impossible, perfectionistic demand placed on the self. The ongoing attempt to meet the impossible demand defends the self against an intolerable dysregulated state.



Holes in roles is a distortion of normal human communication

Normal human interaction and communication is largely based on right brain to right brain emotional broadcast and receiving. As Schore says repeatedly in his writings, it's the implicit knowing of the right brain that provides implicit, background context that gives human interaction meaning (Schore, 2012, 2003).

Infant development researchers, such as Daniel Stern (1985) have observed for a long time now that it is shared emotional exchanges between the infant and caregiver, that Stern calls "attunement", that form the infants' knowledge of their own internal states. In Stern's words, "It is clear that interpersonal communion, as created by attunement, will play an important role in the infant's coming to recognize that internal feeling states are forms of human experience that are shareable with other humans. The converse is also true: feeling states that are never attuned to will be experienced only alone, isolated from the interpersonal context of shareable experience. What is at stake here is nothing less than the shape of and extent of the shareable inner universe" (Stern, 1985, pp. 151–152).

To be perfectly clear here, I am saying that our current state of scientific knowledge confirms, over and over again, that our human existence as we consciously know it is largely formed by unconscious, non-verbal, right brain to right brain (intersubjective) communications. These communications are largely unconscious because they are so much faster than consciousness. In fact, on a brain level, emotional processes and communication are 2.6 times faster than conscious thought (Schore, 2003). This means that what we think of, "our thoughts", and our actions arise out of these speedy emotional processes that we cannot usually experience directly, only indirectly or unconsciously.

The philosophers, Lakoff and Johnson (1999) summarize the implications of this for philosophy: "There is no … fully autonomous faculty of reason separate from and independent of bodily capacities such as perception and movement. … These findings of cognitive science are profoundly disquieting in two respects. First, they tell us that human reason is a form of animal reason, a reason inextricably tied to our bodies and the peculiarities of our brains. Second, these results tell us that our bodies, brains, and interactions with our environment provide the mostly unconscious basis for our everyday metaphysics, that is, our sense of what is real" (p. 17).

Albert Pesso's frequent assertion that current consciousness is constructed out of memory is now clearly supported by this extensive research that current consciousness is constructed out of the emotional memories of our social, affective interactions between self and other. With "normal" or "good enough" developmental experiences between self and other we become connected to, or integrated with, all our internal experiences. Being integrated with our internal experiences means that there is a free flow of information between all our brain/mind processes.

To give a brief clinical example of someone whose internal affect states are not available, "Susan", a young woman in her mid-twenties, came to me filled with self-doubts to the point that she found it difficult to make many decisions. Her therapy with me lasted for around a year in once a week sessions. All the structure work we did was with pillows and rocks in my office.

Susan dated frequently but couldn't be sure if she "really liked" someone or not. She presented a picture of someone who was so concerned to please others, like her parents and others too, that she couldn't discern if her desire to continue or discontinue dating someone was based on her need to please her parents, the person she was dating, or if the desire came from her. As she anguished about whether it was ever possible to decide what her true feelings were, I was moved to do a PBSP exercise with her (the controlled approach exercise). We stood up facing each other, 10 feet apart. I instructed her to tell me to stop when she felt like I was uncomfortably close. She did the exercise without comment and we continued our session. A few minutes later she confessed that she had actually felt uncomfortable before she had told me to stop. I suggested we repeat the exercise and that this time I would go really slow so she could pay attention. This time she was able to identify when she wanted me to stop. I instructed her that the information, which would be her sensation of discomfort, came from her, her body, and discerning that type of information was exactly how she would know if she liked someone or not. This example also serves to illustrate a central feature of someone entangled in holes in roles; namely, priority is given to taking care of the other over noticing what would be best for the self. This focus, on a conscious level, is

experienced as an attempt to live up to a moral ideal of compassion for the other and so frequently goes unnoticed as a mental health issue.

This patient grew up in a socially high-status family. Her mother was constantly anxious about how she was performing in school and other arenas regarding how others would think of her as a mother. The mother came from a background of obvious deficits of early parental loss. The mother's anxieties centered around how her peers would judge her as a mother. It became very clear to both me and my client that from as early as Susan could remember she had attempted to soothe her mother's anxieties by being what her image of what her mother's image was of a model child. With this focus, or, as Al Pesso used to say, by taking on this "job", there was little room for Susan to learn what it was that she herself felt about her own desires which would then go unsatisfied.

Biological substrates

An important aspect of my patient's unconscious taking on the job of taking care of her mother's anxieties, is our capacity for empathy. By empathy I do not mean a feeling of sympathy for people. Empathy here means the ability to read the internal emotional states of another person. We can use such empathically gained knowledge to be kind to people, but we can also use it to be mean to people. Two biological facts provide the main biological substrates for our capacity for empathy. One is our ability to read another's emotions in, primarily, faces and in bodily movements. In humans the emotions are "hard-wired" in the sense that if I feel fear the body chemistry of feeling fear is universal. If I feel fear, any human being on the planet can recognize that I feel fear. In this sense, emotional expression is universal. What is not universal is what triggers fear. I might have a fear reaction to seeing a snake, for example. A person from another culture may see a snake and think, "Oh good, lunch." In other words, our emotions are trained by our experience. We learn what should provoke fear, shame, pride and so on. Regions of our brain have been identified that specialize in identifying the emotions of others by reading their faces.

Another biological substrate of our capacity for empathy, are mirror neurons. Mirror neurons were discovered in the mid 1980's and are frequently described as the brains "xerox" machine. Mirror neurons allow our brains to reduplicate the brain state of another brain. According to the neurologist, R. A. Ramachandran (2011), we have so many mirror neurons that it is a problem to describe how it is that we experience ourselves as being separate people. He gives an example to describe how we are able to experience ourselves as separate from others. He was with a Gulf War veteran who had lost his hand and was suffering from phantom pain. He had his research assistant stroke her hand that corresponded to the veteran's missing hand while he watched her. He reported that he felt his (missing) hand being stroked! Ramachandran thinks that because the veteran's hand was missing, his brain was not receiving the nerve signals that it would be receiving if he had a hand. So, when I see someone stroking their hand, my mirror neurons fire, letting me know what the other's experience may be like, but I have another set of neurons connected to my actual hand that are not firing which tells me that my hand is not being stroked. I hypothesize that it takes some development for children to become very clear about whose mental states are who's as the developing mind is sorting out all the differing neuronal pathways.

Applying these principles to my patient who could not tell if she actually enjoyed being with someone she was dating or if she was just picking up how her mother felt about her date, it makes a lot of sense to me that my patient was so trained to respond to her mother's needs at a very young age that she was understandably confused about whether the feedback she was getting about the young man she was dating was coming from her or from the knowledge that her mother was pleased with the young man. Likewise, it makes perfect sense to me that infants and young toddlers could easily be confused about whose pain is whose and who is responsible to fix the pain. Fixing pain is one example of what affect regulation is.

But, before I turn to the topic of affect regulation per se, I think it fits for me to mention another important psychobiological substrate of both our everyday communicating and with holes in roles. This is the fact that we seem to have innate reward systems for being kind and generous to people. Especially to people in our own group, or tribe. This capacity has been well documented (see Keltner, 2009). Evolutionary

psychologists speculate that this capacity for compassion for others was a result of the tremendous evolutionary advantage of living in groups. Groups that could cooperate together and effectively coordinate their actions had considerable survival value. Pesso said that it was if we all had a "messiah gene" in us that wants to save our fellow group members. Because this seems to an innate impulse, it is also subject to need to be regulated and is, thus, another feature of our inner landscape that is included in our emotional regulation processes.

Affect regulation theory

The topic of affect regulation is an area of massive research about how the brain works and how it attempts to maintain an optimal homeostatic balance. Affect regulation theory, as a label, is associated with Allan Schore's life work of pulling together and integrating this research, which includes the research of Antonio Damasio and Stephen Porges as well as 100's of others and demonstrating the implications of this research for psychotherapy. I will briefly summarize affect regulation theory with an example.

Recently I attended a baseball game with a friend of mine. After the game had begun my friend left to get some food. While he was gone 2 people, who were sitting to my right, were coming to their seats and everyone in my row had to stand up to let them pass. One of these people was a short young woman carrying a hot dog in one hand and a drink in the other. As she passed in front of me, she had to turn sideways which put her hot dog she was carrying right in front of my mouth. I instantly had a fantasy of bending my head forward and taking a bite out her hotdog. The fantasy made me laugh internally, and I was aware that in a flash I had made a quick calculation about whether such a move would be feasible. In other words, it was a rare instance where I was immediately aware of my emotional self-regulation. The picture in my mind was that it would have been a very funny scene in a movie and everyone around me would laugh as I imagined taking a bite of her hotdog in my internal theatre. The next picture, in my internal theatre, was that in actuality if I were to successfully bite the hotdog my teeth would probably not chomp through sausage with surgical precision and I would most likely end up with a ketchup drenched hotdog tangling in my mouth spewing ketchup all over me and the young women in front of me. She would probably scream in fear and outrage and I would be kicked out of the game and perhaps arrested for assault. This entire sequence, I estimate, happened in a duration of two seconds or less.

Going over this sequence, in seeing the young woman walking by with a hotdog within inches of my mouth, I experienced an arousal state that made me want to act. Such arousal states are often complex with more than one motivation for action. I had just eaten, so I don't think hunger was the primary motivator, although the hotdog did look good. The image in my mind, that I was conscious of, was that the action would be hilariously funny, providing entertainment for those sitting around me. There could be other motivations that I was not conscious of. But, going with what I was conscious of, I was seeking the social status of being a successful entertainer for my seatmates around me and thus gaining their admiration. The motivation led to my playing the whole fantasized sequence in the inner "screen" of my mind's eye. As the movie played out on the screen, my "mind's body" entered the stage. On this stage, my mind reached into all my memories, all my available data base pertaining to the fantasized action, as to what I could expect to be the outcome if I were to live out the movie playing on the movie screen of my mind's eye. In this way my brain/mind played out a simulation of the desired actions. In the simulation, which included all of my stored memories of what my experiences told me about the desired actions, the simulation came out with a negative outcome of being led out of the baseball game In shame and embarrassment with perhaps an even greater shame of being arrested. This produced a fear of attempting the action and the action was inhibited, which enabled me to have a little private chuckle as I fantasized how the scene could be humorous. In that two seconds I happened to experience consciously a bit of affect regulation.

The neurologists and researcher, Damasio, thinks that our experience of an emotion is the bodily expression of the outcome of our simulated scene that was created in the theatre of our brain/mind's simulation system. Thus, when my inner theatre played out the possible negative consequences of my "proposed" action to take a bite out of the hotdog, the feeling of fear was the conclusion of the simulation.

On a conscious level, I don't usually see the simulation, I only feel the outcome, which in this case was fear; "Don't do it." As Damasio succinctly puts it, "emotions are the body's logic of survival" (Damasio, 1999, p. 42).

I must emphasize, first, that both the arousal I felt and the inhibition of action that I experienced, were not a product of so-called rational thought. Any rational thoughts I had about the sequence happened long after the sequence already happened. Instead of rationality, both the urge to take a bite out of the hotdog and the subsequent inhibition about taking that action were produced by bodily based cognitions. (These days emotional experience is thought of as being just as much as a cognition as the "cold" cognitions of conscious thinking.) Secondly, I want to highlight the fact that the vast majority of our actions in the course of day happen in this same extremely fast emotional manner. This is why Damasio (1999), describes consciousness as "the feeling of what happens". At least 95 percent, if not more of our daily activities work in this rapid-fire manner. We only notice "what happens" after it happens. Pesso termed this level of functioning as "see–do". Our brains prefer to operate this way because it is way more efficient, and fast, and thus improves our chances of surviving in the world immeasurably over the more ponderous, conscious voluntary actions.

Thus, to point out another feature of affect regulation, affect regulation is a way to make very rapid decision. Any action an organism makes, as the neurologist, David Reddish (2013) puts it, represents a decision on the part of the organism. This means that most of our functioning is run by what I like to call the "autopilot" function of the of the right brain dominated affect regulating processes that verbal conscious systems have very little to do with.

Along these lines Stephen Porges (2011) has introduced an important phenomenon which he called "neuroception". Neuroception refers to the fact that the brain constantly, and completely out of consciousness, evaluates all incoming perceptions of sight, sound, smell and so on, for signs of danger. If danger is perceived the autonomic nervous system immediately kicks in. This happens faster than conscious thought can be aware of. The autonomic nervous system is the home of the famous "fight or flight" and "freeze" responses. Porges's research revealed that there is a third pathway that evolved in the human brain which he called "the social engagement system". Because the social engagement system is

the newest evolutionary system, the human brain will first turn to social engagement to solve a perceived danger. This is like if you have a choice to buy a computer program that comes in a version 1, version 2 or version 3, you are probably going to version 3 as being the most effective and up to date. In concrete terms this means that a human child who feels threatened by something is going to automatically choose to deal with that danger by turning to a reliable caregiver first to solve the dangerous situation. If a caregiver is unreliable or not present, or, especially, if the caregiver is the source of danger, then the brain turns to the fight, flight or freeze modes of action. Regulated affect states are emotional states that have been effectively handled by the social engagement system. That is, regulated affects are emotional states that have a history of being solved by contact and help from another person. This means that the human capacity to maintain an optimal homeostatic balance is largely a social construction.

The social construction of reality

Pesso asserted that good enough parenting, which results in children growing up to be functional, happy adults, was parenting that met the developing child's needs for interactions that would give the child a sense of place, nurturing, support, protection and limits. All these needs, Pesso asserted, can only be fully met by actual interactions with the parents. In other words, these basic needs can only be met via some form of social interaction with another person. In short, the basic needs must be successfully tied to the engagement systems of the autonomic nervous system.

The notion that there are basic developmental needs that can only be met with human interactions is in correspondence with the now widely held understanding that our sense of reality and of self is largely a social construction. If our basic needs were met in a good enough fashion, we grow up to be adults who find that living is essentially satisfying versus frustrating, pleasurable versus painful and unpleasant, connected to ourselves and others versus alienated, and meaningful versus random and confusing. All of this is dependent on what types of social interactions are available to us. Even though we are born with the genetic potential to lead lives of satisfaction, pleasure, connectedness and meaning, we cannot attain these qualities without the right social interactions in our development.

Let me say a little bit about this notion that reality is socially constructed. The philosopher, Robert Searles (1995) points out that we all, whether we're philosophers or not, can readily distinguish between what he called, "brute facts", from "social facts". Examples of brute facts would be mountains, rain, rocks, and the heat of the sun. Brute facts are facts that exist no matter what anyone's opinion of them are. Social facts are things like, marriage, property lines, identities and one of Searles' favorite examples, money. Social facts have what is now commonly referred as an intersubjective reality. For example, two people get together, make promises to each other in a community setting and we say that they are a married couple. We as a community agree that the two people are "married" which has a shared intersubjective meaning.

The other day I was thinking about the notion of intersubjective meaning while riding my bicycle. In my hometown of Minneapolis there are miles of bike paths that consist of a painted white line on the side of the road. In some places, instead of a line there is an actual barrier made of cement. A cement barrier is a brute fact. It provides a degree of actual protection from passing vehicles. A white painted line is a social, or intersubjective fact. People traveling on the roads recognize that the line represents a barrier but there is no actual barrier. As I'm peddling down the road within the white line, I contemplate how easy it would be for someone to run me over either on purpose or by mistake. However, for the most part, I feel way safer biking on a road with a painted line because I generally accept the intersubjective fact that the line means the same thing to the drivers of cars whizzing by as it does do me. The white line is a barrier that is a socially agreed upon fact.

We like to think of social facts as having the same degree of facticity as brute facts. For this reason, people can become very anxious when social facts change. For example, for some people marriage is a union between a man and woman. To allow marriage between various gender arrangements can threaten some peoples sense of reality. Social facts are frequently bolstered by a religious belief that the social fact was created by "God", as some religious institutions declare. Likewise, money printed in the USA features the phrase, "In God we trust." Before money was invented people traded known

commodities. I'll trade you a bushel of carrots that I grew for an animal hide that you have. The value of the items was a concrete known fact. The value of a dollar is an intersubjective fact of, "we all agree that a dollar is worth x amount." But during times when the "value" of a dollar is rapidly changing for reasons that the average person can in no way understand, people tend to want to exchange their dollars for something more concrete, like gold.

I'll not pursue this line of thinking any further, but I do want to make the point that if you take the time to think about it most of our adaptational energies are devoted to managing social facts rather than brute facts. It's very true that if someone moves from a tropical climate to Minnesota there are certain adaptations to the brute facts of the different climates that must be made. If one is out and about in the middle of a Minnesota winter without the right clothing, one can literally die. We must have adequate capacities to adapt to the brute facts of our world. But most of the facts that we have adapt to are intersubjective, social facts. In fact, even most of the brute facts we encounter, like winter, are handled our social arrangements. I don't make my own winter coat; I buy a manufactured one. Evolutionary psychologists have pointed out that most of our human brains' evolutionary development over the last 100,000 years (Wright, 1994) has been about improving our capacities to live with each other. Attachment theory has demonstrated quite thoroughly our existence both as individuals and as a race is completely dependent on the interpersonal, social bond between the infant and caregiver.

Earlier, I quoted Daniel Stern, saying, "feeling states that are never attuned to will be experienced only alone, isolated from the interpersonal context of shareable experience. What is at stake here is nothing less than the shape of and extent of the shareable inner universe." This comment is showing that the emotional attunement of the child's care givers to the child's emotional states determine the child's ability to enter shared intersubjective states with other people

Thus, from the perspective of affect regulation theory, and from PBSP theory, humans are social, "pack" animals to the core. Both our sense of outer reality and inner reality is largely a social construction. This social construction is a product of the ongoing dialogue between our genetic make-up and the social realities that we find ourselves in.

This development of our internal and external sense of reality is formed first in the right brain, with its direct connections to lower brain systems, like the limbic systems and the autonomic nervous system. It is the wiring of the right brain which is the foundation upon which further development is built upon. The development of the right brain takes place starting in the third trimester of pregnancy until around the age of 2. Experiences that the human infant has in those first 2 years are thus, crucial as to whether the child develops a robust inner life which can connect to the inner lives of others.

Omnipotence

The concept of omnipotence, which Pesso defined as the experience of "I'm the only one", plays a large part in Pesso's holes in roles theory, as well as his theories about psychopathology in general. From the explanatory point of view represented by affect regulation theory, states of omnipotence, or, the experience of "I'm the only one, there is no other", represent self-sufficient, non-interactional fantasy solutions to dysregulated emotional states. A term Pesso uses rather than dysregulated emotional states is "unbounded" states.

Going back to my example with the hotdog, my aroused need seemed to be a need to make a positive impression on the group of my seatmates in my immediate area. This could be a need for "nurturance", to receive interactions from others that indicate that they love me. The need creates an "arousal state", which sends me into a search for possible actions I could take to meet those needs. I fantasized an action whereupon my regulation system rejected the fantasized action. My regulation system, or what Pesso would have called my "map", worked. I never experienced any anxiety, depression or disassociation as I was in the aroused state.

Let's look at the same sequence as if my arousal state evoked a dysregulated response. Here's one such possibility. If I had spent my first few years in a family system that had very little nurturance, which means, that I grew up in a family system that provided me with less than "good enough" interactions that told me that I was loved, I would have grown up with a constant "hunger" for loving, nurturing interactions. In a manner that is both biological and psychological at the same time, my system would have been in a constant arousal state looking for nurturance. This constant arousal state would be encoded into my

memory system. That is, when my system felt the need for nurturance my encoded memories around the need for nurturance would be imbued with a very problematic sense of frustration, or even of trauma. This means that when I grow up to be an adult, when I feel the psychobiological need for an interaction that gives me love, my prediction system would flash up a warning that this need state is only going to be met with a painful frustration. If the deficits in nurturing interactions were severe enough, the memories associated with the need state would be even stronger than painful frustration, they would be outright traumatic.

So, there I am at the baseball game, already in a constant arousal state to get loving interactions. The hotdog floats in front of my face and I fantasize that if I were to take a lightning quick bite out of the woman's hotdog, people would love and admire me. However, with my history of severe deficits, what comes up on the inner stage of my mind's body is a fear that I will re-experience nothing but painful frustration and perhaps, even trauma. Now, suddenly, I have a danger that I must respond to in my inner simulation. First, I experience the need state for affection as being unbounded. If you think of arousal states around having a need as being like an alarm going off, unbounded need states are memories of the alarms going off with no way to turn them off; a very uncomfortable state. If there is trauma associated with the memories of the need state, the danger may not be just unpleasantness; it might be associated with survival. One common, omnipotent, or non-interactional way to solve this is to disassociate from my need state. That is, I'm going to protect myself from the experience of having a fire alarm going off in my head that I don't know how to turn off, by not allowing the need anywhere near my consciousness. This act of dissociation is an effort to protect myself from the predicted painful state of feeling intense frustration with no solution. I hope you can follow that. First, there is a need state that leads to an arousal state where the brain is looking for a way to satisfy the need. As with all actions I might undertake, If I perceived someone who looks like they might meet my need, my emotions prepare me to act, to make a "motion". Before my brain allows me to act it first runs a simulation, with my mind's body and my mind's eye, about what the outcome of my "purposed" action would be. In this prediction phase, my brain draws from all of memories of similar previous experiences. In this case, with a history of deficits, a memory will pop up of how I handled the painful frustration. A common solution from childhood would be to disassociate from my need state. Disassociation means that I simply don't allow myself to be aware of the need. Another common childhood solution would be to feel shame. "I am bad for wanting love." All of this takes place in our brain faster than we can perceive; it is unconscious.

Pesso (2013) listed common defenses against unbounded, dysregulated arousal states. These are: Depression, which is a general inhibition of all energy; Disassociation, which breaks off connections to consciousness, kind of a sticking our heads into the sand and not seeing the danger; Avoidance of completions and closures, which protects me from acting out aggressive and sexual drives in a dangerous way as well as protecting from other dysregulated states; and finally, guilt and shame, which holds down energies perceived to be dangerous. These defenses protect the self from painful dysregulated states but with major side effects like an overall deadening of the body which reduces our capacities to feel happiness. These defenses also reduce our ability to take in important information which severely limits our choices about how to act and be in the world.

Pesso's concept of "ego wrapping" represents his description of regulated, bounded, processes of getting one's needs met. In my example with the hotdog, my need for nurturing admiration from others did not produce memories of painful unmet needs. I did not need to defend myself from any painful affect states and thereby didn't need use any of the defenses I just mentioned. My need for nurturance was ego wrapped which means that at that level of arousal my emotions where regulated. When our emotional states are regulated, we can use the social engagement system. When my friend I was with at the game returned, I recounted the whole sequence with him which gave us both a good laugh. In that way my desire to be seen as an entertaining guy was safely satisfied.

Albert Pesso's theory of holes in roles

Holes in roles represents the final stage of Pesso's development of his PBSP theory. The precursor to holes in roles was his clinical concept of the "magical marriage". In the magical marriage scenario, the developing child is exposed to an absent or weak parent. The child experiences the pain of the other parent and cannot tolerate the ongoing need state of that parent who seems to be trapped in an unhappy state. The child attempts to remedy the state in the other (the parent) by fantasizing that he or she can replace the missing spouse. The child unconsciously fantasizes that, "I can make mommy/daddy happy by being the missing partner that is making mommy/daddy so unhappy." Because this is an omnipotent, grandiose fantasy solution to the intolerable pain of the other, the fantasy must remain unconscious. Let me explain why omnipotent fantasies must remain unconscious.

A small child, say a toddler, can wish that he or she could fulfill the role of an adult companion for another adult, but the chances of this happening are close to zero. This means that if the fantasy gives relief, the fantasy must be maintained for it to keep giving relief. If it wasn't unconscious the fantasy would be subject to actual feedback loops with reality, which in turn would not sustain the omnipotent fantasy that the child is using to defend itself against the pain. This is like, if I am anxious about not having enough money to pay my rent, I could attempt to reduce my anxiety by fantasizing that I had just won a lot of money at a casino. While I'm in that fantasy, my anxiety is reduced. However, this fantasy only works if I don't interact with the outside world. As soon as I want to buy something, my fantasy doesn't work anymore. This is one of the reasons why completions and closures are avoided: because that requires actual interactions with the world. All the defenses that I mentioned have the impact of keeping something unconscious and are, thus, attempts to self-sufficiently regulate dysregulated states that have never found adequate interactions that would provide such regulation.

For this reason, when we see these types of defenses in therapy, they are frequently accompanied by a fierce resistance to giving them up. Giving up the omnipotent fantasy will result in the original pain that the fantasy was trying to prevent. Because of this resistance, structures involving magical marriage were almost always limit structures. The method of "making a movie", that we now call working with holes in roles was invented or discovered to be a much more efficient method for dealing with this resistance.

Al told me once (private conversation) that his magical marriage concept was his spin on Freud's Oedipal complex theory. With Freud's theory, the driving force, which Freud viewed as being universal, was the unconscious sexual desire (libido) that the child feels for the parent. In Pesso's version, the driving force is the unhappiness of a parent who is trapped in a miserable, unsatisfying relationship and the child's emotional resonance and empathy for the unhappy parent and the child's subsequent need to fix that unhappiness. In this way the magical marriage phenomenon is not essentially universal, as with Freud, but a product of an unhappy marriage and/or an unhappy parent. The driving forces in the magical marriage formation are 1), the mind's ability to experience other people's emotions as our own, and 2), the need to repair the unhappiness of the other as that unhappiness is experienced as our own. With holes in roles, Pesso posited another motivation that is also present, which is altruism. We humans have an inherent need to respond with compassion to others. The combination of these motivations, the need to fix another's pain because we experience it as our own and our compassion, Pesso metaphorically called, "the messiah gene". This then creates a fantasy in the child's mind that he or she can step into the role of the missing other that is creating the unhappiness in the loved one of the child. However, for this fantasy to work, it must remain unconscious.

With the holes in roles concept, this dynamic can be expanded to include everybody in one's family system, as well to anyone we are close to, not just the parents. It even includes family members who are no longer alive but for whom stories are told about. The omnipotent fantasy can be about any family role, like brother, sister or dead relative, which creates misery in someone close to the child.

Implications for psychotherapy

The formation of holes in roles represents a specific kind of omnipotent fantasy that must be dealt with before a person is capable of taking in the reparative symbolic interactions of an interactional solution to meeting of the (aroused state) a need. That is, this holes in roles dynamic must be repaired before someone can to do a structure or any other kind of psychotherapy successfully. My patient Susan was in desperate need to experience what it would have been like to have a mother would have been strong and giving. A mother who would have soothed anxieties instead of being a source of anxiety. Her presentation to me, in therapy, was of a very needy person. Her initial presentation to me had a quality of, "I need something desperately, but I can't tell what it is and I can't tell if there is something wrong with me for needing what I need, even though I can't even tell you what I need. Please tell me what I need and assure me that I'm not defective and bad for needing!" Even with all this anguish and confusion she wasn't sure if she should trust psychotherapy, with me or anyone else, because, after all, wasn't psychotherapy nothing but, in her words, "narcissistic navel gazing". I think you can see how she was pushing me away, not trusting any sort of interpersonal solution.

Holes in roles theory postulates that behind this resistance is a deep omnipotent fantasy of taking care of someone. In Susan's case, it was her mother. Susan's mother, in addition to growing up virtually an orphan, also suffered from cancer in Susan's toddler years. Susan grew up feeling like her everyday childhood needs would create a painful and overwhelming suffering in her mother and perhaps even kill her. None of this was conscious as verbal thoughts. It all formed in her right brain as affective communications between her and her mother. On this emotional level Susan's mother needed what she herself needed, a strong mother. Susan, at her toddler level of development, came up with the solution that the best help she could be was to not have any needs and to live up to Susan's image of what her mother needed her to be. Remember that her mother, in Susan's adult life, was constantly anxious that if Susan's life didn't fit her mother's image of what a perfect child would be, the mother would descend into states of anxious shame. None of this was available to Susan's consciousness until I did the move of "making a movie", where an object representing her mother as a child growing up was given everything she needed. Another movie that proved to be decisive, was around her mother getting "ideal nursing", and an ideal friend, to be with her during her bout of cancer. After doing these holes in roles structures, she became convinced that, "Maybe there's something to this role play stuff", and she became interested in getting ideal parents of her own. From then on, when obvious memories of deficits came up, we did structures with ideal parents. This was something that I had tried earlier but she had rejected them as being wishful thinking. After about a years' worth of once weekly sessions, she was able to commit to her boyfriend and moved out of town to live with him in another state.

Using some of the affect theory concepts I've been talking about; I think we can understand what happened. Susan grew up with some obvious deficits. The main deficit could be summarized by saying that she grew up with unbounded anxiety states. When she was frightened by something, she experienced her mother, who was her main caregiver, as being more anxious than she was. She suffered, in the words of the attachment researcher, Mary Main, from "anxiety with no solution". For Susan to function at all in the world, her brain/mind had to overcome these constant dysregulated anxiety states in both herself and in her mother. How does a person go out into the world and function at all if she is living in a constant state of fear? She does it by performing the "sleight of hand trick" of living in an illusion that she doesn't really need anything from anyone, especially her mother. She must be brave, and she must not need anything from people. This is what Pesso used to call a Tier One issue of developmental deficit; "not enough coming in". This illusion of not having any needs is, of course, just that, an illusion. She has constant needs that are very real. But with the need to construct an affect regulating omnipotent illusion, she would feel constantly guilty and not good because she had those needs. I believe that this guilt has a regulating impact on the mind because it places the responsibility for one's suffering on the self. To place the cause of suffering on where it belongs, which would be inadequate parenting, puts the child in a state of intolerable helplessness. Helplessness is perhaps the main root of all trauma. The child can't do anything about the parent.

But, wait, maybe she can do something about the parent! Because, as I said earlier, we are not born with complete, adult functioning brains, children's brains are vulnerable to what adults might call, "magical thinking". Given the motivations that we call the messiah gene, there are a powerful collection of motivations for the internal, "see–do" move, of experiencing oneself as the remedy for the situation. All of this takes place in the developing right brain of the child. When this omnipotent solution goes unnoticed it can then become structuralized into the mind/brain as the way to regulate unregulated emotions. It is structuralized by virtue of creating an ideal that the child is supposed to live up to. In this case, the ideal is to take care of her mother. The child doesn't have a verbal account of all this happening, they only have the affective account, or the emotions that go with this unconscious structure, which is usually guilt for not living up to the ideal. Our executive functioning, or what Pesso called, "the pilot", can only make decisions based on the information it is conscious of. What the pilot is conscious of in this scenario are set of feelings that seem to say, "I'm a bad person for having needs and I'm only a good person to the extent that I take care of my mother, which I am very capable of doing." I suspect that the constant failures to actually take care of the mother feed the sense of being a "bad person". It is as if the pilot is not aware that the "good" compassionate need to take care of the mother (or whoever else) is actually a grandiose, impossible to complete task. This results in a lot of guilty conflicts of the nature, "Do I do what I need and want or do I fulfill my job of taking care of the other."

But, as I also have said, and I hope this illustrates the point, all of these omnipotent, fantasized solutions serve an affect regulating function of giving a sense of hope that at some time in the future if the person keeps trying hard enough, the omnipotent solution can become a real solution. This dynamism takes on a self-perpetuating life of its own. Pesso called this dynamic constellation, "the entity". It is as if, as the therapist, we encounter an inner demon that will have no other gods in the world than it. The therapist and other healing people are pushed away and perhaps destroyed as being ineffective. As Pesso puts it, all this amounts to the person's psychobiological "receptor sites" for taking in what is truly needed are blocked up. This results in a constant conflict. On one hand the person is desperate to take in that which she needs, but on the other, is equally desperate to hang onto the floating piece of wreckage, that the omnipotent fantasy is, that she experiences as keeping her afloat in a sea of unbounded energies (dysregulated emotional states).

It never fails to amaze me how often that people say, after witnessing a holes and roles structure for the people they are locked into taking care of (i.e., making a movie), that they respond with these exact words: "That would have been such a relief! Then I would have been free to be who I really was." At this point they are then free to take in the needed interactions that they really needed back then when they were growing up.

Conclusion

In my discussion here I have assumed a certain amount of knowledge about Pesso's concepts and practices around holes in roles. My goal has been to demonstrate how seamlessly the language and concepts of affect regulation theory fit with Pesso's formulations. I'm not sure how well Al Pesso knew these concepts. I know that Pesso had a thorough knowledge of several neurologists, like Damasio and Ramachandran. (I once had the chance to talk with Allan Schore and told him how struck I was at how compatible his theories were with Al Pesso's. I asked him if he knew Pesso, to which he responded that he did know Pesso.) The importance of this correspondence between the two theories is that affect regulation theory has a tremendous amount of research behind it. To me, affect regulation theory provides reassurance that our theories and practices in PBSP are extremely well collaborated with scientific research.

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2.5. Liesbeth de Boer: Mental Dynamics: How to Employ PBSP Techniques for the Treatment of the Burn-Out Syndrome (Workshop)

Being healthy and full of life with pleasure and satisfaction is basic for life and work. Full of life and being vital means: energy, being strong, movable, tendency to take action, being active, resilience, flexibility. In work situations you regularly see distortions of this vitality scope. In life we need a good balance between work and relax-time. We need to honor our basic needs in a manner that we lead a satisfying work–life balance.

Unhealthy stress and negative emotions are working together in such a way that the balance becomes disturbed. Healthy stress is defined as: all the capacities you have to respond to the expected demands, without suffering from emotions.

The brain is the key organ of stress reactivity, coping, and recovery processes. The brain coordinates the amount of stress with hormones. To influence the amount of stress hormones one activates the hypocampus by movement. Also other parts of the brain have a crucial function in directing the balance of adrenaline and cortisol. This knowledge about the functioning of the brain helps us to understand the way clients develop burn-out.

Burn-out starts step by step and is unconscious: under intolerable pressure and stress our power and vulnerability vanish and unhealthy stress takes over. We call it a vital exhaustion: body and mind of clients are entirely shut down, showing signs of anxiety, low mood and feeling detached from day-to-day life. In our practice we see often dysfunctional behavior and habits, most of the time unconscious. The PBSP method is very effective to help them by bringing them in bodily contact with their own feelings and emotions deliver more consciousness. The most important question at this point is: how do they deal with their need for pleasure, satisfaction, meaning and connectedness.

To help clients to cope with the diagnosis burn-out syndrome PBSP gives the following process for the healing work:

- To learn about their own basic needs.
- To activate their bodily consciousness.
- Attention for body signals: to improve physical condition.
- Keeping healthy boundaries which are well fitted as well as physically, as mentally.
- In PBSP we use externalization of expectations, witness figures, placeholders, limitation exercises and role-playing figures.

In this workshop you get a short introduction into quick steps to the heart of causes for burn-out. You will learn about how to practice the PBSP method with burn-out clients. I will show a case, and we do some exercises.

Liesbeth de Boer (NL)

Liesbeth de Boer (born in 1949) is a psychotherapist, PBSP supervisor and trainer, and a business coach. She was trained by Al and Diane Pesso from 1980 till 1983. Afterwards she had the training for supervisors and trainers in this method by Al himself. For many years she has applied the PBSP method with clients (1980–1998). During the last 30 years she was involved in the PBSP trainings in Belgium, Switzerland and Germany, besides the Netherlands together with Al. The method is close to her heart and she uses the mindset also in her business work. Her style is didactic, supporting and in a pleasant way confronting.

Mental Dynamics: How to Employ PBSP Techniques for the Treatment of the Burn-Out Syndrome
(Workshop)

Being full of life and vital means being energetic, strong, mobile, having a tendency to take action, being flexible and resilient. In work situations distortions of this vitality scope can be seen on a frequent basis. In life, we need a good balance between work and leisure time. Mental flexibility, our capacity to deal with drawbacks, gives an indication of our proneness to unhealthy stress levels. Honoring the basic need for a healthy work–life balance is crucial for our wellbeing.

We live in a prosperous society, however, a lot of its aspects are rapidly changing. These can be the cause of our restlessness, agitation, distress and anxiety. These changes can for example relate to the climate issues, migration or terrorist threats and attacks. They can lead to undetermined feelings of alienation, social disorientation and 'tiredness' (Johannisson).

In general, we are responsible for our own happiness and wellbeing. If we have a tendency to constantly rush to achieve success and pursue an increase of our wellbeing, we risk exhausting our Ego, which results in extreme fatigue.
Cynicism and feelings of anxiety can undermine the endurance and vitality of people and lead to vulnerability. That can sometimes also mean isolation, frustration and powerlessness. Which can diminish our creativity and solidarity as well (Joke Hermsen).

Currently, there is a lot of focus on these symptoms from the neurobiological perspective. And for a long time, the answer has been to medicate patients or refer them to online helpdesk doctors.
Darian Leader, an English psychiatrist and psychoanalyst, says that "in a time where talking to each other has become less and less valued, and the human beings are being reduced to a parameter of biology, it is especially important to call for listeners. Medication has no influence on the personal, unconscious truth, that can be revealed only during a personal talk."
We know this from our PBSP work: the concept of the witness figure is similar to this message.
According to the psychoanalyst Dorian Leader, our soul and mental vitality needs to put fear into words.
A lot of research shows the recovery benefits gained by allocating time for paying attention, especially when it comes to the burnout syndrome.

This last point is the epitome of what doesn't work very well in business contexts and in the culture of organizations. Paying attention to each other and making some time for a good conversation do not come first. The first priority within the context of work is being in a good shape and working productively! Whenever this balance is out of order, the complaints about health are on the rise.

The balance between power and receptivity / vulnerability is only being kept under pressure. Considering the needs of an individual is typically not in the foreground of business leaders.
The question is: In what manner are people capable to deal with their needs for pleasure, satisfaction, meaning and connection? Do they have enough potential to work with their own qualities and skills?
The need for a home, nutrition, protection, support and limitation is crucial. A lack of trust combined with feelings of insecurity can potentially lead to the loss of energy and action.
Being able to be fit and healthy requires a mental and physical balance, which subsequently results in more healthy stress levels. There is 'normal' stress in life and work.
It's however important to recognize its signals; having self-reflection and self-knowledge. That means knowledge about our inner dynamics and driving forces behind our behavior, thinking patterns and being conscious of the effects of different interactions. All of this is critical in terms of our performance.

Unhealthy stress levels and negative emotions can work together in ways that can upset the balance. Healthy stress is defined as "all the capacities you have to respond to the expected demands, without suffering from emotions".

The following questions are important to keep in mind when working with clients who suffer from burnout symptoms:

- In what ways can the client influence their own work situation: is there a possibility to manage their own time?
- Is there enough appreciation for how the client performs at work?
- The power of self-direction: how to make a choice, plan, execute and evaluate?
- How to manage one's own boundaries?
- How to gain the feeling of having a real place within the team and in the work environment?
- Is the support of colleagues available and if so, in what manner?
- What are the energy sources and what are the energy leaks?
- Wherein does the passion lie in terms of work and of leisure time?
- Which cognitive patterns are available?

Personality

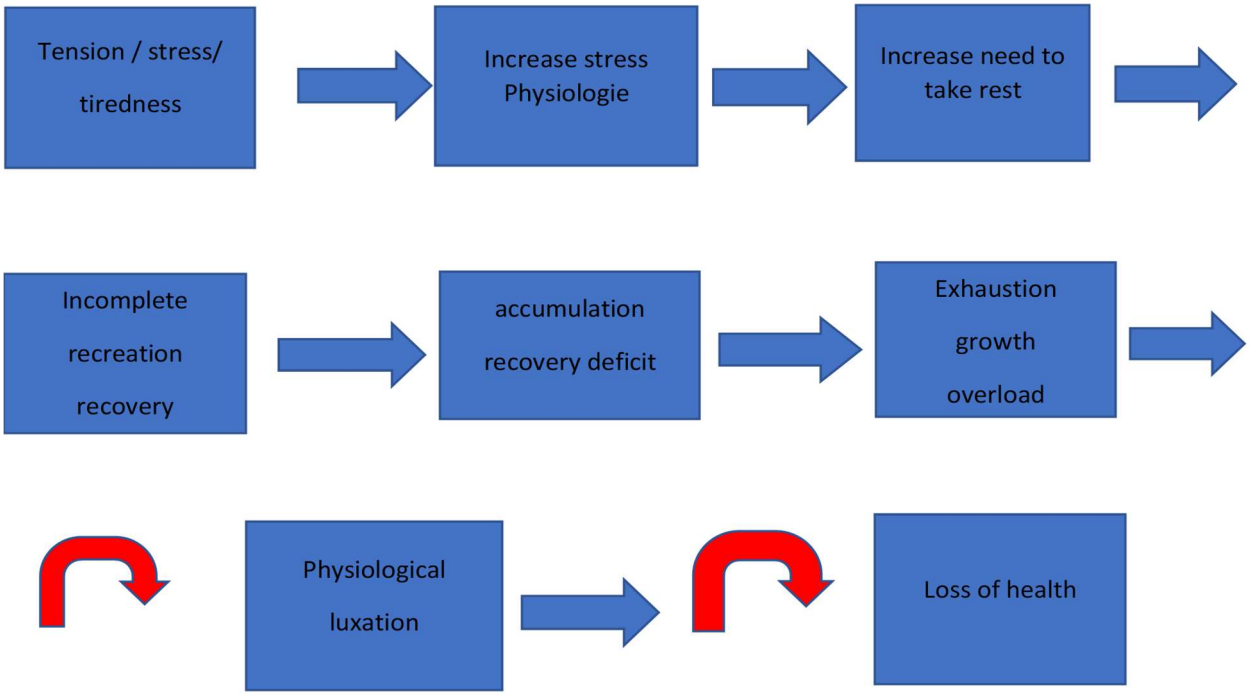
About 60% of behavioral patterns are in general covered by genetic origin. The other 40% have to do with personal history. This personal 'map' gives us an insight into an individual's everyday life and direction of their beliefs, negative feelings, expectations and survival mechanisms. These old 'maps' can have a negative, unhealthy impact on an individual and can cause issues.

Here are some examples of old values and norms or old convictions:
"You always have to be the best."
"It's not allowed to make mistakes."
"Never be annoyed."
"Always take into account how other people feel."
"I am never tired / sad / angry."

These are some examples of expectations:
"I am very supportive of my mother / father and now I am very supportive of my colleagues."
"I take over other people's worries."
"I fulfill the expectations of my manager."

These examples are playing an important role in the difficulties that clients with burnout experience.

Burn-out



The process of burning out occurs very gradually. It's a bodily process brought about by psychological and physical stress factors. And it is very important to mention that the time frame for a quick recovery is very short.
At the beginning it is still possible to reduce the causal factors. But there are two crucial turning points. The first one is when 'new' physiological answers originate in the system, resulting in an adaptation to the new stress situation. It is followed by having less energy and the client needs more and more time to get better and to recover.
This situation can take as long as the body is able to recuperate. Then the second turning point follows: the energy instantly dissolves while emotional exhaustion surfaces. The client needs 12 hours sleep or more without improvement. They can experience a lack of concentration and oversensitivity to noise and/or light.

These are some work-related burnout symptoms: Stress and extreme anxiety, muscle pain, exerting oneself and a very wide range of other issues, such as exhaustion, restlessness, headaches, difficulties with concentration, forgetfulness, irritability, emotional vulnerability, serious mood problems. Very often this leads to a downward spiral.

We can differentiate 4 initiating factors of the burnout syndrome:

1. Working circumstances
2. Stressful situations in personal life: illness, death, divorce
3. Medical problems
4. Personal characteristics: a high level of accountability, perfectionism, self-denial, self-sacrifice, being too strict with oneself.

Most of the time all 4 factors play a role in the origin of an individual's burnout. We often see very dedicated, eager and passionate people developing burnout. Moreover, it is often idealistic people that are overstepping their limits and don't know how to maintain a healthy balance between an accumulation of impulses.

Employees who have developed identity problems form another category of people who develop a burnout in the work environment: their self-esteem depends on their professional role and position: who am I, what is my potential, what do I want. This is a fragile and weak form of self-esteem. To undo the negative image of the self, they make an extra effort to keep up this distorted picture of themselves. This can also factor in developing chronic fatigue.

Case study

Our client is a 59-year-old man. He works in a top position in an (international) insurance corporation. He has a positive self-image. For 5 years he has worked 6 days a week while also having to commute for 3 hours every day. His illness included symptoms such as disorientation, bad headaches, sleep disorder, reoccurring pneumonia and permanent coughing. He has an extreme sense of responsibility and a very strict conscience.

At work he was constantly busy with motivating colleagues to stay focused on the company goals while in the meantime big changes and transitions were happening, causing a great tension. His work attitude was partly a means of escape because of underlying frustrations stemming from his relationship. His wife has a very severe diagnosis of progressive Multiple Sclerosis.
The combination of these factors made it impossible to perform at work any longer; the lack of days off for years on end broke his physical system.
Because he is a very good sportsman, he could compensate and ignore the physical signals for quite a while and didn't take his symptoms seriously. His 'Bank of Recovery' was completely empty. In spite of his pressing and urgent calls to his CEO that he needed time off to recover, he didn't get approval for any holidays. He then threatened to take legal actions, this was his turning point. But by then it was far too late.

His loyalty made his client overstep his boundaries, until he couldn't ignore the 'foggy and stormy feelings' in his head any longer. He called this a roundabout in his head.

His recovery needs a lot of time:

1. First his physical condition must be improved: daily routine, getting a lot of sleep and rest. We call this the regulation of life-style. To externalize what's going on in his mind when he sleeps, we have recommended him to write 3 pages about it in a stream-of-consciousness, associative way every morning, without asking himself any questions or thinking about the occurring themes. The goal of this exercise is to bring about what lingers in his unconsciousness.
   We also suggested to walk twice daily for half an hour and gradually increasing the time.
   Breathing exercises and relaxation / meditation practices were introduced as well.
   Everything in moderate doses.
   Besides these it is important to introduce activities that bring joy and fulfillment. For this client these are music, nature and being in contact with dynamic people that give him energy. In addition, he loved to be in an environment without any impulses: finding silence.
   Once he is feeling less fog and stormy feelings in his mind, then the therapeutic work can start.
2. We explore the origins of his high accountability level; what in his history led to him having such a strict conscience? Which values and beliefs came from his education and upbringing?

PBSP method and techniques performed with burnout clients

The goal is self-investigation, introspection and self-confrontation.
That means:

- Learning about one's own basic needs
- Focusing on physical signals and the meaning of these signals
- How to keep and maintain healthy boundaries

With our client we have worked on an overview stating how he divides his time: what does the distribution of time regarding work, personal life, time off, social activities and so on look like. Not only in terms of hours, but also in terms of how these individual categories make him feel. This way we can get a picture of an ideal distribution of his work – life balance.
In this phase we use the exercises of controlled approach, basic stance, voluntary movements, emotional movements and also limitation exercises.

Once the client has shown trust in these exercises and there is a cooperative working alliance / possibility sphere established we can bring the witness figure and the micro-tracking to all his emotions when he talks about what is going on inside.
We externalize all the expectations he has incorporated throughout his past and present – for example, the critical voice of his CEO, or his own voice of truth: "When I don't go to work…"
We polarize the negative part of his manager, use placeholders and also the image of an 'ideal' manager.
In a PBSP therapy group we use roleplays.
We can do limitation exercises, such as physically accepting boundaries, in order to create healthy boundaries.

The PBSP method is very useful for burnout clients, as long as they are aware that it is not a quick-win method. Motivation, energy and time are important for healing these clients.

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2.6. Arnoud van Buuren: The Use of Safe Sounds in PBSP, Coregulation According to the Polyvagal Theory by Stephen Porges (Workshop)

Along the lines of the Polyvagal theory, developed by Stephen Porges, theoretical background of the evolutionary development of the Autonomic Nervous System (ANS) will shortly be presented with a focus, besides the importance of facial expression, on the role of the use of 'safe sounds' or the prosody of the human voice and music.

Then a few exercises will be demonstrated to use sounds in PBSP, along the co-regulating principles of energy – action – interaction – meaning of PBSP.

Educational or informative goals:

- Introducing recent science around the role of the ANS in providing safety in explaining the Polyvagal theory by Stephen W. Porges.
- Introducing more awareness of the role of speech in micro-tracking.
- Providing exercises to use the voice and sounds in PBSP.

Detailed description:

- Singing as the opening of the workshop.
- Introduction in the Polyvagal theory by Stephen Porges, short lecture of the evolutionary development of the autonomic nervous system and the role of the facial muscles, prosody and head movements in establishing safe homeostasis, according to Stephen Porges.
- Implementing this theory in the practice of PBSP. In micro-tracking we use 'voices', but up until now the prosody and the sound have been relatively neglected, more stressing the accurate 'naming' or language of the voice and less the impact of the prosody of the voice. Also in witnessing the coregulating aspects of the voice are relatively underestimated.
- Introducing and training possible exercises with sound and the use of the prosody of the voice.
- Discussion.

Arnoud van Buuren, MD (NL)

Arnoud van Buuren, MD, psychotherapist (1956) works as a psychotherapist in his own practice in Leiden, the Netherlands. With a medical background he was trained in psychodynamic psychotherapy, EMDR and PBSP. He is certified as a supervisor and trainer in PBSP. Next to his therapeutic work he is a musician, playing in bands since his teens.

The Use of Safe Sounds in PBSP, Coregulation According to the Polyvagal Theory by Stephen Porges
(Workshop)

In Pesso Boyden System Psychomotor (PBSP) we look at the body for energetic signs to track, in order to give the bodily energy the proper interaction to its action tendencies. This creates a sense of meaning in who we really are and to what we really need.

In the development of this therapeutic method and especially the technique of micro-tracking a lot of attention is paid to what we *see* in the body and how to accommodate to that. Less attention may be consciously paid to what we *hear* in the musical energy or the prosody of the voice. Music is the eldest language from an evolutionary viewpoint (McGillchrist, 2009). This is easier to understand if we take a look at how we communicate with the unborn and newborn children.

The Polyvagal theory as developed by Stephen Porges (Porges, 2017) presents a theoretical framework for understanding the importance of addressing the prosody of the human voice during micro-tracking and making reversals for antidoting. Stephen Porges for example developed a Safe Sound Protocol (SSP) to support clients with autism spectrum disorders.

The Polyvagal theory also provides us with a theoretical framework for understanding why micro-tracking makes so much sense, as we all can confirm as PBSP therapists. As we will see, micro-tracking in a way co-regulates with the manner in which Stephen Porges defines this concept.

Sounds from childhood

"A person is his memories. Even more than by the things that happen to us, we are shaped by the print they leave in us. Every remembrance is a dot in the pointillistic portrait of our personality, painted by our senses on the canvas of our memory. We remember with all our senses; smells, images, flavours, touches, nestled in our hearts and minds. And also sounds" (Geschinska, 2018).

This is a quote we recognize from the words used by Al Pesso: 'present consciousness is a tapestry woven of threads of memory'.

Sounds from childhood can imprint on us in a negative way (the shouting of an aggressive father, the barking of a violent dog) or in a positive way (the soothing quality of the reassuring mother's voice). Our nervous system responds to both high frequency band and modulation of acoustic frequencies as safety cues. (Think of how symphonies are based on lullabies and high pitch instrument such as violin, clarinet and oboes being used.) Low frequencies and poor prosody (modulation) means danger.

In music we hear how the prosody of the singer's voice matches their mood by autonomic resonance in order to be able to safely touch their suffering (Dana, 2018).

For instance, we could listen to an example of how John Lennon sings about the loss of his mother in "Mother" (angry despair) or in "Julia" (longing).

So, in therapy, the prosody of the voice is an important diagnostic cue as well as an important means of connection in the therapeutic relationship, but also a fundamental part of the antidote in a structure (a new memory in the past). Ideal figures often supply positive accommodation by using their voice.

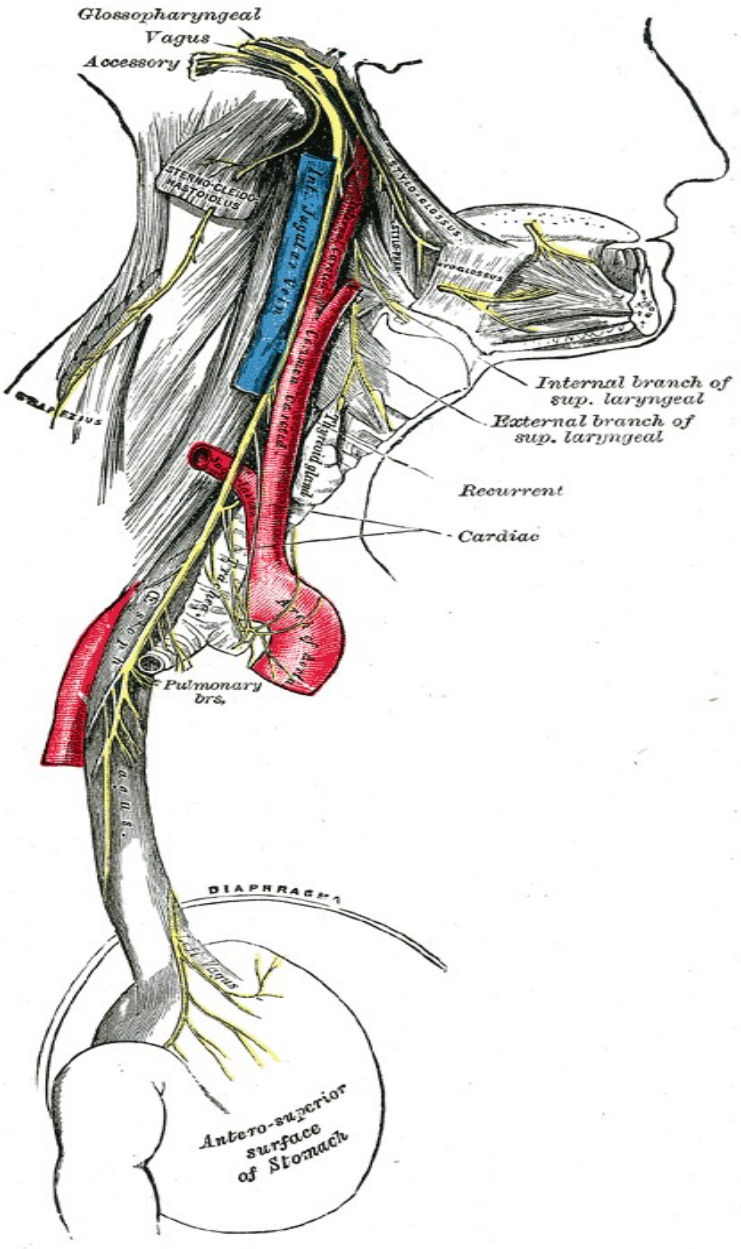
The Polyvagal theory

Stephen Porges developed his Polyvagal theory in studying the Autonomic Nervous System (Porges, 2011).

The basic thesis is that the Central Nervous System is wired to co-regulate. It is a biological imperative that our bodies need to co-regulate our biobehavioral state through engagement with others. So, we need to connect to others.

Connectedness is the ability to mutually (synchronously and reciprocally) regulate our physical and behavioral state. Also, connectedness provides us with the biological mechanism to link social behavior and both mental and physical health.

Human evolution provides an organizing principle for understanding the neural regulation of the human autonomic nervous system as an enabler of social behavior:



The Autonomic Nervous System (ANS) consists of three neural circuits that form a phylogenetically ordered response hierarchy that regulate behavioral and physiological adaptation to safe, dangerous, and life-threatening environments.

This system operates on a completely *unconscious level* and is designed to 'keep us alive' (Porges, 2019). It is largely operated by the nervus vagus, the tenth cranial nerve originating from the brain stem and "wandering" (the original name vagus means wanderer) to organs below the diaphragm (the dorsal unmyelinated vagus), to the thorax (the ventral vagus) and the muscles of the face, upper body, pharynx, larynx and ears (the myelinated vagus).

500 million years old: dorsal unmyelinated vagus former parasympaticus	**400 million years old:** ventral vagus former sympaticus	**200 million years old:** (ventral) myelinated vagus mammals
below diaphragm, bowel	supradiaphragmatic, heart, lungs	muscles of the face, pharynx, larynx, ears, upper body
life-threat: **IMMOBILIZATION** (death feigning)	danger: **MOBILIZATION** (fight–flight)	safety: **SOCIAL ENGAGEMENT** (bonding)
conservation of energy, fatigue analgesia fainting, dissociation	action of major limbs hearing low frequency sounds	softens eye, kind tone of voice, slow heart rate, self-compassion

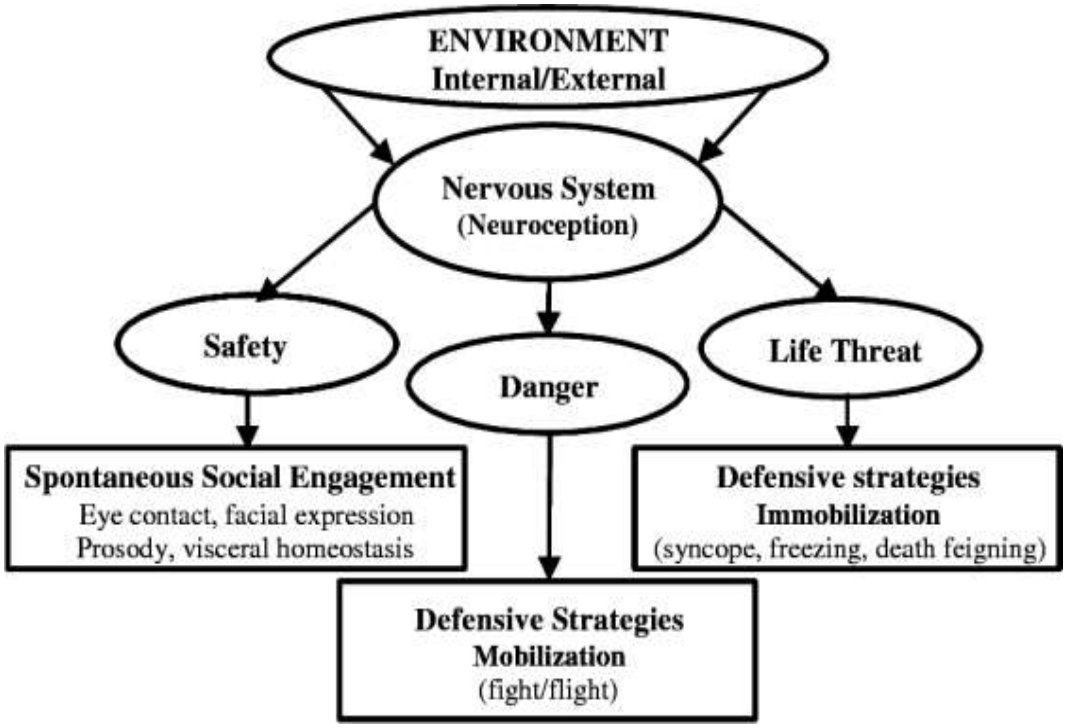
The newer circuits inhibit the relatively older ones in terms of evolution.

This more recently developed view terminates the old dichotomic functional model of the ANS consisting of a sympathetic and a parasympathetic branch, being in a way each other's counterparts.

The ANS takes care of **neuroception.** It's adaptive neural circuits unconsciously receive signs of danger or safety or life-threatening situations and trigger a response to them. That means that the nervus vagus is bi-directional (body–mind–body): 80% of its branches are sensory.

So, the Polyvagal theory also defines a system that helps us mobilize in danger, immobilize in case of any life-threats and bond and engage socially in case of safety in favor of the development of our well-being and social behavior.

In our 'quest for safety' (Porges, 2011–2017), neuroception is directed to the external environment as well as to the internal environment (Hoogendijk & de Rek, 2017).



Coregulation and social engagement behavior

The expression of one's face and the prosody of one's voice are reflecting their 'polyvagal state'. This means that the Social Engagement System (SES) is a matter of looking, listening and witnessing. Within PBSP this means the act of micro-tracking. We see and hear and witness facial expressions, gestures and prosodic vocalizations and add the underlying affect in a process of mirroring.

Coregulation maintains a physiological state that supports health, growth and restoration. It optimizes the ability to rest, relax, sleep, digest and to perform bodily processes and enables us to feel trust, safety and love.

The Polyvagal approach to therapy

According to Deb Dana the instruments in our therapeutic relationship are:

- Moments of reciprocity
- Shared autonomic language in connection and disconnection
- Trust in the willingness and ability to take responsibility for autonomic states

(Dana, 2018).

The goals in therapy are the 4 Rs:

- Recognize the autonomic state
- Respect the adaptive (autonomic unconscious) survival response
- Regulate or coregulate into a ventral vagal state
- Re-story (making a new memory on a bodily level)

In the structure approach of PBSP therapy the 4 Rs are reflected as follows:

- Recognize the autonomic state: What do you feel in your body?
- Respect the adaptive survival response: What does it need/want to do?
- Regulate or co-regulate into a ventral vagal state: Micro-tracking
- Re-story: Accommodation to a new symbolic memory (the antidote)

The treatment is directed at feeling safe. We do this by play. Playing is a functionally neural exercise that enables mammals to *move without fear* through the three polyvagal states – social engagement, mobilization, immobilization. This leads to more resilience, which is the final therapeutic goal. It is therefore not about persisting in a state of safety, but about being able to alternate the polyvagal states without fear.

Deb Dana uses the 'ANS-ladder' to symbolize that (see the picture).

In therapy, we try to identify the 'triggers' that move an individual to the mobilized or immobilized state. At the same time, we try to identify the 'glimmers' that bring one into the safe state.

Understanding the trauma *response* alongside (or even instead) of the trauma *event* is critical in order to treat a client's trauma successfully.

Discussion and conclusions

The Polyvagal theory presents us with a neurobiological model that strongly supports micro-tracking as a therapeutic tool. It is a co-regulating connecting maneuver which adds consciousness of affect (bodily state) in relation to its context.

In PBSP, micro-tracking is the intervention that through coregulation helps the client with restoring safety and finding ways to the ventral vagal, connected state. The awareness of the use of mimics, gestures and prosody of the voice is an important therapeutic tool. The same applies to the mimics, gestures and voice prosody of the positive figures (the antidote).

In our PBSP groups, exercises with the voice can be added. Proposals for two of them are stated below.

The Polyvagal theory shows us that many symptoms and manifestations we have learned to see as 'disorders' are actually manifestations of one's survival skills thanks to the ANS. We should therefore be thankful to them and to the ANS for helping us survive instead of installing feelings of guilt or shame in the client by treating these manifestations as disorders.

Psychoeducation is an important tool in this respect, especially through emphasizing the unconscious way our ANS helps us survive.

Exercises in duets

Sounds from childhood exercise:

- Take a few minutes to remember a sound from your childhood that imprinted on you in a negative way and a sound that imprinted on you in a positive way. Try recalling the state of your body while hearing these sounds.
- Then share these two sounds with your neighbor by describing and by recreating the sound.
- For the neighbor: Try to feel the state of your body while listening to (hearing about) these sounds.

Sound accommodation exercise in pairs:

- A is making an OEH sound and B answers in AH.
- Explore volume, rhythm, modulation and prosody in interacting with each other by just using the sounds OEH and AH **with your eyes closed.**

Try to monitor internal states using the 'ladder'.

- Do the same again with your **eyes open.**
- Now A is actor and B **accommodates, A explores what they like to hear, what fits, close with that** and then change roles. Again, first with your eyes closed, then repeat with your eyes open.

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2.7. Michael Vančura: PBSP vs Psychedelic-Assisted Psychotherapy. How to Use PBSP as a Tool of Harm Reduction (Workshop)

Psychedelic-assisted psychotherapy is recognized recently more respected way how to treat the broad spectrum of difficulties in an effective way. Some teachings of Al Pesso make this transpersonal way reachable through the frame of respectful psychotherapeutic methodology.

Education:

- To see possible parallels of using theory and tools or elements of both approaches seemingly far from each other as enriching each other.
- Another goal of this presentation is to show the possibilities of PBSP elements for integration of the negative consequences of the use of psychedelics within an inappropriate context.

First of all, I would like to familiarize those interested in similarities and differences between PBSP and the effects of psychedelics and show these using some terminology that is used in both approaches and that, even though sounding differently, has a similar content. I would also like to go over neurophysiological connections, which explains the effectivity of both approaches.

Then I would like to present the complications arising from the use of psychedelics, out of appropriate set and setting, also using case study examples and explore consequences, which arise. We speak of these as of "bad trips" or flashbacks or psychospiritual crisis. We will underline the historical context which led individual clients to a crisis outcome. For example, the deficit in fulfilling basic development needs, filling wholes in roles or traumatic experiences in their history.

One of the goals of this presentation is to show the possibilities of integration of these negative consequences which is offered by the use of theory, elements or complex work in PBSP structure.

Mgr. Michael Vančura (CZ)

Michael Vančura studied clinical psychology at Charles University in Prague. After some years of experience of psychiatric wards the founding of the crisis intervention center RIAPS followed in 1991, where he was a director for the first four years. He also finished his training in Ericksonian hypnosis and PBSP and he has been working as a private psychotherapist since he left RIAPS. His professional orientation has been heading towards better understanding of altered states of consciousness. He regularly holds holotropic breathwork sessions; he is influenced by transpersonal orientation in psychotherapy and uses PBSP in his private praxis. His interest in altered states of consciousness led him to the theme of spiritual emergency and psychedelics. The experiences he gained through training and his work with the clients led to the founding of Diabasis in 2004 – an organization which goal is to help people who are going through spiritual emergency and help also those having troubles after using psychedelics in an inappropriate set and setting.

PBSP vs Psychedelic-Assisted Psychotherapy. Similarities/Differences. How to Use PBSP as a Tool of Harm Reduction
(Workshop)

First of all, I would like to explain why I have submitted a topic like psychedelics to a PBSP conference. I would like to give you an idea of the bigger picture and my point of view.

15 years ago, the Diabasis organization was founded. The Diabasis project has defined the following goals: To help people who have gotten stuck in their own development/transformation called spiritual emergency that can sometimes be triggered by psychedelics or after a psychedelic experience has taken place within an unsafe set and setting, usually referred to as a bad trip.

In Diabasis I worked with clients who experienced difficulties with altered states of consciousness and my first treatment of choice has always been PBSP.
I also speak based on my experience with Al Pesso and his answers to my questions on expanded states of consciousness. He had mentioned that he had a discussion with Stan Grof. And with slight admiration he had also mentioned therapists who are "using psychedelics as a tool of psychotherapy".
I would like to put emphasis on psychedelics as a "tool of psychotherapy" such as PBSP and discuss their similarities and differences. And above all, I would like to accentuate in what ways do they enrich each other.

I guess I do not have to say much about PBSP, but I will focus more on psychedelics (PSD). PSD are being brought back to laboratories and I would like to present a psychotherapeutic approach used for posttraumatic stress disorder with good potential for being used in the near future. It is called psychedelic-assisted psychotherapy (PAP).

I will also be dealing with the extensive area of the risky usage of psychedelics that does not respect a safe set and setting. How they can become triggers of a bad trip and flashbacks, which in themselves can turn into trauma or spiritual emergency. This is an important area of harm reduction in its entirety. PSD will never disappear and people will always use them, so the goal is for them to be used with respect, consciously, and ideally in a semi-legal form of PAP, administered by psychotherapists who have received adequate training and thus meet the prerequisites for safe work with altered states of consciousness.

I will begin with PSD and their important characteristics.

Basic general assumptions

What do we need to accept? An understanding of what emerges under the influence of PSD as a part of achieving a greater whole of ourselves.

- Our brain is much more complex than what we can imagine. "We are fundamentally more than we know or perhaps ever can know of ourselves" (Karl Jaspers; and other neuroscientists).
- Therefore, the acceptance of a broader framework of work, as expressed in a paradigm shift, and characterized by a transpersonal perspective.
- The expansion of our consciousness that follows must take place in a secure environment. Safety is created by respecting the rules given by the set and setting.

PSD – basic assumptions

Accepting the fact that we must ingest a substance, PSD, take it into our body.
PSD are substances that help with attaining an altered state of consciousness (ASC).
In order to learn something in an ASC that we can use in enriching our self-knowledge, it is better for it to occur in a safe Set and Setting and with a therapist that knows what he or she is doing. We call it psychedelic-assisted psychotherapy.
Any diversion from the Set and Setting can bring risks that we refer to as bad trip or flashbacks.

What I am talking about when I talk about PSD?

A brief reminder of the best-known psychedelics: MDMA, Psilocybin, Mescaline / peyote, LSD, Ayahuasca, Iboga, Bufo alvarius – 5 MeO DMT, Ketamine.
It is reasonable to view these psychedelic substances *as universal keys that* can unlock the door within each of our minds, essentially providing an opportunity for exploration and discovery.

Psychedelic substances do not create but reveal

We say that PSD are non-specific amplifiers. This means, "they bring what is prepared to the surface and intensify it".
Ralph Metzner clearly expressed yet another dimension: "… finally, it is important to remember that… with PSD medicines, … the spiritual, mystical and cosmic dimensions of existence, which the substances do not create but reveal – are acknowledged with respect and humility" (Metzner, 2013).

Respect and humility bring the dimension of sacredness to work with PSD. Recreational use is not the supported way of using them.

What are we actually doing in relation to PSD?

In his lecture in 1996, Hans Carl Leuner called upon the German federal government to allow research and study programs of these substances again. He used the following analogy:
"It is like this with substances: tickets are sold down at the bottom of the ski lift and take the skiers up the mountain. When they arrive at the top, there is nobody there to tell them how to get back down again. So, they just speed back down and there are many accidents on the way. The paramedics are ready at the bottom to take the accident victims to hospital to be patched up again. What we need are not paramedics at the foot of the mountain but ski instructors up on the mountain to teach skiers, accompanying them safely down the mountain" (Fischer, 2015).

Necessary conditions for a knowledgeable use of PSD

A client with a psychedelic experience may enter your office any day, having "not received any instructions up on the slope".

What can we do / how can we help? What should we do to do it well?

We must consciously accept that PSD is not about "drug experiences" but rather about the profoundly meaningful states of consciousness… These incredibly beautiful, awe-inspiring, and, for some, terrifying experiences are best understood not as happening "within the drugs", but rather as happening within our own minds. All substances can amplify our personal heaven and hell (Richards, 2016).
We must accept knowing that PSD are generally potential triggers of dissociative processes. And detectors of unknown traumatic memories as well.
That is why as guides we must always be ready for their appearance and have an adequate response available.
PSD are relatively easily accessible to everyone and unqualified, recreational use of PSD is an everyday problem. The desire for ASC is natural and when we do not provide it with an acceptable educational framework through providing sufficient and available information, we will always find a percentage of those who do not successfully manage to go through their personal hell and will need therapeutic support.
In my experience, the use of PBSP philosophy and methodology in preparation for a psychedelic experience or for harm reduction is very beneficial, even in a minimalistic form, such as a PBSP exercise and the philosophy of it, such as information about basic developmental needs etc.

A proposal for comparing certain aspects of both approaches

My goal is to show you the similarities and differences between the PBSP and PAP approaches and how to use PBSP as an enriching therapeutic tool while working with PSD.

Similarities

1. *Both are searching for wholeness*

"To become who we really are" (Al Pesso).
"The thirst for wholeness" (Christina Grof).

Al Pesso talked about the "whole" and "healing" and when he used these words, he meant that the healing will take place when we become a whole – integrated, i.e., when we integrate all of our parts.
In an Al Pesso metaphor of the Planet Earth representing ourselves where flags should be raised on every continent with the words "this is also me".
This implies that we can be happy when we become whole – integrated. This assumes taking ownership of all parts, including those that were hidden in our unconscious and subsequently become conscious. Including trauma, filling holes in roles and deficits of basic developmental needs.
In PSD language it can be found in the names of the methods of working with ASC. Holotropic; where "tropein" means leading to the whole.

The word "psyche-delic" in itself contains an expression of a similar meaning: mind manifesting.
I believe steering towards "becoming who we really are" applies for both approaches.

2. *Both are searching for a definition of a contract*

3. *Both are searching for a definition of the therapeutic space, such as "possibility sphere" and "set and setting"*

The "possibility sphere" of PBSP. Safety and openness established by the therapist.
The "set and setting" are essential for safe and productive PSD psychotherapy.
Set: A PSD substance and information about it, expectation of "what should be achieved" vs our intention, fears and fantasies… and more.
Setting: The qualities of the guide – psychotherapist, trust, Pilot to Pilot makes contract, Pilot – a possibility to delegate the Pilot to the therapist if needed… and more.

4. *Both are searching for a definition of the therapist's position*

PBSP: Believing that healing does not come from the therapist.
Therefore, the therapist is a moderator, a facilitator who establishes the "possibility sphere".
Therapeutic Relationship in PAP: Healing does not come from the therapist. Healing comes from the experience made possible by PSD, which uncovers/reveals history with all of its positive and negative aspects. The therapist is an assistant to this process.
Transference is not accentuated in PSD as a means of change.

Differences

There are fundamental differences between both approaches, PBSP and PAP, and each of them strives to find solutions in their own way.

1. *Altered/expanded state of consciousness in PSD work*

Changes in consciousness, such as the experience of time, expression of emotions, perception of one's body, "seeing the old in a new way", which can bring "meaningfulness", feeling the need to control changes under the influence of PSD.

2. *Compared to the "structure state of mind"*

Al Pesso called the consciousness state a "structure state of mind". It has some features of an expanded state of mind. Navigation in it is helped by the Pilot of the client supported by the Pilot of the therapist.
The connection between the client's Pilot and the therapist's Pilot at all times and as strong as possible is a prerequisite of PBSP.

3. *The Pilot*

One Pilot – two different approaches:
PBSP: The Pilot is in constant contact with the PBSP therapist. Co-ordination of emotional, sensory, motor and cognitive processes.
PSD: The Pilot is important, but may fluctuate, may disappear.
But the therapist holds the space, doing a kind of "air traffic control" so that the client can temporarily delegate the Pilot to the therapist. The position of the therapist is absolutely essential for a safe PSD session.

These are the necessary conditions that ensure this:

- Trust
- Safety
- Set and setting
- Pilot-to-Pilot contract

Within a PSD session we must deal with the fact that we do not always have control. And accept that control can often be undesirable.

PSD and PBSP from a neuroscientific point of view

In this subchapter I will try to provide a basic summary of information that we can view as similar elements in both approaches.
The brain function that is considered most important is its ability to adapt to the environment. It is a self-organizing organ that provides balance. Any changes to the parameters of the setup can play a role in the phenomena referred to as psychological or psychiatric difficulties. This adaptation may present an advantage in that it brings clear patterns of how we should react in various situations. The disadvantage, however, appears when we bring maladaptive patterns from our history with it.
Which in the language of PBSP are: Deficits in basic developmental needs, filling holes in roles and trauma.
In PSD language: By acting on serotonin receptors, PSD make it possible to view reality as "new" or "different" and thus make it possible to look at the arrangement of the details that are hidden under a present map of mental representation**.** Due to the effects of PSD we see the old "in a new way" and this makes it possible for us to create new maps of experience – a representation free from the previous maladaptive patterns.

With the discoveries achieved with imaging methods such as fMRI we know that the following three main networks are the most important:

1. Default Mode Network (DMN) – basic brain setting: activated when we are turned inwards and we are with ourselves, introspection is safe, i.e., what is important in psychotherapy. In PBSP this mostly happens in the antidote phase but if possible, during the whole structure.
2. Central Executive Network (CEN) – alternates as the opposite of DMN. More often activated by the attention we need to pay to external events.
3. Associated with attention turned outwards, thinking, cognitive functions. CEN responds to the need to adapt to external circumstances and to deal with them. A consequence of "filling holes in roles" describes the same pattern we are familiar with from PBSP terminology.
4. Salient Network (SN) – serves to recognize what is significant for the individual within their information stream. Activates DMN or CEN. The SN extracts meaning and thus actually creates reality.[1]

The mechanism of this is called the theory of prediction error. Which is hypothetically a part of the function of the Pilot in PBSP.
J. Baylin illustrates the effect of trauma on our brain and the effect of the PBSP therapeutic system on its function (Winnette & Baylin, 2017).
I will stay with the part of the vertical development axis of the brain, which engages both the bottom-up and top-down brain connection system.

According to theory, the vertical developmental axis of the brain consists of the amygdala and the prefrontal cortex, PFC. In cases where the childhood care was good, the DMN development and space for introspection is safe. In case of inadequate and poor care, we can see attachment disorders: the amygdala and the defense system are activated because staying in DMN is not safe, as the "antennas" are directed out and insufficient space for emotions is created. See also "filling holes in roles".
The possibility sphere created by the therapist allows the client to go safely into the DMN. Safety means calming down the defense system, the amygdala; it represents top-down regulation. From the MPFC to the limbic system, especially to the amygdala.
The MPFC, the working memory of the DMN, is the Pilot.

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[1] In this part, I am loosely using information from the following authors: J. Horáček, I. Kesnar and M. Viktorinová from NUDZ; M. C. Mithoefer and A. Mithoefer – the MAPS researchers of MDMA therapeutic use; P. Winnette and J. Baylin.

The MPFC is a convergence zone working out old memories and the new ones. New experience into old memories while those memories are up and running.
The therapist is careful not to distract the client, helping them stay inside the DMN, and not dissociate or get stuck in negative states. "Normally" the defense system would be triggered together with dissociation. Thanks to the activity of top-down modulation, meaning MPFC, down to the amygdala, potential defense activity is inhibited. Reversal learning occurs when the client automatically expects a negative reaction from others but gets a positive one within a set and setting with a skillful therapist. It triggers a positive error signal. This is the healing potential of antidoting and the PSD experience of seeing the old "in a new way".
The relief comes from deactivation of the defense system that was chronically activated. Chronically defensive clients automatically expect negative reaction from other people. There is a theory of prediction error signals. If the signal is a positive experience, positive prediction error activates the dopamine system, which supports a "rewarding experience" (Steinberg, 2013, in Winnette & Baylin, 2017).
If we are successful in being able to keep the client in the DMN during a structure or during a PSD session, the prediction error will likely trigger positive prediction error and positive experience.
This integration occurs when the client is able to activate the DMN, the system that allows safe introspection, to reflect upon the new and to compare it with the old (Winnette & Baylin, 2017). Again, due to the effects of PSD we see the old "in a new way" and this makes it possible for us to create new maps of experience – representation free from the previous maladaptive patterns.
Which means learning during the positive DMN experience. The next step is to anchor them and transfer them into one's life, one's relationship to their body and one's interpersonal relationships.

A remarkable match with MDMA follows:

Psychedelic-assisted psychotherapy (PAP)

PAP and PBSP have certain similarities that I would like to present in more detail. Specifically, a very unique work with MDMA being used to help people with posttraumatic stress disorder (PTSD).
In the context of the tragic consequences of the wars in Iraq and Afghanistan – with approximately 1 in 7 to 1 in 5 veteran soldiers being diagnosed with PTSD, and 20% of all suicides in USA happening amongst veterans – it has been difficult to find an effective form of help or assistance. Thanks to the evidence-based research pushed through by MAPS – Multidisciplinary Association for Psychedelic Studies, founded by Rick Doblin in 1986, MDMA is close to legal use for severely traumatized people not only in the USA, but also in Europe and therefore in the Czech Republic, as well.
The model of helping people with PTSD is based on the following principle: PTSD shows deficits in the extinction of fear conditioning. PTSD influences the prefrontal cortex and hippocampus towards decreased activation and increases activation of the amygdala. This is the model of fear conditioning.
In a framework where MDMA is being used as a therapeutic catalyst, specific mechanisms are involved: MDMA is known to significantly decrease activity in the left amygdala and increase PFC activity. This means that it reverses activity in the brain caused by PTSD.
Therefore, MDMA produces an experience that appears to temporarily reduce fear, increase the range of positive emotions toward self and others, without clouding the perception or inhibiting access to emotions. It helps us explore traumatic experiences. A prerequisite of this is the presence of a trustworthy therapist who creates the "possibility sphere" with his or her presence specifically.
MDMA may catalyze therapeutic processing by allowing participants to stay emotionally engaged while revisiting traumatic experiences, without being overwhelmed by anxiety or other painful emotions.
As a PBSP therapist, I would like to make a comparison. I realize it is somewhat inconsistent with PBSP therapy by being only partially interactive – trustworthy therapists in a present time – and partially enabled by the interaction of MDMA and structures in the brain that offer an extremely strong experience of "this is what the world should be like". Understanding this atmosphere of "emotional nurturing" induced by the interaction of MDMA and our brain structures, and the safety of PAP is also reflected in the questions of PBSP therapists during this seminar. "What would working in a structure within regular PBSP therapy be like, if the client was under the influence of MDMA? "

Within the practice of PAP, the male and female therapist pair are always moderating what is happening between the client and the MDMA invoked potential of healing. In a way, the MDMA is in a role of a kind of symbolic Ideal Parents who – through the trustworthy therapist couple – say: "With us, you do not have to be afraid, we are with you, you are safe with us, you can get as close as possible to your 'traumatic memories' or to whatever is happening right now."
This is what would be expressed and it is a part of the atmosphere of sessions supported by MDMA.
MDMA = "Ideal parents" + trustworthy therapists, whose Pilots are in contact with the Pilot of the client. This makes it possible to get closer and closer to the traumatic elements in a safe way. The possibility to stay in contact with the Pilot of the client, which is in contact with the Pilot of the therapist, is emphasized here.

Harm reduction

From the metaphor of H. C. Leuner we know that we are sitting underneath the slope and waiting for those who will fall down that slope. Skiers just speed back down and there are many accidents on the way. The paramedics are ready at the bottom to take the victims of the accidents to the hospital to be patched up again.
Unfortunately, the law prevents us from giving out instructions on the top of the hill and not having to wait at the bottom.
Apart from the light, there is also a dark side to PSDs. Let us briefly summarize the risks.
First of all, PSDs are not for everybody. There are certain contraindications: psychological, or somatic ones.
The risks of using PSD can be defined most often by an inadequate context – an inadequate set and setting. There can be many inadequacies; from my experience as a therapist working with people who have experienced the negative consequences of using PSD, "a single word" can produce a bad trip (BT). The most prevalent cause of BT is that there is no guide "present", there is no interaction.
What is a BT? A "bad trip" is a negative experience with PSD, for example manifesting as anxiety, panic, paranoid feelings, abandonment, fear of death or going insane.
The "trip" is being associated with "positive expectations" by many people. Here is an example of an instruction that a client received from a "friend" for an "LSD trip" as a birthday gift: "Take it when you are alone at home in the evening. You will enjoy it." What followed was a terrible opposite of enjoyment.
PSDs ass non-specific amplifiers only amplify what is within us, which can always be our personal "heaven" or "hell".
Occasionally, when we are dealing with one's "hell", the reaction can be an "outward projection": the "bad" is outside and not within us. If there is no safe guide with the ability of correcting and reframing, one of the most common conditions for a BT is met. Had a sophisticated guide been present, it would have been a "difficult psychedelic experience" – however, an experience with a healing potential.

As this is a chapter on harm reduction, we will summarize the possible consequences of a BT. They are:

- Flashback – becomes a trauma by itself
- Spiritual emergency
- Systemic defense – depression, OCD, emotional depletion
- Activation of patterns related to deficits in the meeting of basic developmental needs, LTDT, activation of attachment problems, activation of traumatic experiences

In general, one of the disadvantages of PSD is the risk of the loss of a feeling of "that is also me". It can be difficult to accept that this is "also the real me".
This is where I see a big opportunity to use the PBSP method in order to integrate the PSD experience, including BT experiences, particularly in working with the history of individuals where the childhood care was not good.
PBSP is also suitable for preparing to work with ASC in general, such as PSD or holotropic breathwork.

The important contribution of PBSP as a therapeutic tool is to treat bad trips as the consequences of our reactions to a predisposed terrain. For example, in the language of neuroscience this means:

- Vertical – PFC interconnection with the amygdala is not sufficiently developed
- Turning inwards, introspection, is not safe
- DMN is not a safe space to stay in
- Onset of defense mechanisms – amygdala – freezing, fight, flight
- Predictive error plays a negative role

In the language of PBSP, the deficits of basic developmental needs, traumatic experiences, and filling holes in roles often emerge as the topics that explain why a BT occurred.
It should be emphasized that approaching BT experiences within integration as and "advantage and opportunity" quickly opens the option to see personal topics that have been hidden, and it is a major step for most clients.
And if we handle this reframing well, we give them the advantage of discovering new information they were not aware of. And perhaps they would have never learned about them as options. "My parts as well?"
To offer a complete point of view, it should also be added that there are certain ways of using PSD that complicate the appropriate evaluation of their potential. We call this the "psychedelic or spiritual bypass". For example, individual "self–self" trips that are mistakenly considered as a "healing opportunity" or false spiritualization of recreational use or "fast food spirituality", etc.

Conclusion

I have attempted to describe and tie together the 2 therapeutic concepts that are close to my heart.
One of the responses that was recurrent in the questionnaire I sent out to PBSP therapists who have had experience with PSD illustrates this very well: "I cannot imagine assisting someone in PSD therapy and not being a PBSP therapist."
My efforts are also directed towards the near future, in which I expect the psychedelic-assisted psychotherapy being quickly legalized, as is currently happening with MDMA for the treatment of PTSD. What would Al Pesso say about this? As I knew him, he would be willing to admit that this is not an area where he feels at home. But in my opinion, he would also welcome the expansion of the elements of the method even here, just like he supported the use of PBSP with children or psychotic clients.

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2.8. Sally Potter: Reconciling Protocol with Possibility: Using Fundamentals of Supervision to Promote PBSP Capacity (Workshop)

During his creative lifetime, Al Pesso constantly blended intuitive theory with emergent technique to keep the PBSP method both consistent and continually unfolding. How can PBSP supervision help to maintain this growthful stance alongside the method's necessary consistency?

In the workshop we will explore two supervision domains – formative and restorative – for enabling PBSP to flourish in the next decade:

- How can different modes of supervision develop a country's PBSP community of practice? How best through supervision to build capacity in a country, while retaining the rigour and ritual of this distinctive method?
- What ways of supervising in this approach are most enabling for the individual and most supportive of personal 'endless unfolding' – for supervisor and supervisee?

Precise language is an essential criterion of PBSP. Language awakens implicit memory and evokes new memory to expand consciousness. What are challenges for the PBSP supervisor regarding precision of terminology, when supervising in the same language or across languages?

Another challenge involves 'capacity building'. What forms of supervision optimally grow PBSP communities of practice and encourage safe connection within those communities? Can group supervision and 'live' supervision of real structures be used strategically to achieve higher standards within a shorter timespan?

And finally, as a standard-bearer and ambassador of the method, what qualities must the PBSP supervisor have and aspire to? Can supervision develop and strengthen the capacity of experienced practitioners to accept a phase of temporary 'not knowing'? How can supervision also help therapists continue their own growthful journey – beyond personal historical deficits or trauma – without their feeling exposed when others are present?

In an interactive fashion we will explore what makes PBSP supervision most useful and developmental – for supervisee, for supervisor, and for other learners present in supervision settings. Sample topics:

- complexities and dilemmas of the supervisory relationship as illustrated in film and transcript excerpts
- the range of formats for conducting supervision (one-to-one / groups / at-a-distance / etc.), their advantages and disadvantages, and their impacts – on supervisor and supervisee
- the relative developmental value to the supervisee of various modes of evidence used in a supervisory session: reported practice / recorded practice (audio or video) / 'live' practice
- the precision of language – what to address in supervision, when and why
- how supervising another therapist enriches the PBSP supervisor – "the endless act of becoming who we really are"

The workshop is suitable for PBSP supervisors, supervisors in training, PBSP trained therapists and therapists in the final stages of PBSP training. The focus will be on supervision outside the training context.

Participants will be invited to evoke the notion of a personal 'Ideal Supervisor'. Key challenges and issues around modes of supervision will be raised, so that participants' current resonant issues may be responded to. Questions will direct attention to essential areas of focus.

Handouts will used to summarize principles and choices for offering more strategic supervision, including current practice around supervision requirements in the UK. Relevant video clips of actual supervisory practice (with client permission) will selectively illustrate topics under discussion.

Sally Potter, MS, MA (UK)

Sally is a management development consultant, executive coach and a psychotherapist accredited with the British Association of Counselling and Psychotherapy (BACP). She works in private practice with individuals, couples, families, groups and teams and is also a Visiting Fellow at Cranfield University School of Management.

One of three Pesso Boyden Trainers in the UK, Sally was certified by Al Pesso and Lowijs Perquin in 2015 and has found it always growthful and often joyful to work collaboratively with her UK PBSP Trainer colleagues.

As PBSP Training Co-ordinator for the UK she has initiated six UK training cohorts since completing her own PBSP training in 2003. She continued advanced training and personal work with Al Pesso in the US for 14 years, until Al's final working year, and has led successful PBSP events in Italy, Croatia, Finland and the Czech Republic.

The passion, precision and respectful creativity she brings to this approach get to the heart of client issues and progress emotional wellbeing. Sally additionally holds an M.S. in Educational Management and an M.A. with Distinction in Relationship Therapy.

2.9. Jan Benda and Antonín Vyhnánek: Childhood, Toxic Shame, Toxic Guilt and Self-Compassion (Poster)

This study discusses the links between attachment relationships or basic needs fulfillment in childhood, toxic shame, toxic guilt and self-compassion. It presents the results of two questionnaire surveys.

Background and objectives:
Feelings of toxic shame and guilt are common symptoms of many mental disorders. Both these feelings arise from self-referential processing and it is supposed that they (1) result from maladaptive emotional schemas developed during childhood in interaction with parents, and (2) are connected with lack of self-compassion. The aim of this study was to determine the correlations between these variables in two nonclinical samples.

Methods:
Two questionnaire surveys were conducted to investigate connections between (1) parental emotional warmth in childhood or attachment in adulthood, (2) shame-proneness or omnipotence guilt, and (3) self-compassion.

Results:
In sample 1 (N_1 = 302) weak to mild correlations were found between parental emotional warmth, omnipotence guilt and self-compassion. In sample 2 (N_2 = 263) weak to moderate correlations were found between avoidance or anxiety, shame-proneness and self-compassion.

Discussion:
We hypothesize, on the one hand, that deprivation of basic needs in childhood as well as the child's efforts to fill the holes in the roles, leads to lack of self-compassion and toxic shame and toxic guilt-proneness in adulthood. And these transdiagnostic factors seem to cause many symptoms of mental disorders. The corrective experience with the image of "ideal parents", on the other hand, probably induces memory reconsolidation, changes the relevant emotional schemas, encourages the development of self-compassion and, as a consequence, many symptoms disappear.

Conclusions:
Two independent surveys confirmed links between (1) parental emotional warmth in childhood or attachment in adulthood, (2) shame-proneness or omnipotence guilt, and (3) self-compassion.

PhDr. Jan Benda (CZ)

Jan Benda is an integrative psychotherapist with 20 years of experience. In his practice, he uses procedures of Mindfulness-Based Psychotherapy, Emotion-Focused Therapy, Compassion Focused Therapy and Pesso Boyden System Psychomotor. In the last years, Jan started to do research focused on transdiagnostic factors in psychotherapy. He is particularly interested in the role of self-referential processing and the lack of self-compassion in the etiology of mental disorders. He believes that Pesso Boyden System Psychomotor (PBSP) procedures cause therapeutic change through memory reconsolidation and development of self-compassion.

Antonín Vyhnánek (CZ)

Antonín Vyhnánek is a student of psychology at Palacký University Olomouc.

CHILDHOOD, TOXIC SHAME, TOXIC GUILT AND SELF-COMPASSION

Jan Benda[1], Antonín Vyhnánek[2]

[1]Department of Psychology, Charles University in Prague, Czech Republic, [2]Department of Psychology, Palacký University Olomouc, Czech Republic.

Background

Feelings of *toxic shame* and *toxic guilt* are common symptoms of many mental disorders. Both these feelings arise from self-referential processing and it is supposed that they 1) result from maladaptive emotional schemas developed during *childhood* in interaction with parents and 2) are connected with lack of *self-compassion* (Benda, 2019). The aim of this study was to determine the correlations between these variables in two nonclinical samples.

Methods

Two questionnaire surveys were conducted online to investigate connections between 1) parental emotional warmth in childhood or attachment in adulthood, 2) shame-proneness or omnipotence guilt and 3) self-compassion.

Participants

Sample1 (N_1 = 302) consisted of 200 females (66.2 %) and 102 males. Their mean age was 43.68 years (SD = 13.24). Sample 2 (N_2 = 263) consisted of 144 females (54.8 %) and 119 males. Their mean age was 34.60 years (SD = 11.36).

Measures

Early Memories of Warmth and Safeness Scale (EMWSS; Richter, Gilbert, McEwan, 2009). The EMWSS is a 21-item measure which measures recall of feeling warm, safe and cared for in childhood. The sum of scores of the EMWSS items was used for the statistical analysis.

Experience in Close Relationships – Relationship Structures (ECR-RS; Fraley et al., 2011). The ECR-RS is a 36-item measure designed to assess adult attachment in relationships with mother, father, romantic partner and best friend. The sums of scores of the *anxiety scale* and the *avoidance scale* were used for the statistical analysis.

Interpersonal guilt questionnaire-67 (IGQ-67; O'Connor et al., 1997). The IGQ-67 contains 67 items which attempt to measure four types of guilt: survivor guilt (22 items), separation guilt (16 items), omnipotent responsibility guilt (14 items), and self hate (15 items). Only the *omnipotent responsibility guilt subscale* was used for the statistical analysis.

Test of Self-Conscious Affect-3 (TOSCA-3S, Tangney, Dearing, 2003). The TOSCA–3S is composed of 11 scenarios, each followed by 4 possible responses. It measures shame-proneness, guilt-proneness, detachment and externalization (blaming others). Only the *shame-proneness subscale* of the TOSCA-3S was used for the statistical analysis..

Sussex-Oxford Compassion for the Self Scale (SOCS-S; Gu et al., 2019). The SOCS-S is a 20-item measure which measures compassion for the self. The sum of scores of the SOCS-S items was used for the statistical analysis.

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Statistical analysis

Data was analyzed using the IBM SPSS Statistics software, Version 23. Associations between study variables were analysed by calculating the Pearson's correlation coefficients.

Results

Correlations between study variables

The intercorrelations between all study variables in both samples are presented in Figures 1, 2 and 3. In sample 1 weak to mild correlations were found between parental emotional warmth, omnipotence guilt and self-compassion. In sample 2 weak to moderate correlations were found between attachment avoidance or anxiety, shame-proneness and self-compassion.

As expected, self-compassion was negatively correlated with omnipotence guilt ($r = -.14$; $p < .01$) and shame-proneness ($r = -.50$; $p < .05$). Parental emotional warmth was positively correlated with self-compassion ($r = .22$; $p < .01$) and negatively with omnipotence guilt ($r = -.14$; $p < .01$). Attachment anxiety was negatively correlated with self-compassion ($r = -.41$; $p < .01$) and positively with shame-proneness ($r = .23$; $p < .01$). Attachment avoidance was not significantly correlated with shame-proneness or self-compassion.

Figure 1
Correlations between study variables in Sample 1.

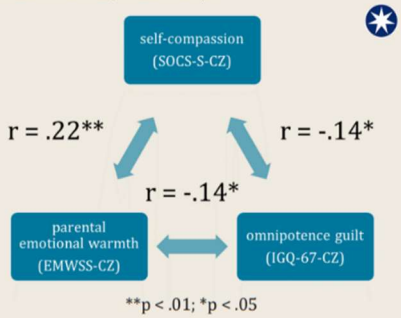


Figure 2
Correlations between anxiety, shame-proneness and self-compassion in Sample 2.

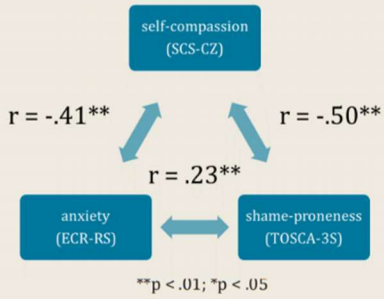
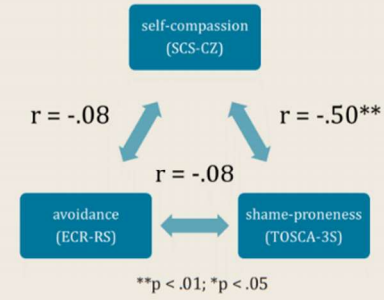


Figure 3
Correlations between avoidance, shame-proneness and self-compassion in Sample 2.



Discussion

We hypothesize that *deprivation of basic needs in childhood* as well as the child's efforts to fill the holes in the roles, leads to *lack of self-compassion* and *toxic shame-proneness* and *omnipotence guilt-proneness* in adulthood. And these transdiagnostic factors seem to cause many symptoms of mental disorders (Benda, 2019). The corrective experience with the image of "ideal parents", on the other hand, probably induces memory reconsolidation (Ecker, 2018), changes the relevant emotional schemas, encourages the development of *self-compassion* and, as a consequence, many symptoms disappear. However, it is difficult to test these hypotheses through correlation analysis. And the fact that there is no measure of fulfillment of basic needs makes it even harder.

Therefore, in future research it may be useful:

1) to develop a new questionnaire suitable to measure the level of fulfillment of basic needs during childhood.

2) to compare the levels of self-compassion, shame-proneness and omnipotence guilt-proneness before and after the PBSP intervention which uses the image of "ideal parents" to provide corrective experience to patients with different mental disorders.

3) closely compare findings of research on PBSP, research on self-compassion and research on shame.

Conclusions

Two independent surveys confirmed links between 1) parental emotional warmth in childhood or attachment in adulthood, 2) shame-proneness or omnipotence guilt and 3) self-compassion.

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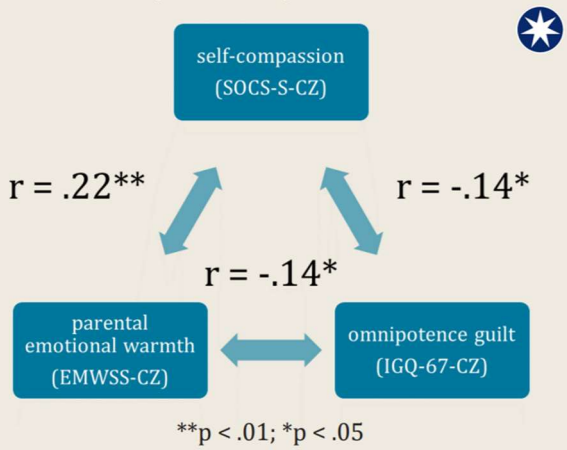

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Discussion

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Statistical analysis

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**p < .01; *p < .05

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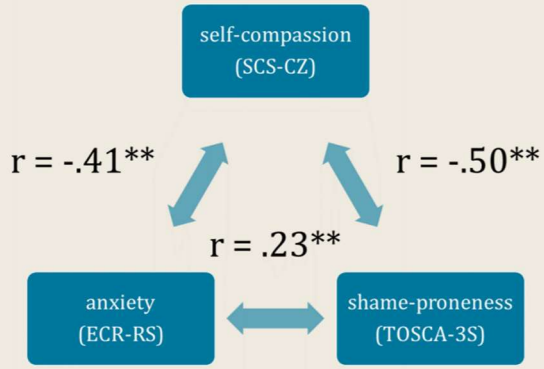

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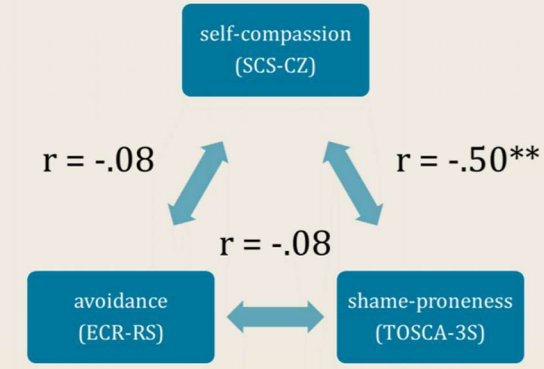
Figure 3

Correlations between avoidance, shame-proneness and self-compassion in Sample 2.



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This poster was presented at the 7th International Conference on Pesso Boyden System Psychomotor® (PBSP®): Science and Good Practice – Prague, September 26 – 29, 2019.

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2.10. Bärbel Smikalla-Weier and Günter Weier: The Hidden Experiences of Our Birth (Poster)

Stress, trauma and shock: birth complications and the consequences for our lives – treatment options with the body-based Pesso Boyden psychotherapy.

Unfavorable conditions before and during pregnancy, but also more and more births with caesarean section (about 30%) and clinic births with administered medication (about 80%) lead to a generation that has to process different disorders respectively traumas. The results of the research are as helpful as they are shocking. All traumatic experiences around birth are contained in the body memory and express themselves in the symptoms: panic attacks, claustrophobia, attachment disorder, nocturnal nightmares, dissociation, longing for death, allergies, inner restlessness, sleep disorders, emotional deafness etc. Sensitive treatment can open up a whole new perspective on behavioral patterns and life themes. As Pesso Boyden psychotherapists, we connect the event with the place theme. The first concrete environment for the nascent life is the placenta or as Pesso said: place-center.

We describe our approach how we help to create the experience of a "new" birth with ideal parents (hospital, doctors, midwife etc.) on the symbolic level, staged with role players. The suffocated in the bud development opportunities of belonging, fear, support, protection, basic trust etc. can be experienced as a basic need satisfied in the therapy situation, so that the cycle of stress, trauma and shock is interrupted. Steps of a healing birth scene against the background of Pesso Boyden psychotherapy: holding place, "selecting" ideal parents, witnessing the pregnancy of ideal parents, setting up birth with additional role players (depending on the actual complications experienced), finding a place in a livable world.

Bärbel Smikalla-Weier, Dr. phil. (DE)

Bärbel Smikalla-Weier is a pianist with a concert certificate and a piano teacher. She has a doctorate in psychology with the topic "Psychotherapy as an artistic challenge" and held lectures at the Urania Berlin and Lessing University. Together with Günter Weier, she led many workshops on topics from the Pesso Boyden therapy, e.g. at the Psychologists Academy, at various institutes for psychoanalysis, behavioral therapy and systemic therapy. For many years she has worked as a psychotherapist in her own practice – as a single and group psychotherapist. Within this framework, there are three ongoing groups combined with individual therapy and numerous open workshops. She is an internationally certified PBSP psychotherapist and supervisor.

Günter Weier, Dipl.-Psych., Dr. phil. (DE)

Günter Weier is a psychologist and psychotherapist for individual and group psychotherapy in private practice, psychotherapist for depth psychology, lecturer in adult education, founder of Quercus Publishing House, an author of publications on the history of psychoanalysis and Pesso Boyden psychotherapy, internationally certified PBSP psychotherapist and supervisor. Together with Bärbel Smikalla-Weier, he led many workshops on topics from the Pesso Boyden therapy, e.g. at the Psychologists Academy, at various institutes for psychoanalysis, behavioral therapy and systemic therapy. As a part of his practice, three ongoing groups combined with individual therapy and numerous open workshops take place.

The Hidden Experiences of Our Birth

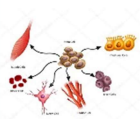
Stress, trauma and shock: birth complications and the consequences for our lives - treatment options with the body-based Pesso-Boyden psychotherapy

Cesarean section: blessing and curse at the same time

More and more births take place by caesarean section. While the rate of caesarean births in the 1990s was still 15%, in Germany it rose to 31.8% by 2014. The procedure can be life-saving if, for example, the umbilical cord has been wrapped around the neck. However, only every 10th caesarean section has compelling medical reasons, only every 20th birth is spontaneous, without medical intervention. The biological and psychological consequences can be dramatic.

Memory and learning ability of the unborn child

We are all familiar with a memory that is registered and stored by the brain and the central nervous system. The basics of the spinal cord and the brain develop after the 3rd week of fertilization. In the 6th week, a measurable electrical brain activity can already be detected: the neurons multiply constantly until it is about a hundred billion at the end of pregnancy. Large amounts of neurotransmitters ensure that communication between neurons can take place between each other and also with other cells.



The understanding of information processing has since expanded to the point that the brain and body cannot be separated from each other, which means that intelligence, memories and feelings are located in the brain and throughout the body. The latter is called cellular memory.

In addition, finds of neuropeptide receptors in the brain stem of unborn children suggest that it belongs to the limbic system. These are brain regions that are responsible for feelings and memory and are the first to form in the embryo.

Perceptions, movements, feelings and insights are thus present from the very beginning and differentiate in the course of pregnancy. This necessitates a completely new way of looking at an unborn being. She or he consists of matter, energy and information and already has rudimentary psychic functions.

Prenatal, perinatal and postnatal birth complications and traumatic reactions

Prenatal influences

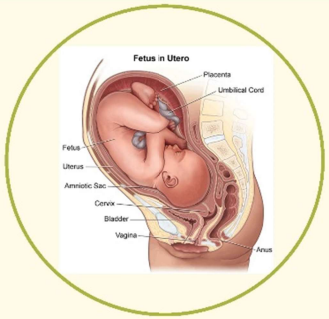
Our life begins with the conception. In the time before birth, we receive basal imprints for our feelings and our concepts of action. The unborn child is completely exposed to the circumstances of his procreation and the overall situation of his parents. The mother is his immediate and most important environment, to which he has to adapt. Her physical and psychological-emotional state affects him, her stress weakens his defenses for a lifetime. This is because emotions have physiological correlates. Stress hormones enter the fetus via the placenta. Traumatic:

1. No contact with the fetus (lack of speaking to the unborn, of loving tactile stimuli, unhealthy lifestyle, etc.).
2. In the later stage complication with the placenta or amniotic fluid (e.g. poisoned).
3. Abortion attempts (unwanted child).
4. Desired child (which wishes of the parents should be satisfied).

Perinatal influences

The birth process is of great importance for later life. Invasive birth interventions such as caesarean section, forceps and suction bell birth can leave traumatic traces associated with health and psychological risks. But also interventions to induce birth with pitocin or oxytocin, drug inhibition of contractions, anesthesia, episiotomy, etc. have a traumatizing effect. All interventions impair self-regulation and self-efficacy.

Actually, the baby initiates the contractions, and everything else runs off with reciprocal signalling. With a caesarean section, the baby is taken out of the mother's womb in only about 5 minutes, but the effects can last a lifetime. The emotional processing possibilities to deal with this event overwhelm child and mother.



The caesarean section causes disorders of mother-child bonding and shock syndromes. Analgesics and anesthetics make a significant contribution to this. Nevertheless, these drugs are administered in 80% of all clinic births. The following reactions are possible:

1. Shock with feelings of fear and overwhelm due to suddenly emerging unrecognized body feelings, 2. injury to perceived self-esteem, 3. loss of awareness and attention, 4. loss of energy, 5. Loss of orientation and direction, 6. loss of control and power, 7. loss of bodily functions, 8.fear of death, sole focus on the maintenance of life.

All these phenomena also hinder the bonding, delay and complicate breastfeeding. It is proven that 70% of epigenetic imprints are prenatal. For these prenatal programming, the period 12 months before and 12 months after birth is particularly important because they change the basic structures of the nervous system and influence brain development.

Postnatal disorders

Birth memories and experiences tend to be activated in life situations that symbolically correspond to birth in some form. They become unconscious, hidden life themes and show up in different types of repetition.

Self-healing attempt of the painter Edvard Munch, who had experienced a very difficult birth and suffered throughout his life from existential fears of death.

Repetition types by W. Emerson

Repetition as a coping attempt: process in which unconsciously events and traumatic experiences from the past are re-staged in order to bring them out from the unconscious, to cope in the presence of the here and now and to cathartically free oneself of them.

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Direct repetition: unconscious choice or manipulation of life situations, which results in a renewed encounter with the trauma topics. The trauma background remains unconscious, only the present pain is felt in the victim position.

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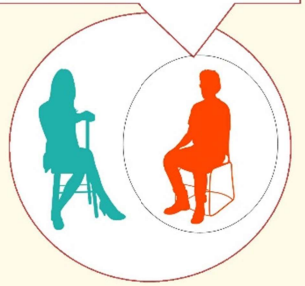
Desperation, crisis, suicide attempt or thoughts — analogy iceberg: symptoms only 10% accessible (above sea level), 90% of causes, trauma, repetition are unconsciously anchored in body memory.

Explain therapy and thorough anamnesis, including birth. Structure setting - patient in the possibility sphere with witness and voice figures, placeholders, fragment figures, activation of the pilot function etc.



In prenatal and birth complications (stress, trauma, shock), the child's world relationship is deeply shaken. Consequences: fundamental distrust of people, negation of life, death longing, addictions, trauma compensatory schemes (control, excessive coping, personal logic), lack of stability, suppressed or unbounded sexuality and aggression. Pregnancy, birth and childhood are political! How do we as a society manage to deal with everything alive lovingly and empathically?

⇩

First phase in the therapy (especially in the group): Ensuring safety and protection and enabling control over the therapy process. Coping strategies by understanding figure appreciate, in the group provide "real" protection. Therapy of "small steps". Track down the four types of repetition and connect them with the Pesso-Boyden system: direct, avoiding, projective, confrontational. Suggest an understanding figure for all types: I recognise your emotions and reactions in view of your suffering history. Then a contact figure can follow: I help you deal with the painful and torturous emotions and figure out what you would have needed. Openly accessible traumas are often followed by hidden birth traumas. In healing scenes the actions interrupted by the trauma can be brought to an end.

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The healing birth scene takes place on the (formerly hidden, now) symbolic level of the past with pilot function according to the genetic expectations.

The symbolic scene feels like "real".

Transfer to the present - change of perception

Bibliography: www.psychotherapie-lichtenrade.de/links — Dr. Bärbel Smikalla-Weier, Dr. Günter Weier, Wünsdorfer Str. 32, 12307 Berlin, Germany

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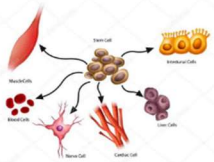

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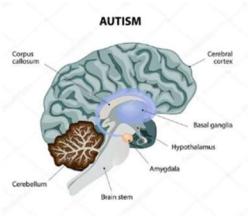

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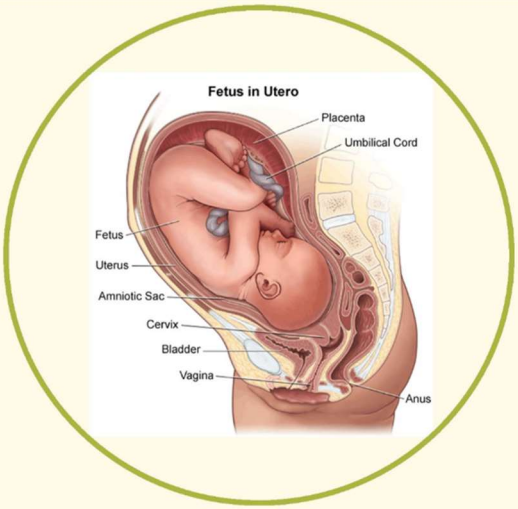

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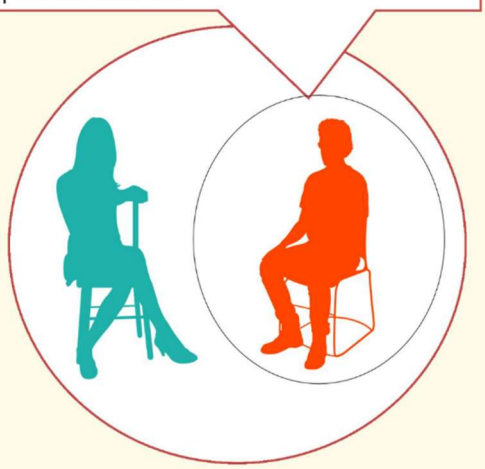

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Transfer to the present - change of perception

3. Saturday, 28 September 2019

3.1. Nim Tottenham: Emotions, Brain Development, and the Role of Early Experiences (Keynote speech)

The foundation of mature emotion regulation is comprised of connections between the amygdala and medial prefrontal cortex (mPFC). We have shown that this circuitry is slow to develop in humans, and age-related changes in this neurobiology underlie the maturation of affective behaviors. The current talk will present a series of behavioral and functional neuroimaging studies that characterize the development of this circuitry and begin to elucidate the mechanisms by which social environments modulate its development. The talk is dedicated to neural and behavioral findings in typical development and also to development following early caregiving adversity. Discussion will focus on possible sensitive periods of brain development and the role of the social environment in establishing the neural architecture that supports emotional behaviors in maturity.

Nim Tottenham, PhD.

Nim Tottenham is a Professor of Psychology at Columbia University in New York and Director of the Developmental Affective Neuroscience Laboratory. She is interested in the developing brain and the powerful role of early experiences, such as sensitive caregiving and early childhood adversity and stress on brain development and functioning.

The research of the Developmental Affective Neuroscience Lab focuses on the development of neural circuits that underlie affective behaviors across childhood and adolescence, with a particular emphasis on limbic-cortical connections (e.g., amygdala-medial prefrontal cortex).

The Lab's major focus is to characterize normative human brain development. Professor Tottenham and her colleagues at her Lab use behavioral, physiological, and functional MRI methods with the aim of identifying sensitive periods during which the environment has the largest influence on neural phenotypes.

Nim Tottenham has authored over 80 journal articles and book chapters. She is a frequent lecturer both nationally and internationally on human brain and emotional development. She is a Fellow of the Association for Psychological Science and is a recipient of the National Institute of Mental Health Biobehavioral Research Awards for Innovative New Scientists (BRAINS) Award, the American Psychological Association's Distinguished Scientific Award for Early Career Contribution to Psychology, and the Developmental Science Early Career Researcher Prize.

Emotions, Brain Development, and the Role of Early Experiences
(Keynote speech)

Good morning everyone,

It's an honor to speak to you today and I would like to thank doctor Petra Winnette for the invitation.

So, the research question that really motivates the work in our laboratory, is to address this age-old question – linking early experiences to later emotional functioning. And our interest is in the role of brain development in linking these two points. And although emotion regulation is a very complex brain process, today I will be focusing on the links between the amygdala and the prefrontal cortex. So, we are especially interested in seeing how these brain regions develop in real time. And the amygdala and

prefrontal cortex form the foundation of what we think about with emotion regulation behaviors in adulthood. If we look at a number of mental illnesses, they tend to show their peak age of onset at the beginning of adolescence. And so that makes our interest in the antecedent period for investigating moments when the environment can have a big impact on this circuitry.

So, to study brain development – this is a common experience that children have in our laboratory. This is my daughter. And she's wearing goggles that allow us to present stimuli to her. Right now, she's laughing, because she's watching a cartoon – Spongebob Squarepants. But we can then take off the cartoon and present to her images of emotional expressions, like fear. And so, we do this with participants as young as four up until early adulthood. And amygdala reactivity changes dramatically across this period. So, on the X axis here is age in years and on the Y axis is the amount of activity in the amygdala to those fear faces. And what you can appreciate is that the younger participants – each dot is a participant – the younger participants are showing the strongest response to these emotional faces. Which makes sense because the amygdala's job is to learn about safety and danger. And when you're little and new to this planet, you have a lot of learning to do.

pWe can then investigate how this amygdala is communicating with regulatory regions from the prefrontal cortex. And to do that we use a technique of functional connectivity. Which works like this:

We can pull the activity from the amygdala and plot it over time and likewise the activity of the prefrontal cortex and plot it over time. And the degree to which they correlate with each other is our measure of connectivity. In adulthood, this connectivity is usually a negative connectivity measure. So, when the prefrontal cortex increases its activity, the amygdala decreases its activity. So, in healthy adults there is an inhibitory relationship between the two. So, using this metric we can look across our wide age range and what we observe in young adults is that negative correlation that I just described. So, these young adults show that negative correlation pattern that I just described, indicative of an inhibitory relationship. So that's the regulated pattern that we expect to see. In younger and older adolescents, we still see this negative connectivity pattern, but you can appreciate that the magnitude is decreased.

What we were particularly interested in, is what we observed in children, where we no longer see a negative connectivity pattern, but the connectivity is positive. Suggesting that the conversation between the amygdala – which is responsible for emotion generation and learning – and the prefrontal cortex – which is responsible for dampening the amygdala activity – is different in childhood than it is at points thereafter. And in fact, this developmental switch between childhood and adolescence in the neurobiology statistically explains changes in normative developmental anxiety. So, there are behavioral correlates of this neurobiological change. So, putting all this together, if this is age in years on the X axis, what we see is strong amygdala response in childhood, but this is happening in the absence of adultlike connections with prefrontal cortex. Which makes childhood a very interesting time to investigate as a potential sensitive period for this neurobiology.

When the environment may have a particularly strong impact on the nature of this brain circuit. Moreover, we have data to suggest that this strong amygdala activity may actually be the biological prerequisite for the instantiation of these adult connections. So, two hundred years ago William Wordsworth said: "The child is the father of the man." And this quote is very reminiscent of the neurobiology we see. So, if we have an adult vantage point, we think of the cortex as controlling the amygdala. But if we take a developmental perspective, we can appreciate that the amygdala might actually be tutoring the cortex. So, the data we've been collecting prompts us to formally ask this question of whether middle childhood is a sensitive period for the development of amygdala-prefrontal connections. And we've been very motivated by a number of animal studies demonstrating that emotional learning that happens early actually can be used later on in adulthood and often demonstrate anxiolytic properties – a decrease in anxiety.

So, one of these studies in mice actually used music from childhood – mouse childhood – and we wanted to use this method, because music gives us an opportunity to address a great challenge in sensitive period research. So, in the mouse study they used classical music. We can't use classical music, because we don't know how old somebody was the first time that they were exposed. But we can use pop music, and use data from the billboard charts, to better have a sense of how old somebody was at first exposure. So, we can bring in young adults, in 2012, and present them with a stimulus when they were 7 years old.

So, to do the math, we need a stimulus from 1997 for these young adults. So, we searched the archives and we're going to use the Backstreet Boys, which were really big in America. I don't know about the Czech Republic. Okay, so we bring in young adults and we stress them out. We use hard college math and watch students as they perform math.

This was at UCLA and we told the student they were performing a little bit below their peers. And then we gave them breaks to rest and then they could listen to one of two radio stations. One would play music from their childhood – The Backstreet Boys – and one would play music from their adolescent period – Justin Bieber and Ludacris. And we wanted to know which radio station did they have a tendency to approach. And we observed that for adults growing up in the US they would increasingly choose the Backstreet Boys, they would increasingly choose their childhood music. And it's not because of liking – they did not like the Backstreet Boys anymore – but under stress, they would have a gravitational pull to the childhood music. The control group were people born outside of the United States, who did not listen to the Backstreet Boys growing up. And they were not choosing the Backstreet Boys. It was only the people listening to the childhood songs that also showed significant decreases in autonomic arousal. The more that people chose childhood music, the calmer they reported feeling during the stress. And during scanning, the childhood music was especially effective in increasing prefrontal cortex activity.

And that activity was strengthening the negative correlation with amygdala. So that the more the prefrontal cortex responded to the childhood music, the lower the anxiety people experienced. Okay but we don't really care about the Backstreet Boys. We care about other stimuli that are species expected co-occurring with this age. Which is the caregiver. And what you can appreciate that caregiving in humans takes a long time. Between one to two decades. Or three, depending on your family structure. And so, in humans, parents afford us the luxury of this childhood plastic period. And parents provide a scaffolding for brain development. And so, we've been compelled by the rodent data showing an intimate relationship between parents and amygdala development. So, there's this moment in post-natal life, in rats, where the functioning of the amygdala is completely dependent on the mother's presence. When the mother is in the nest, she keeps the amygdala activity quiet.

And when the mother is out of the nest, amygdala activity increases and acts like an adult's amygdala. And how this plays out behaviorally is very important. So, if a peppermint odor, which means nothing to a rat pup, is paired with a foot shock and that odor is then placed on one arm of a Y maze. This rat pup will do what you and I would do and it will avoid that peppermint odor. Which I'm showing here in this low bar. If the animal learned this in the absence of its mother. However, if the mother is present during learning, then this rat pup will do something odd and it will now approach that odor. Which I'm showing here. So, even though the rat pup doesn't like a foot shock, stimuli learned in its mother's presence will keep the amygdala quiet, it will buffer the amygdala and it will promote preference learning in the rat pup. This won't happen at other ages. There is something unique about this developmental period, which promotes attachment learning. So, the brain of the young animal is designed to coordinate with the caregiver to promote attachment learning, to promote preference for things related to the parent. That has nothing to do with feeling good or liking or hedonics. It's just a survival strategy for the young animal.

So, in humans, we're very curious to know whether a similar process occurs. That effect of the mother on the amygdala is mediated through cort – cortisol. In rodents it's corticosterone. So, Meighan Gunner asked this question in humans and she gave children a stressor. This is a public speech stressor, which is a wonderful way to elevate your cortisol levels. And when children prepared their speech sitting next to a stranger, they showed a beautiful cort response. But when they were sitting next to their parents, the parents blocked that cort elevation. Slightly older adolescents don't show this buffering effect by their parents. So, we wanted to know whether parents had an effect on fear learning as was shown in the rat pups. So, we presented preschool age children with a blue square which was paired with a terrible noise – we did not shock them – this noise was like nails down a chalkboard. They don't like it. The triangle was paired with nothing. So, they learned this alone with the experimenter or sitting next to their parents. Then we took the parents away and we placed children into a human Y maze and the blue square went on this

door and the triangle on this door. And we asked children to go in and we measured which doors they liked better.

So, parents had no effect during the actual learning, meaning parents weren't simply calming children. Instead, what we observed, is parents had an effect on the learning process. So, when children conditioned alone, they were more likely to avoid that terrible blue square. Just like you and I would do. But when they conditioned with their parents, they were more likely to prefer that terrible blue square. And these were the same children, so their learning was switching as a function of their parents' presence. But there's a lot of variability in these data, these are the individual data points here. And that variability was explained by children's cortisol. So, children with higher cortisol were less likely to be affected by their parents' presence. Suggesting some biological constraints on this effect. During FMRI scanning children's amygdalae are also decreased by their parents' pictures.

Giving us a little hint that the human response during childhood may parallel what we've seen in the basic neuroscience models. So, these data together with other studies lead us to think that there's a period early in life when parents are very effective in modulating the activity of the amygdala. And we have some ideas about the neurohormonal cascades that are differentially affected by parents' presence and absence. And so, parents may very well be a privileged information source for this deep emotional neurobiology. And one thing important to note about all of the parent data I've shown so far is that the parents stimuli have to be regulated. If parents themselves express distress or anxiety, they have the complete opposite effect. They're very good at ramping up amygdala activity in their children. So, this type of model allows us to better think about adult functioning as reflecting learning that happened during a putative sensitive period.

And gives us the opportunity to think about development of this system under conditions of extreme aberrations in parenting. And so for the past 20 years we've been very lucky to work with families that have adopted children internationally from institutional care. And I'd like to point out – I don't have to tell this audience – but the omission of a parent when the parent is a species-expected stimulus is not the same thing as an absence of harm. It's an absence of input, but a highly pernicious experience for the

developing human brain. Unlike physical neglect or abuse, where the signs are more obvious, this can be an invisible influence and therefore very often overlooked. However parental neglect is unfortunately a very common experience that co-occurs with other forms of maltreatment. And it's the failure to receive the needed parent–child intimacy, support and serve and return relationship. And therefore, it is a significant stressor for the human infant and child.

So, we can turn to the very large literature on stress, these are data from rodents, and briefly many studies have shown that the amygdala cells tend to get larger and more reactive. In contrast to the neighboring hippocampus, which tends to get smaller and less effective, less functional. Developmentally something even more interesting happens. Many animal studies have shown that early life stress can lead to an acceleration of these circuits' development. And the idea is these accelerations are developmental adaptations. The brain develops to meet the needs that are immediate. So through increased early activity the brain circuits may start their development or accelerate their development. Which then allows us to ask questions about trade-offs. Are there benefits to the child for making these adaptations that may come with some costs? So, this population of children allows us to ask questions specifically about early stressors, because the children we work with have been adopted by families that provide a very different environment.

And we know the end date of that stressor. So, despite significant developmental risks there's significant rebound in development in several domains. As I'll point out there's tremendous heterogeneity, but when children struggle, they're most likely to struggle in emotion regulation. The data that I'll present include children placed in institutional care near birth and then adopted by their second birthday. So, this is before explicit memory sets in. When we look at amygdala size, we see that children adopted at later ages, show larger amygdala volumes. And the larger the amygdala volume, the more internalizing problems and anxiety children exhibit. When we measure behavior in the lab, we use games like this. Children are told to press a button as fast as they can to one type of expression. So, they build up a habit or an impulse.

And then when the expression changes, they should control their behavior. It's very hard to do this when you're little. When those faces have a positive expression, we do not see any differences between the typical group and the previous institutional group. When you see PI, I'm referring to previous institutional care. The group differences emerged when the faces were high arousal negative emotions. And this is consistent with reports we hear from parents. That the difficulties really emerge under high arousal emotional circumstances. And we can scan the brain during this type of game and those high arousal emotional faces lead to increases in amygdala activity in the PI group. So, we've done this multiple times now in New York and in Los Angeles and observe hyperreactivity of amygdala in the PI group. When we look at both internalizing and externalizing problems, we see elevations in the PI group. And what I don't have here but I wish I could show you is there's tremendous heterogeneity.

Some children are really doing quite well and others are not. So, much of our work is geared towards better understanding those individual differences. So, we measure eye contact. This is a behavior closely linked with amygdala function. We can use computerized eye tracking and we can measure eye contact during a live interaction with parents. By both measures the PI group is showing decreased eye contact. And the amygdala hyperactivity is inversely correlated with eye contact. By both measures. So, children with stronger amygdala activity make less eye contact. And when we return to that connectivity measure, we also see differences. This is connectivity between the amygdala and the prefrontal cortex. These are the data I showed you earlier, where children with the typical background show that positive non-regulatory connectivity measure, which switches in adolescence to become that more regulatory phenotype.

We have replicated that in a separate sample. But when we look at the PI group, the children don't look like children. Their phenotype looks more like adolescents and adults. So, in other words, in the 4 to 9-year-old group we see this largest group difference. And that group difference in the brain phenotype is mediated by the children's cortisol. So, what we think is happening is – here's age on the X axis – in the context of strong amygdala reactivity, we think that this leads to an earlier development of those adult-like connections with prefrontal cortex. I'll show you data that is leading us to think that this is an adaptation for the child. But it may also come with a cost in that you've now got reduced developmental plasticity. So, this may help explain more reactive responding rather than the reflective slow responding that we associate with healthy regulation strategies in adulthood.

So, here are some of the data making us think that this adaptation is potentially beneficial for the children. In the short run. So, overall PI children show higher trait anxiety. But if we look at the PI children who show the more adult-like adaptation in connectivity, although their anxiety is higher than the typical group, it's lower than their previously institutionalized peers who didn't show that adaptation. So, for current anxiety, switching to this adult-like state seems beneficial. However, we have tracked this sample over 5 years and so keep your eyes on these data here. There they are again. So, we follow children over a 5-year period and – although our sample size is small here, so we still have to see if the data bear out – the rank order between those two groups switches over time. Such that the children who were initially benefiting from this adaptation in the brain did not decline in anxiety as much over time. Whereas the children who showed a more childlike brain phenotype seem to benefit in the long run.

And one idea that interests us is that there might be transactional effects with the parent for the child who is displaying more childlike separation anxiety behaviors. So, if this early stressor is leading to abbreviated or truncated plasticity, might this place limitations on the ability of the parent to buffer the system? So, these are the data I showed you earlier, where typically raised children had decreased amygdala reactivity to their parents' pictures. As a group the PI children were not showing the same buffering of the amygdala. And this is to their adoptive parents. But what we were interested in, is these large error bars. Which means that some PI children were showing that amygdala buffering and some were not. So, we interrogated those individual differences over time and we split children into whether they showed that amygdala buffering to their parents or not. And I'm plotting here their anxiety over time.

So, with Time 1 we didn't see differences in anxiety between children who showed the amygdala buffering or not. But over 2 years the PI children who showed buffering to their parents at time 1 showed significant decreases in their anxiety. And the children who were struggling most with anxiety over time were not

showing the buffering at Time 1. And what distinguished these two groups was the child reported attachment security. So, children who showed amygdala buffering at Time 1 were also reporting greater attachment security. And these data are consistent with some other data from our lab showing that the higher the attachment security in the PI group, the lower the internalizing problems children exhibited. Which I think points us to the importance of supporting families as one of the most powerful interventions for children. So, I've shown you that human amygdala prefrontal cortex circuits develop very slowly, but that there may be great value in this slow cooking.

We don't see adult-like phenotypes emerging until the beginning of adolescence. Which buys us these very long sensitive periods for the massive amount of learning required for our sophisticated emotion regulation processes. And parents are serving this role as primary regulators of neurobiology, being a privileged information source. And early caregiving adversity does significantly increase the risk for poor mental health. In fact, it's the leading risk factor for mental health problems world-wide. And this is doing so perhaps by affecting the developmental pacing of neurobiology. But at the same time, strong parent–child relationships can have powerful ameliorative effects on neurobiology.

So, with that I will thank you, I will acknowledge the funding sources, lab members, the families and individuals that have contributed to these data and thank you for your attention.

3.2. Petra Winnette: Using PBSP to Work with Adults with Unresolved Childhood Trauma: What We Can Learn from the Neuroscience of Memory and Attachment Theory (Plenary lecture)

PBSP is a psychotherapy used with adults who suffer from adverse childhood experiences. The method is based on the concept of "creating new memories in the past". We will compare current findings about memory systems in neuroscience and attachment theory which resonate with concepts used in PBSP.

Learning objectives:

- Review relevant neuroscience research on memory
- Review how attachment memories influence social development
- Explore how these findings can inform and enrich PBSP theory and practice

Attachment theory and neuroscience research both emphasize the importance of early experiences for decision making, behavior and relationships later in life. Both positive and adverse childhood experiences are encoded in the brain but have different effects in shaping social functioning throughout childhood, adolescence and adulthood.

We will summarize current neuroscience findings on memory systems and the impact of memories of early care giving on development and show how the research relates to PBSP therapy.

Videotapes of clinical work will illustrate how early attachment memories influence behavior in childhood and adulthood and how the principle of creation of new positive memories is used in therapy.

Petra Winnette, PhD. (CZ)

Petra Winnette has a Master's degree from the Faculty of Pedagogy at Charles University in Prague. She studied developmental psychology at University College Cork in Ireland and graduated from Charles University with a Doctorate in Comparative Science. She was a Fulbright Scholar at the Affective Developmental Neuroscience Lab in the Psychology Department of Columbia University in New York (2017–2018). Petra was a lecturer and a member of the scientific committee for the ICAPAP conference (International Child and Adolescent Psychiatry and Affiliated Professions) in 2018. As a clinician and scientist, she is interested in how early childhood experiences influence brain development and behavior throughout the life span and how neuroscience relates to psychotherapy. Petra is an author of several books in this area. She is a certified PBSP therapist.

3.3. Barbara Fischer-Bartelmann: From Psychomotor to PBSP®. The Development of the Method: Change, Continuity and Core Identity (Plenary lecture)

What stages did the development of theory and practice of PBSP go through? What was the motivation behind the shifts? Which techniques were indeed abandoned, which modified, which embedded? What represents our Corporate Identity which will be able to maintain unity for future developments?

The fundament of PBSP in the observation of the body was a lifelong motivation for Al to continue refining and elaborating on the method that he and Diane had discovered. His basic assumption, that we are the local agents of the constant unfolding of the cosmos, applied also to his own work.

It is impressive that the ensemble of intervention techniques underwent three major shifts – but this was sometimes to the dismay of earlier trainees. Al was a "moving target", always eager to demonstrate and refine the newest developments. The common ground and maintained continuity through all of these steps was not equally visible. Different training groups seemed to learn different therapies, sometimes trained by trainers who had their roots in different stages of intervention techniques and seemed to give diverging models. A number of our core reference articles were written at various developmental stages of the method and represent different, sometimes conflicting stages of techniques and developments.

Through all of his lifetime, the reference point for "what is PBSP" was Al himself. Now, we need a new orientation point. "Tradition is not the worship of ashes, but the preservation of fire" (Jean Jaurès). What then is the "flame" that keeps the essential process of PBSP alive? What can be exchanged, what is outdated and abandoned, what needs to be maintained inevitably to remain true our core identity?

I had the privilege to have fist hand access to the fundaments of Psychomotor through my training with Louisa Howe, who was member of the very first experimental group with the Pessos and major contributor to its theoretical framing. I had the exceptional opportunity to witness the developments since 1994 seamless and *"in statu nascendi"* through my two decades of close collaboration with Al as trainer.

I would like to offer you my perspective on the method as a self-similar system with certain recurring core concepts which form the center of its identity and can serve as our common "north pole star" in future developments.

Barbara Fischer-Bartelmann, Dipl.-Psych., MA (DE)

Certified PBSP Therapist, Supervisor and Senior Trainer. Trainee of Louisa Howe, Boston (1994–1995), Al Pesso and Lowijs Perquin (Strolling Woods 1994–1995, Munich 1998–2001), ongoing translator and assistant to Al and Lowijs (1998–2015).

From Psychomotor to PBSP®. The Development of the Method: Change, Continuity and Core Identity
(Plenary lecture)

(The beginning of the lecture is missing.)

... to use the message creatively, because I think if you understand the DNA, you get more liberty to use it and play with it and not only imitate it. And also, the implications for training, for didactics. If we have enough time left, I will tell you about my own growing edges regarding the method. So, how and why did the method change? Or maybe I should have said evolved. The core or the initiating element of the practice was recognizing modalities of movement and discovering that there's a unique movement modality that the Pessos called emotional movement. Different from reflexes and different from voluntary movement. I think with that they were already touching up on those brain structures that we focus on in psychotherapy today. The technique of accommodation, of getting the fitting, satisfying answer to

emotional movement. And that only makes sense for emotional movement – voluntary movement has no satisfying outcome – well maybe it does a little – but the emotional satisfaction is a fitting answer to emotional movement. Lastly, the Energy–Action–Interaction as the fundamental formula of the work.

The next step was discovering that accommodating emotional movement grants us a surprising access to the past. That the experience of the fitting interaction regularly stimulated people to think about the past, where this had been missing. And I always highlight that it was Diane's idea to say: "If this is a past experience and the expected interaction is with parents, with attachment figures, then we should also label that healing experience as ideal parents." Not just any ideal experience, but ideal parents in that personal relationship. And that was intense already. But sometimes intense bypassing consciousness, bypassing the pilot, may be neurophysiological, not including the prefrontal cortex. So, they developed techniques to include more of the consciousness and awareness, and also the conscious storing by cognitive conscious processes that they call "the pilot". They also developed techniques to support that function. So, we could say to include the prefrontal cortex more.

And the sequence was expanded from Energy–Action–Interaction to the more cognitive functions of satisfaction, meaning and integration. Because integration and the consolidation of that new memory is what will then bear fruit in our therapeutic work. And this is how I got to know the method. To not only help or support the process starting from the body, with witnessing and consciousness, but to really turn the method around and say we should start with the present consciousness. So, this is how I came to know the method in 1991, when that process of reverting from the feet to the head, or from the head to the feet, had already happened. Some people who are sitting here went through the painful process of having to learn it all over again. I've been told that Al said to a whole training group: "You have to start over." Who are the people who were already in the field then?

The Americans, here in the front. The idea was to really start from the here and now. Because if we start from the body, we are deep in unconscious material, in the episodic memory – as we have heard – and the connection to the present problem, to the presenting problem, is not so clearly established. We did healing, we did powerful stuff, but how does it relate to present life? And so, Al shifted the whole method around to start with present consciousness, with the so called "true scene", what is happening in the here and now, what is the perception, what are the patterns? And as we have heard from the lectures, this shows us the present brain organization, which stores early experiences. By focusing on present consciousness, we access information about the life events that took place during the formation of the brain. And that's fascinating. Al would sometimes say it was like brain surgery. That with using those techniques, we really get into the structure and the very functioning of our brain. This was a very pleasant time to be training in PBSP, because it was consolidated, Al had the slides, he was organized, and he taught. He was very motivated to teach consistently – I heard the same lecture three times in my first year. It was a lovely moment in the development of PBSP, to start learning it when it was at that stage. It was quite a stable time – from the beginning of the 90s to the beginning of 2000s, where this was established as the standard way of work. But then the body told Al something different.

The whole new concept of working with holes in roles, initially the concept of the entity, which again was a body observation of a particular kind of demonic face, rejecting the suggestion of ideal parents. And the hypothesis that the roots of not being able to receive are in the history of "giving out too early". This might correlate a little bit with what we heard in one of the morning lectures – the too-early-adult correlation. When the modulation sets in too early, the needs don't have sufficient time to be felt, the emotions don't have enough time to ripen, and that the functioning in giving, or in taking responsibility does not have the fundament in the usual healthy maturation process of having the needs met in the first place. How do we undo that? Again, relating to those discoveries there was a big shift – where does the healing come from? Because the healing does not come from the intensity or the ability to test the alternative memories with a role player, but it comes from receptivity. And that was a big shift. Accommodation is still nice, negative accommodation is fine, limiting is fine, none of that is obsolete.

But the intensity in which the new memory can be perceived and received – and how well it is consolidated with the original memories – comes from correcting that shift between receiving and giving first. So, if that holes in roles business – being responsible, being the saviour too early – is reversed, we get much deeper impact of the alternative memory, and it also gets more precisely located in the child experience and not in the "too-early-adult" position. This process was formed at the same time as the trauma therapy developed. With the increasing awareness that the networks connected to traumatic memories or adverse childhood experiences should not be reinforced in the therapeutic process. Because those are connections that we want to weaken and not practice. If we don't have to go to discharge, to grief work, anger work, then there's no therapeutic use in going too deep into the original memories. If we follow the "fire together, wire together" principle, we repeat the original experience first. How do we skilfully dampen that, so that the major experiential part of the structure work is the new memory? How do we access the original memory just enough that the new memories get consolidated with the original memory? This is all about the consolidation–reconsolidation processes.

We want to access the original memories, when they get in that unstable state, and we want to have a stronger experience of the alternative memories, so that the two of them get stored together. In my opinion this is still a state-of-the-art method in PBSP. But again, it was difficult for everybody who was trained before. A lot of people said to Al: "You're abandoning body therapy, you're not doing the real stuff anymore." And to be fair, there was a time, when Al always liked to drive the newest car in the garage. When he was so absorbed with movies, making a movie after a movie, that people felt that was no longer as fleshy and exciting as the pure body work was. However, in the last five or six years he re-integrated it and added more balance. I'd like to explain why I decided to create the graphic in this way. I don't understand the development of the method as steps or as abandoning something and moving on to something different. It's not really a jigsaw puzzle either, where you can put down one piece and then fit in the other, or vice versa. I see it as an organic whole. There's a core to the method, and it was gradually wrapped up, again and again, in more delicate layers – sort of like the brain.

You have the brain stem, the mesencephalon and the neocortex. And the neocortex is the most refined part of the brain, but it is still dependent on the brain stem, which takes care of the vital functions. And in my opinion, the same applies for the method. That accommodation, emotional movement, going into the hypothetical past, having satisfaction, is still the core and the other techniques wrap it up nicely or make it more fruitful, but they are peripheral. They are the leaves on the branches of a tree. It's not interchangeable. In terms of the priorities and the importance of the method's unity I think this is still the core and it should be taught as such. That is why I chose this kind of image to it represent it. Let's move on. When I prepared this lecture, it was a bit of an experiment, a research project for myself. I told myself that I really want to make a heat map of the actual work. You will see what a heatmap is on the next slide. It's usually done for soccer players – this is a heatmap of Messi. You can see the soccer field, and you can see in the course of the whole game how much time did he actually spend in certain areas of the playing field. Looking at these heatmaps, you can understand the quality of a player and the player's strategy as well. Something that is peculiar about Messi, being a goal scorer – he should really be there, scoring the goals – but look at how much time he spends in the midfield or even in the zone parts as a defense player. This shows how valuable of a player he is, because he covers a lot of those things. He's not just standing in front of the goalpost, waiting for a pass, so that he can score a goal.

And I've been trying to think in the same way. How much time and how much intensity did we spend with actual work in certain parts of the structure during the pieces of development. This is a new thing for the German people as well, even though they have seen the other presentation. Let me explain what I did. I started from the four-quadrant scheme. The top part of this is what I hope is familiar to you as the four-quadrant scheme. And Gus, can you help me – who developed it? John Crandall, who is here. Thank you, I'm using it and I have expanded it. The four-quadrant scheme reads this way. The left-hand side is the real memory – the history, the autobiography. The right-hand side is the ideal, the antidote, the counter-shape, the "how it should have been". In the original we have present time or consciousness, past time – unconsciousness. I decided to expand that to a six-quadrant scheme, in order to also cover the holes in roles technique.

This is individual history, past, unconscious, and this is the history of the social field, meaning the stories – also unconscious, not only personal experience, but whatever has been transmitted trans-generationally. And it works the same way – we have the contrast between the reality, how it was, and the antidote – how it should have been. I used a dark yellow background to indicate what was actually put on the stage, in a scene experienced by the person. And the light yellow indicates what was used during our work, but not actually put in a scene. And that has changed quite a lot, which parts of the work have actually been put in a scene, on an experiential level, not on an understanding level. I used bold face to indicate elements that have remained from a particular stage of the development until the present. So, things that developed at some stage and stayed constant from then on. Normal face indicates what was transitional. In order to read it more easily, whatever is in red also shows what was new at each step. I'm sorry, it is a little complicated. I hope it makes sense to you? Should I explain it once more? You have it? Good.

So, the very beginning of the work, all the dance training and body awareness largely took place in the here and now. In real time, in the present time in terms of experimenting with the body, getting aware of the different movement modalities, separating them, and finding out whether all of them are equally accessible to the client. And where and when they use the wrong modality for the task or where an unwanted modality – especially the emotional one – would spill in and how to get control over it. The goal or the ideal was more on a practice level. Getting a conscious awareness of the modalities, having them all accessible, mastering them and employing each one of them. And that was made possible by accommodation. The big discovery being that if I can anticipate, or if I have created an experience of a successful movement, then I can integrate it. If I have no hope that there will be a fitting answer, then it's better to suppress it. And that was when the method was still about dance training – helping dancers move emotionally. What happened then was surprising, because what surfaced with the emotional movement, or what was made accessible through the accommodation, turned out to be childhood memories. In particular those childhood memories, where needs were not met. The unresolved business. With the ideal parents in the hypothetical past, but still monitoring the body and seeing where the highest energy was – a spontaneous image occurred of what should have happened at that time, with those specific people.

And from that stage this is what, still to this day, happens in the antidote phase – that is why it's in bold – whether in group work or 1:1 work. Having the highest energy, getting the right accommodation, integrating that, helping to complete developmental tasks that have not been completed and integrating them in the person. And that was the point when Al and Diane realized that what they were doing was no longer dance training, but really psychotherapy. Because during that time they were in therapy themselves, it was analytic therapy. And they found out that this kind of work had a much deeper impact on them and was also very fruitful for the dancers, not only as dancers, but as people. And they made a conscious decision to say: "Okay, we are now going to focus on this as a means of psychotherapy." Within psychotherapy, practicing emotional movement, practicing movement modalities, practicing accommodation was no longer the point of focus, but a tool. It was a tool for training the role players to be able to provide good accommodation. At that time, it meant working with a lot of high energies. But that part became a mere auxiliary service to the actual work, which was uncovering unmet childhood needs and resolving them with the ideal parents. And at that time – this was almost 20 years ago – the work started with species stance. No micro-tracking, just standing, relaxing, seeing where the energy resides within the body, moving through that energy, directing expressed emotions and getting accommodation.

Twenty years ago. We have all learned differently and so it's amazing that structure work can still be done despite that. This was the actual work then. Little bit of role player preparation, but the therapy itself meant diving directly into the unconscious, considering the species stance, uncovering the energies, resolving them, and getting to an antidote there. The whole scene, the whole theatre was unconscious. Which made it a very powerful therapy, very difficult to run, it worked with a lot of high energy, a lot of body stuff that shouldn't go wrong, because you don't want to hurt the role players and you don't want to

hurt the client. If something went wrong it was very critical, because the pilot was not quite awake. And sometimes it was hard to integrate. I remember my first structure that theoretically started with micro-tracking, but Al did a lot in my very first structure. A lot of very intense stuff, limiting, vulnerability, trauma stuff from my mother, a play structure, all of that in 50 minutes and it was wonderful. I remember each step, but it took me two weeks to read and understand what he had actually done. And to be able to integrate it, as I was blown away. It was good work, but I thought: "Oh, what happened?" And I have a high need to integrate things, in order to feel like an integrated person again. So, from then on, the next step was to remedy that by adding something that would work with the present time and on the level of consciousness.

That had been abandoned for some time and then it was revivified, not with body exercises, but with the micro-tracking. Still in a scene with witnesses and voices, there was still a lot of theatre in the room. As well as with present time figures that were at the time also roleplayed. And not only present time figures, but aspects of present time figures as well. So, the stage was pretty crowded. With a role player for the witness, several role players for voices, positive and negative aspects of present time figures, positive and negative aspects of historical figures – we needed a lot of role players. At times, the room was full of people. It was fairly slow, because the therapist had to assign the words for the witnesses and the words for the voices and then you had the role players trying to remember the right words. It was still quite impactful. If we have a look at the slide again, there are two quadrants of the old map, of the painful map, present time, past time. Within the actual process we went through a lot of things that were unpleasant. That were scary, that were painful, that were confusing. And in order to outbalance that we needed a lot of positive fragment figures. We had a validating figure, permission-giving figure, understanding figure, supporting figure, containing figure, all of those to counterbalance all that negative stuff that came with the polarization and the actual staging of the present and past figures.

It did not change though, not before the antidote scene. I'm not sure when it started being called the antidote. But it makes sense, as antidote means "contrast to". I think you can see in that heatmap, that it was all a little skewed to the negative side. The people who remember the structure work can attest to the fact that sometimes it was all very exhausting and tiresome and wounding. And we were a little tired when the antidote finally came. It had a little bit of an unwanted subtext – that you have to suffer before you can get the good things. Some people would say: "I was so tired when I finally got to the antidote that what remained with me was a lot more of the pain. And I didn't have much strength left to really focus on the antidote." The next developmental step was closer to having less of this on the stage. The focus was on having to do the ideal figure first, before the historical figures. So that defining counter-shape, taking care of that, is not your job. This way of working opens receptivity to the new memory much more effectively and safely, than doing all that anger work. And that is one thing that Al very explicitly said: "I don't do that anymore. I have completely abandoned it. It was a mistake to think that all that negative stuff has to come out first." That is the only thing he ever completely undid and reversed.

Expressing grief, expressing anger is not the pathway to opening receptivity. This formed a big contrast to a lot of the body therapies that were around at that time. Resulting in a theory that the resistance for taking in is caused by "putting out too much too early", and the theory of holes in roles. In the beginning Al focused a lot on the phenomena of resistance and how to undo resistance. And he gave lectures about the entity and the demonic qualities and the "not taking in the good stuff" and destroying it and retroflexions, it was all very negative and demonic. And in very little time, two or three years later, he started to put his lectures together in a completely opposite way. He started from the messiah gene. The original intention of those processes to do good. Again, I think there is a parallel to the trauma neurobiology that was presented earlier, that there is a benefit to having that adult correlation too soon, but there are costs as well. There was a time where all of these things filled the room. I remember one workshop with 24 people or so, and the whole room was full of movies represented by role players. And it was a difficult thing for the role players because they were not supposed to look at the client. They were in a position, and then the focus of the structure would move somewhere else and they would be standing there like statues, no focus on them. And it was hard to see the last movies because the room was so crowded.

Then there was a big movement towards efficiency and, also, applicability in 1:1. I don't think that was intentional at first. It was like a by-product. I turned out that if this, what is on the right-hand side, was therapeutically efficient – the new memory, the role players, putting it in the scene and making it experiential – then we should focus mainly, or even exclusively, on the right-hand side. And find ways to reduce the left-hand side, but to still have it present in the room, just enough that we are not only talking. Making it spatial, making it visual and sensual, but to organize all of that information in a way that the client would no longer be brought back to the experience of being a vulnerable, helpless, wounded child. Just enough to only have them remember it. The witness and the voices were no longer roleplayed, but just put in the air. I think that was mainly for efficiency reasons. The present figures were no longer put into roles either, I have not seen that in the last fifteen, twenty years. But in order to still have them represented, placeholders were put in instead of them. But the placeholders were not in the scene, they were there only to look at the map from a bird's eye perspective. Same goes – or even more so – for the historical information. We only have placeholders representing the historical figures, not role players. Maybe with one exception – when we do trauma and we need negative accommodation, then we do need a role player for that.

The very early focus was attempting to find out how things can be reversed as quickly as possible, finding out the seeding or the outlook, what should we focus on and what is the goal of the whole process. Finding the elements of the antidote as quickly as possible, when we have historic information to reverse it, and maybe having a very quick look at the "how it should have been". The stories are treated the same way – they can also be put in as placeholders. So, we have them in the room, we support the pilot to look at the map and how it correlates – that's what the principles are for. But the only things that were staged, that were put in a screen where you had dialogues and interaction, would be reserved for the right-hand side. You can see there's a big difference between where the elements move, that is what we put in a scene. And just to make one thing clear, this is independent of the setting. So, the difference is not about having role players or not having them. The difference is in how you stage it. Even when you use objects, are they for the pilot to look at, or are they for the child part to experience them? It does not matter whether the ideal figures are objects or imagination or role players. We're not talking about setting, we're talking whether it is vivid, experiential or reflective. And again, I think this is a different part of the brain that it touches upon. This brings us pretty much to the present time.

It's much more efficient in terms of the clients' energy not to reinforce bad memories, not to go deep in pain. No need for role players, a very safe and efficient way to open receptivity, so that when you do have role players, when you do have accommodation, there's no need for much testing. It's much safer, much smoother, and the role players just sort of fit into a place that is already present in the imagination of a particular species expected interaction. And since then, I have never again seen an accident with the role players, where somebody got hurt or where there was a lot of testing and it was difficult to get there. The openness and the preparation to take it in comes from the movies, maybe forming a quick access though the bookmark. That also means that our role players don't need to prepare so much. We don't do a lot of limiting, we don't do a lot of negative accommodation and if it does happen, the openness is already there, and it doesn't have to be tested first. It's just very smooth and very gentle and that is why this method is easy to apply in 1:1 as well. Because here we work more with the concept, with the pilot, and here we work in any way – with the mind's eye, the mind's body and the actual body simply supports that. For me personally and for my clients, whenever we do limiting or when we work with early deprivation and trauma, I still need role players to use the full scope of the method.

But a lot of the other things can be covered in a much easier way, because we have less things to put on the stage and the field is open. They just slide in them, you make the movement, you make the gesture. This is true for the actual work, but I don't think it's true for the training and I will come back to that. Let's take a look at the complete picture – if we look at that whole development – let's see what was consolidated and what is central, what has been a constant through those 55 years and what was abandoned or is peripheral. Very early on, the focus and the highest emphasis was put on that quadrant (or sextant) – the counter-shape of highest energy. I think that's still the hallmark and should be the criterion for certification. The highest energy in the body should be counter-shaped in the antidote. Satisfaction of basic needs or the completion of developmental tasks, the formula that Petra also cited – the right age, right kinship relationship – that was from very early on, and has remained, the core healing agent of PBSP. And it has not changed with micro-tracking or with 1:1 setting. The second is finding the alternative healing memories with the same method, reversing history, and following the body impulses by doing the movies.

Here and here we have the same body indication, the click of closure, satisfaction. Interestingly, since we don't do any discharge work anymore, we have the relief–grief cycle with the movies and with the antidote. We don't do a lot of grieving here, going back to how difficult it was, how painful it was, but when we have the actual healing memory, and people get a sense of what it would have been like, that is where the grief or sometimes the outrage comes. However, already in the presence of the good stuff. And again, that makes it safer, more digestible, less exhausting, less weakening. Because people already have "what should have been" there in place. Another constant is the basic assumption that unmet needs don't go away. The bad thing is that this leads to transference and projections and all that stuff. The good thing is that this is our ally in our possibility sphere, this is what we can rely on, this is what will bring the process forward and it is what we relate to in our possibility sphere. The assumption that present complaints stem from the past – and that is neurophysiology again – we look at the present through the lens of past experiences. And alternative past experiences will form the basis of alternative behavior patterns, but even before that, they will form alternative perception. Last week I've spoken with people who did three structures with me and they have told me: "Somehow the problem just doesn't arise anymore, it doesn't happen. I don't see the same problems anymore. I look at people and they're nice and they're adults and I look at them as adults. And the perception has already shifted."

That is what makes for such a deep healing and it's very peculiar. There is also the assumption of genetic knowledge and expectations. What was the nice phrase – the species expected environment – I think this is what Al called the genetic memory. We can rely on this, it has drawbacks in that the repair mechanisms sometimes come at a cost to an individual, but they can be undone and healed. So, these are the things that have carried on throughout and these would be my idea of saying this is PBSP work. They may also be the criteria of the future development – what is our core identity and what should remain a constant. A lot of techniques are peripheral, but these are the constants that to me define the identity of our work.

What was abandoned? Not a lot, really. The figures and voices are no longer put in the scene, as I said, to avoid re-traumatization and weakening of the pilot. Al did not work with polarization anymore. That is what I regret, and I am starting to reintegrate it, because I think it can sometimes be very helpful in terms of ambivalent feelings. And what has been – not abandoned – but rather not needed as much anymore, was the need for positive fragment figures in order to avoid flooding. Except for two – containing, contact and maybe supportive figure. Those are the two fragment figures that Al continued to use to support the pilot.

And it's easier not to have so many other fragment figures, because that maintains the motivation to get the full antidote and not be attracted to the positive fragment figures so much. Same goes for the historical and real-time figures – they are not being put in a scene. There has been a little shift in the therapeutic attitude towards the movies, in terms of going to second gear with them. There's a little more leadership present when we lead movies to counteract the omnipotence. The transitional way of using roleplays and movies has been abandoned for reasons of efficiency. Although sometimes, in order to include extra movies or more role players, I have resumed using role plays in structures. Regarding the antidote, we are trying not to save it to the very last moment, but to really understand that it can be seeded – that is a hypnotherapy term – that the ideas can be brought in and slowly introduced and slowly attracted much earlier in the work. So that it's not a reward after a long stretch of hard work, but that it can be the morning light that gradually shines through the whole process. There is much less – or no emphasis at all – on the expression of grief and anger, putting out the bad. The real emphasis is on the fact that healing comes from taking in the good. That is the one major shift. Now for implications or conclusions for working creatively.

When I studied in Oxford, I learned gliding. We had very good trainers, they were very strong. They would say: "It doesn't matter how you get up there." It doesn't matter if you go by aerotow – which means being towed up by another plane, or winch – that's the machine on the ground that pulls you up like a kite from whatever awkward position in the sky. That is what the trainers really did to us, we flew and we had to

close our eyes and they would just lift us somewhere above the airfield and then they would say: "Open your eyes, you have control." How do I get back down? When you're in a glider you only have one go, you have no motor to start you up again, you have to land against the wind, and you absolutely have to know at any time how to get down to earth safely. That's the ultimate thing, if you don't know about anything else – soaring and thermal things you depend on – you have to know how to land. In my opinion this rings true for our work and for the way that I want to teach it. I absolutely want my trainees to be certain and able and to know how – for the sake of their clients – to get to a good end. There are many ways to get to a good end. Some of them are optimal, others are a little tricky. But I want to provide them with tools, so that if everything else fails, they know to resort to an ideal parent exercise, and they will get to a good end. And they can get there without micro-tracking, they can get there when they have lost the thread, they can get there when they don't know exactly what the historical information means, they can still have a good ending.

This is my real focus in the training, teaching trainees to know that in a way, there is a way to get there from any of those quadrants. The classic would be micro-tracking, past, reversal, or micro-tracking, past, stories, movies, reversal. But you can also begin from any accommodation. That is something that I sometimes use to rescue myself – looking at the body's highest energy, or self-serve interaction, and starting from the body. It is not the standard way, but it is something that was helpful to me whenever I got stuck. Or a reversal of an ideal figure in the present, we often do that in couples therapy – the ideal partner. Not as a healing agent, but as a possible intermediate step to having the ideal figure in the present and then looking at what part our childhood plays in it. In my opinion when you gain an understanding of how these things correlate with each other, there's much more flexibility in our work. You can go one way or another, you can make an attempt this way, or take a shortcut. And if the shortcut doesn't work, then you can move on to the movies. This way you have more flexibility knowing what is essential and what can be abandoned if need be. I still think going the standard way is the best way possible, but there are other ways, too. And especially for beginners – if something goes wrong, I want them to know alternative ways to get to a healing experience.

If we reflect on what's in the background, we still regard emotional movement, accommodation, antidote and the past as the core agents. This also has implications on how I would like to build up training, or the sequence of training elements. So, if emotional movement, the sequence of becoming – energy, action and shape, interaction and counter-shape, satisfaction, meaning, integration – are central to the work – and I hope that you understand why I came to that conclusion. They are historically the core, they were the first elements to be consolidated and were never abandoned, they are unique to our method and emotionally the most moving. They have a sound basis in the true self and the genetic memory, they are the fundament of the possibility sphere and they are a safeguard towards "as if" structures. If we access that, only then can we be sure that it's not only in the mind and that it's not only compliance. So, for these reasons and for didactic reasons – what do we need for didactics? We need a safe atmosphere. We need teaching steps that are feasible, that provide the trainees with a sense of success, that they can do it, that they can be efficient, that they can have an impact. If we want to integrate emotional and cognitive learning, if we want to systematically build up skills, we need learning from success.

If we want our trainees to move on, to be able to be practitioners, to actually apply the method early on and transform it to be applicable in their own practice, then for those two reasons – because it's central to the method and because it's didactically the most practical solution that fulfills all of the aforementioned requirements – the training should be based on the therapeutic exercises. And I know that some people got bored with them, because in terms of therapeutic work, structures might be much "sexier", yes! But not in terms of didactics and teaching or of giving people a very quick emotional understanding of what the method means. And that's what we have to do when we advertise the work, when we go to conferences, when we only have two workshops. I cannot stress the point that we should base our teaching on the therapeutic exercises enough. Because with one exercise – positive accommodation or ideal parents – you can get a very quick access to the "juice" of the method. Micro-tracking is wonderful, but it takes two or three years to learn. And it's hard to explain at a conference, what we do with micro-tracking. But when people see an ideal parent exercise – aaah! They all get what we are

doing, and they are fascinated. I just came back from two days of teaching where I started with the exercise – it was all trained therapists – and they really got it, the were motivated, they were moved. They could see what is so unique and special about this method. That is the reason why I really think we should keep up the exercises and keep up what we can use in order to learn, to teach the method and to teach our trainees.

Final two minutes for my growing edges. My favorite quote from Al – this was in my time, when I translated his lectures – he would usually start them with: "What is life all about?" The biggest question of them all. And the quote that he put together is – and I am beginning to increasingly understand how much truth there is to it – "We are made to be able to be happy in an imperfect world, that is endlessly evolving." And sometimes he would add: "And we are the local agents of that unfolding." For me it means that there is a cosmological or spiritual level to our work. Because it encompasses that we are embedded in our genetic set up, with the very fact that we have a body, that we are vulnerable, that the world is not perfect. We are embedded in the world as it is, but we also have the possibility sphere. There can always be a movement towards healing and towards the completion of developmental tasks. And again, this individual becoming is significant in the context of the total becoming of social systems, of families, of our societies. The second quote that I put in as a certain theme of this lecture is from Jean Jaurés: "Tradition is not the worship of ashes, but the preservation of fire." This is about our burning passion for the method, about what we really want to get across. That's not techniques, that is our love and our appreciation and our personal experience with what kind of healing can be achieved with this method.

There are some things I'm experimenting with apart from didactics. One of them is not taking for granted that the pure intensity of the antidote will do all the work. For some people it does, but with other people I regularly find that they need assistance with how to recall the exercise, or the antidote. And I am really trying to teach that and evaluate it after a structure as well, trying to help them access that experience again. Not only to remember it, but to revivify it. And I don't stop until I see that their figures are in the same place within their mind's body and their actual body and until I get the same emotional response. It is very helpful to monitor that, I think. In my understanding, I'm increasing the relevance of the movies, they are not only for removing resistance. In my opinion it's more of a philosophical term. They create the conditions for the possibility of ideal parents. Some people might need a movie in order to be able to imagine an alternative mother, because she needs different pre-requisites. When we do a lot of movies, they create something like a positive learning model of a generation. Having made three or four movies of ideal parents being together, being at eye level, it is then hard to say: "But my ideal parents wouldn't have been…" It is a positive model that is created by the movies. I very much like the technique where the term of the ideal figure comes out of the movie. Those of you who have learnt to use the movies already may know, you can do that with the principle. And I think it has a significance in the reduction of survivor's guilt as well.

When I teach theory, that is one of the aspects that I highlight as well. It's okay that you're fine, because the others are fine as well. There's a very fundamental sense of justice in that. I am starting to realize that I'm becoming more efficient, because I have gotten more practice in anticipating whether a movie will work or not, or in which generation to start. But I'm not quite at the point of being able to put that in theory. It's definitely a skill that's growing – I no longer need to try out a movie that doesn't work and then have to go back, and if it doesn't work again, go back even further. Now I get a better sense of that "Aah, we have to start here!" And I will try to incorporate that into my teaching. This is very interesting in terms of the lectures we had, we heard about the consolidation and reconsolidation, how to get the optimum degree of activation of old memories. Not to retraumatize, but to work the new memories in with the old, so that the two get stimulated together. This is something I'm not so sure about, because we learn that the voices are the actual words of the clients, but sometimes there's an implicit voice saying something that the client is only repeating. I say there's an implicit rule or voice in it, that might be something to discuss. I have become accustomed to spatially delineating the areas for placeholders. That was originally for practical purposes – I have a Persian carpet which has a high capacity to camouflage anything that is on top of it. You don't see the objects anymore.

So, I started putting a colored blanket on it and I realized that it helps the clients, because it creates a separate area. They are not so afraid anymore that a person may jump out on them out of a particular area of the carpet. It gives me a nice contrast between the real and ideal, because it's two pieces of cloth, each of a different color. And I can direct the person when they talk about the real parents to look at one of them, and when they talk about alternatives to look at the other. It also seems to help them remember – this was the blue area, or this was the yellow area. Personally, I like it, it is just an idea that you can play around with. I also tend to re-integrate the polarization, because sometimes it's so obvious that you have two different kinds of emotions towards the same figure, so in addition to principles, I use the positive–negative aspect. The final growing edge lies in this area, because as you have seen on that heat map, it got abandoned or neglected a little bit. It was very prominent in the beginning to consciously use the modalities, but we started taking it for granted a little, how the antidote experience integrates into present-day life. I'm also teaching a kind of ego-state therapy that focuses a lot on how to get the right state out in present-day time. And they say that does not necessarily have to be the healed child. Sometimes the healing from the antidote means that the inner child and their language can be safe with the ideal parents and will not be leading the actual behavior in the here and now. Or that we can inform another part of the personality or of the polarities to then take the lead.

But I think it would be interesting to focus a bit more on how we transfer the antidote experience – or not transfer it – to the here and now. And I remember a client who said: "I took my ideal parents with me to the court." And I was thinking – no, that's not a good model. Ideal parents are in the past and if I take my ideal parents with me, it could put me in a child state and I don't want to be in a child state when I have a difficult situation to handle. We need to think a bit more about what the child parts or strong parts mean, about integration of polarity. And we need to have as much of a conscious choice in which part of our personality we choose when confronting a present-day situation. It is similar to the very roots of our method and choosing which movement modality to move.

So, these were some of my ideas to show you where I currently am and what my processes are. Now only the very last slide remains.

Thank you for your attention!

3.4. Juliet Grayson: Working with Survivors and Perpetrators of Sexual Abuse: The Common Thread (Workshop)

With approximately twenty percent of people experiencing sexual abuse, this is a topic that will regularly arise in PBSP experiential workshops.

Juliet Grayson has studied sexual abuse from all perspectives: the victim, the perpetrator and the family member. Her current PBSP long-term clients who are survivors of sexual abuse include a man who was abused repeatedly by a paedophile ring from the age of 2, another woman who was raped at age 5, another who was raped for the first time aged 14.

Since 2010, she has run an ongoing experiential PBSP group – called the 'Slippery Slope' group – for those who sexually harm others. People in this long-term perpetrator–client group include voyeurs, exhibitionists, viewers of illegal images (of children and animals), non-offending paedophiles and child molesters.

The common thread is that all the perpetrators Juliet works with have severe neglect or trauma in their own history. They report that healing their trauma using PBSP reduces their desire to act out sexually in an inappropriate way.

Using PowerPoint, discussion and an experiential exercise in this workshop, Juliet will explore sexual abuse. A particular focus will be on which topics to pay attention to when working with abuse. The workshop will:

- explore the ten common topics that arise during sexual abuse and how to manage them
- illustrate these with case examples
- consider 'the body' and where to focus during the different stages of dealing with abuse
- differentiate between containing versus limiting interventions, and which to use when
- provide examples of using the PBSP technique of 'principles' in sexual abuse

Juliet Grayson (UK)

In 2012 Juliet Grayson co-founded StopSO (https://stopso.org.uk/): the Specialist Treatment Organization for Perpetrators and Survivors of Sexual Offences. This UK-wide charity offers therapy to those at risk of committing a sexual offence or of re offending. By December 2018, StopSO had received almost 3,000 requests for help from perpetrators and their families. More than half of these have been in the last 12 months. In 2018 StopSO expanded to offer therapy to survivors of sexual abuse too. Juliet is the Chair of StopSO.

A psychosexual psychotherapist registered with the United Kingdom Council for Psychotherapy (UKCP), Juliet has worked with couples and sexual problems for some 25 years.

In 2016 she published "Landscapes of the Heart: The Working World of Sex and Relationship Therapist". Over half of the book describes the use of PBSP with clients. One of the chapters vividly describes working with a sexually abused client in the context of a PBSP group.

As a PBSP Therapist, Supervisor and Trainer (accredited by Al Pesso and Lowijs Perquin), Juliet led over 70 days of PBSP in 2018, including experiential workshops, supervision days and trainings for therapists. She is one of the UK team of trainers running the three-year PBSP training for therapists in the UK. Juliet is passionate about PBSP and committed to helping people to become more of who they truly are.

Working with Survivors and Perpetrators of Sexual Abuse: The Common Thread
(Workshop)

My name is Juliet Grayson and I'm really, really delighted to see you here.

I've got two goals, one confession and one fear. My two goals are that we will enjoy it and I'll make you to think about perpetrators and how to work with them. Then I had said I'll cover principles and I confess we'll not have a time for that. And my fear is I won't cover everything I think I will – so if I don't I apologize.

I'll start with a poem – I happened to be married to a poet, William Ayot. This one is called "And on the Seventh Day":

God knows, it's easy enough to point the finger.
We're all churchwardens when we read the papers.
Disgust and self-righteousness are par for the course
on a slow suburban Sunday morning.
But at night,
when the tom-cats of loneliness call, and things
that live on secrets stretch themselves and stir.
Then dapper little accountants from Wimbledon
reach for the phone with a trembling hand
to whisper obscenities to part-time women
who yawn as they do it for them – do it all night.
Then salesmen, surveyors and warehousemen,
plasterers and clerks and the occasional priest,
the meek and the mild and the simply ordinary,
step into the neon-twisted light, blinking
and gulping and slowly transforming themselves
into leather-clad predators or hungry-angry lads.
Then the Chairman, the Chief, the public man,
waits in his car at the edge of the Common,
or walks among the silent, cruising shadows,
risking the world for a moment of excitement,
for a buzz that his daylight self can't allow.
And somewhere in the bushes, with his heart
in his mouth, stands a man whom we nod to
or smile at in the supermarket. And he's scared
and excited and feeling foolish, as he waits there,
naked but for a raincoat. And he's not too sure
why he's there again, or why the siren voices
should have brought him back. But he's back
and he's driven to show himself to a woman
who may vomit when she sees what he is doing,
or hurry by in shame, or scream for the police.
And the rest of him will sit on Sunday morning,
flicking through the usual spread of crucifixions.
And once again he'll feel that little pang of envy
when he reads about the sinners who can rest.

William Ayot
(published in "Email from the Soul")

One of the things I often hear from perpetrators is actually that they're relieved to get reported because it's one of the ways they can stop themselves.

Let me tell you a little bit about me and the literature you can look at afterwards. I wrote the book "Landscapes of the Heart: The Working World of Sex and Relationship Therapist". Half of it is about PBSP. And on my websites you can find my chapter from the book "Sexual Diversity and Sexual Offending: Research, Assessment and Clinical Treatment", edited by Glyn Hudson Allez, called "Back to the Root: Healing Potential Sexual Offenders' Childhood Trauma with PBSP" (http://sexuallyinappropriatebehaviour.org/wp-content/uploads/2016/03/Back-To-The-Root-by-J-Grayson-WITH-PERMISSION.pdf).

Let's look at the level of the problem. In UK, based on police figures, there are 1728 new children sexually abused every day. And there are 1440 minutes in a day – so already during the time I have been talking, five children have been sexually abused. And the UK is not that big. The prevalence of reported child abuse in most countries is about 20%. It's recognized that only a very tiny proportion (1%) is reported, so the actual level of abuse is much higher.

I'm sure you have had many of abused people in your groups and you may have also perpetrators, with or without knowing it.

We've heard this morning (in another workshop) about Adverse Childhood Experiences and the research shows that women with a history of a childhood sexual abuse in their cerebrospinal fluid have lower concentrations of oxytocin. We know that decreased oxytocin may increase anxiety, it has an impact on that part which makes eye contact, impairs our ability to read and respond to social signals (has to do with an eye contact e.g.), interferes with partner selection and this is the causes, or trauma being passed from one generation to the next. We also know that oxytocin is very connected to good mothering.

Another interesting study shows the decreased cortical representation of genital somatosensory field in a brain of abused children. In other words, there seems to be a disconnection of sensory processing from the genitals. This is protective for a child experiencing abuse, but may cause sexual dysfunction later in life, and sexual problems in their adult relationships. I have two clients who due to child abuse have so much fear about having sex that they had both used artificial fertilization, at home, to become pregnant. Thanks to this they both have children.

We know – from fMRI scans – there are structural brain differences associated with maltreatment, with a consequence of impaired memory (due to diminished hippocampus), increased reactivity (due to enlarged amygdala), lack of emotional regulation (due to related diminished cortical volumes) and a poor connection between the frontal lobes and the limbic system. This means that the long-term effects of childhood abuse are that it literally: changes the brain, increases the risk of psychiatric disorders and has an impact on our autonomic nervous system which means that we're more likely to get various diseases – cardiovascular, diabetes etc.

These gives us very good reasons to invest in primary prevention. And in the UK I set up an organization to do exactly that StopS0 (https://stopso.org.uk/), the Specialist Treatment Organization for Perpetrators and Survivors of Sexual Offences. So far, we've seen over 4,000 perpetrators, who have mostly made contact directly with us themselves. We have about 200 therapists across the UK who we've trained to work with perpetrators. The reason why we do this is to protect the society – prevent, prevent, prevent – not react. Our aim is to stop the first crime.

I have a PBSP group called Slippery Slope group (http://sexuallyinappropriatebehaviour.org/) for people who are struggling with sexually inappropriate behaviour. When I first started (and I have five on-going groups) I planned to mix perpetrators with my normal groups. Then I realized I can't do that because in each group contains at least one person who has been abused. Obviously, I would have to tell them and I think they would feel uncomfortable. So, what I did instead was to set up a group specifically for perpetrators. Interestingly, I opened it to a public as well. Because most of perpetrators are men, we need women to come for role figures. Generally, I get therapists coming along but other women too. Usually we have at least two or three women in the group who have been sexually abused. Sometimes one of these women would have a structure about their abuse, in that group. Which was really interesting, because the perpetrators would hear them talk about it. That was quite remarkable.

Question: Have all perpetrators been sexually abused themselves?

Answer to the question: In my experience, all perpetrators are survivors of trauma or neglect, not necessarily sexual abuse.

StopSO works with all kinds of sexual offenders: exhibitionists, voyeurs, internet offenders looking at child abuse images, sexual violence or bestiality, and contact offenders of adults and children, including rapists. StopSO works with people at all stages: from those who have troubling thoughts which they never acted upon, to those who have acted illegally. From non-offending paedophiles, through to people who've come out of prison for a sexual offence.

Some of them committed an offence, but 38% have not committed an offence when they come to StopSO. You may think, well surely they can stop? And I'm sure you've tried to give up something – whether that's smoking, drinking, chocolate – but actually it's not that easy to just stop.

A paedophile is someone whose primary or exclusive sexual attraction is to pre-pubescent children (eleven and under). There are chronophilias: hebephile attracted to 11–14 years old, ephebophile to 15–19 years old. Generally, the true percentage of paedophiles in the community is considered to be 2%, though some studies suggest it is 5%.

If you play adult pornography to men, and then show them child abuse images or videos, and compare the men's reaction – and there's a lot of studies to back this up – 20% of men would be equally or more responsive to images of child abuse than pornographic images of adults. That implies that one from five men has a sexual attraction to children! But, most of them will never act on it. Most of those men are perfectly able to manage it because they are also attracted to adults as well, so they don't have to act on it. Remember, there's nothing illegal to have the attraction to children. What's illegal is to act on it.

A note from the audience: I wish we were not only talking about men because women can be child molesters too – and this fact is generally not known.

Answer: Yes, true. And it was probably two month ago, I had a client, 14 years old girl and she said: "I've been a paedophile all my life, I was sexually attracted to 2–4 years old children." And she can't tell her parents, she had no money to pay a therapy – so we found somebody who sees her free of charge, giving advices and support. We'll come to the age that people know they are paedophiles, a little later.

We don't know what statistics are for women. The general statistics from offenders who come to see us 10% are female but actually I suspect it's a hidden statistic and that it's much higher. When I work people, a lot of them will have a mother or some female who has been inappropriate with them. So, I think the female part is higher than is generally recognized.

I'll play you a short film "Mysteries Of The Mind" with James Cantor, a neuroscientist who had studied brains of paedophiles in prison (https://www.youtube.com/watch?v=JB6zwvBtDK8).

His research has found that in paedophiles in jail, their IQ is 10–15 points lower than average, their physical height 2.5 cm shorter, and they're 30–35% left-handed – compared to 10–12% of the whole population. The only other group with such percentage of left-handedness are schizophrenic, people with bipolar disorder and autistic people. The brain research fMRI showed differences in the white matter in paedophiles which causes cross-wiring of responses: seeing the kid triggers a sex-response instead of the parental nurturing system. All these things happen in the 4th and 5th month of pregnancy, pre-birth, we don't know yet whether it might be due to a toxin mother has been in contact with, or some kind of trauma she experiences, which predisposes these people to be sexually attracted to children. We have to open our hearts, be compassionate and help them not to act on that attraction – this is my sense of it.

In my opinion there's a spectrum. On one end we have people only attracted to adults and their attraction won't change, it's fixed. And on the other end there are people only attracted to children and their attraction can never change, it's fixed. But in the middle we have the 'in-betweeners': the people who can be attracted to adults and to children. With therapy these people seem to be able to redirect their attraction to adults. Often these people have trauma in their history which might had predisposed them.

Jaak Panksepp's research showed that in different ages different systems come on-line. And if they experience trauma it seems to affect their sexual template. The most vulnerable age seems to be 7 for girls and 8–9 for boys.

These people, paedophiles, often feel their attraction is wrong. If we can help them by healing the underlying trauma, *then* it's just about helping them to break the habit. It's much easier to break the habit (of looking at illegal images or inappropriate sexual behaviour) when the underlying driver, to act inappropriately, has been healed.

Sixty-one percent of perpetrators contact StopSO and ask for help with an issue related to offenses against children. StopSO asked 200 perpetrators: At what age did you first know that you had a problem with your sexual thinking or behaviour? 11% said they knew by the time they were 10 years old, 40% knew by the time they were aged 11–16 and 21% at 17–25. That means 51% know by 16 and 72% by 25. But we found we don't have many young people coming to StopSO to ask for help. Wouldn't it be a great society if a 16-year-old son could tell you: "Mom or Dad, I know I have an unusual sexual attraction, I'm attracted to children, can you help me to find some help?" Wouldn't that be great? Wouldn't that stop so much sexual acting out of perpetrators? This is what I'm looking for – for such a society where this would be possible.

I think it's very good for you to hear somebody who's struggling with this, so I'll show you a short film – a paedophile – who has never offended – who called a phone in programme. (James O'Brien was a presenter in LBC Radio; Talking about Paedophilia https://www.lbc.co.uk/radio/presenters/james-obrien/the-brave-call-to-james-attracted-to-young-girls/.)

In that programme he said he kept legal because of his high set of morals. He found out when he was thirteen. He was afraid to go to a therapist in case he would be reported. The presenter is compassionate and supportive, appreciates his courage and bravery that he called – so that also other men in his situation could have listened.

In the UK, a lot of therapists say they would report. They don't know what the law is and they're afraid, they want to do the right thing and protect children. But, there's a lot of misunderstanding in the UK of what laws are. In the UK, in private practice I don't have a legal duty to report any child abuse. I have an ethical duty but no legal duty. If I work for the National Health System, I'm bound by my contract of employment – so if I don't report, I'll be sacked. But it's still not a legal duty.

I was talking to a guy three months ago who had told his priest he had been looking at images and been attracted to children, tried to find help. He was told to tell his parents (he was 24 years old), his parents told him to find a psychiatrist. Psychiatrist promised, 'No, I won't report you.' And six o'clock the next morning the police were knocking on the door.

What I do is I ask: "Do you live with children? Do you work with children? Do you have family members who have children?" I try to assess what the risk is. And if I don't think there's an actual risk, I don't report. It's a part of what we teach therapists at StopSO. Otherwise most therapists would report. We want therapists to stay open to these people, and have a proportionate response. If there will be children around and I see any risk, I would report – but I haven't had to do it yet.

In Germany it's illegal for a therapist to report. In Germany there's a lovely organization, Prevention Project Dunkelfeld. Dunkefeld means 'dark fields'. So they are bringing people in from the dark fields, who are not known to the authorities, but who are attracted to children and the organization makes a guarantee: 'We will not report you and if you meet our criteria we will give you free of charge therapy.' They get from the state half of million Euros a year to fund it. Germany is doing well, British government doesn't give anything.

Suicidal rate for men reported for child abuse images is 200% more than average rate for men.

Typology of offenders: 40% of child abuse offences are committed by paedophiles, 60% by people who are not actually attracted to children, they not paedophiles. They are child molesters. The sexual abuse of the child serves as a surrogate for a sexual relationship with partners of similar age. It might just be

someone with learning difficulties, someone with antisocial personality disorder, someone who has a power issue, someone with trauma or neglect in their history.

If you run PBSP groups, you are likely to deal with victims and survivors. And if you lead them long enough, you may meet a perpetrator as well – and usually these people have a trauma or neglect in their history, though they may not recognize it.

Being attracted to a child is not a crime, acting on that attraction is – which is a very important differentiation to be made. I suggest that we as practitioners should have a proportionate response to reporting.

Many of people I work with watch child abuse images. And I don't say it's okay, I don't condone it at all. They feel like they are in private, and they feel safe. But it is illegal, and of course a child has been harmed to create that image. There are consequences.

One of the categories of people who come for help are older men, 66–70 years old, who are used to watching pornography with adults. But now, as they age, they find their erection is not working so well when they want to have sex with their partner. So they escalate the kind of pornography they are using, and they may start looking at child abuse images. It's in the pornographic industries' interest to seduce people in looking to child abuse images because they will then charge for it – although nowadays more on-line stuff is available free of charge.

They (the porn industry) want to suck people down the direction of looking at child abuse images. If you look at porn you have these 'pop ups' of 19 years old – then 16 year olds – then 14 – and younger and younger. 'If you like it, click it' they invite. People who would never have gone to a shop to buy a magazine with child abuse images, in the privacy of their own home, they find themselves looking at images that in the daylight they would be shocked by.

10 topics how attend abuse when working with PBSP

I'm putting those who have been sexually abused and offenders together, because both they have been traumatized. This is Albert Pesso's framework of 10 topics when dealing with abuse.

1. The experience of loss of control
2. Feelings of fear and terror
3. The need for protection
4. The experience of pain and hurt and sadness
5. The expression of revenge and sadistic feelings. That's a really very interesting one because people feel very ashamed about these feelings. Quite often they want to pay back to the person the thing that was done to them. I remember a man who was penetrated and I remember him being like a bull with his head and he wanted to use his head like penis, penetrating, like some kind of force coming through.
6. The expression of eroticism and receptivity and openness
7. The impulse and expression of hatred and murder
8. Guilt, shame, self-punishment
9. The desire to express love for the abuser
10. The need for the antidote relationship

Please be ready for anything, these do not happen in any particular order!

Answer to a question from the audience: They're all victims, perpetrators, too, are victims of trauma.

What might be the parental functions represented in fragment figures that we might use when working with sexual abuse? And what does a figure say?

Permission giving: "Yes. It's OK."
The abused person needs to be allowed to have control. Whatever they want, within reasonable limits. They must feel they are in charge, that they have the authority (I love that word – it comes from author, to be the author of your own life, to write the script of your life). They have the authority to decide where the structure goes.

Contact: "I'll be with you while you feel."

Containing: "I'll help you handle how angry you are and help you to own that anger. It is a good resource, it is vitality. I'm here so you can do it safely."

Protection: "I'll keep you safe."

Resistance: "You can keep me out. You're powerful, you can do that."
It's so important to let them own this strength.
(Then there was a practical demonstration.)

Limits: "We'll let you feel that anger but we won't let you literally kill him."
In my mind containing figure is saying 'yes' and limiting figure is saying 'no'. That's how I differentiate it in my mind.

How to work with those fragment figures when dealing with the ten topics?

1. The experience of loss of control – permission giving, resistance. We don't use limits at that point because we want them to have a freedom and be in a charge.
2. Feelings of fear and terror – containing. "We can help you handle how scared you are."
   "We are not frightened, your fear is normal and we will help you deal with it", "We will help you handle how much you feel."
   Why containing? The way I think about it is that currently their ego is containing it for that moment and not letting them express it. So we bring in a containing figure, that does the containing for them, which allows them to express the feeling. The 'soul' is who we really are and the 'ego' is what we've learnt through interactions with our parents, through our teachers, through our peers.
3. The need for protection – protection. A typical posture in a front of a client, shielding him. "I'll keep you safe." There is a typical way but, always check, it depends also on what a client wants.
4. Experience of hurt, pain, sadness – containing. "We can handle how sad you are." Contact.
5. The impulse and expression of revenge and sadistic feelings – limits. "It is all right that you have such revengeful & sadistic feelings but we won't let you literally do it", "It is alright to want to kill your attacker, but we won't let you literally do it." Remember – limits say 'no', containing 'yes'.
6. The expression of eroticism, receptivity and openness – limiting. "It is alright to feel open and to want to be receptive, but we will put limits on it and help you handle your openness and vulnerability", "We will not let you be literally penetrated, even if you want it", "We'll help you handle how vulnerable and scared you feel, and make sure you stay closed and unharmed."

Legs limiting exercise (with a demonstration)

This is a guy I worked with for several years. He had a headmaster who used to stroke him to sleep at night, at age eight, gave him a hot chocolate, which he thought was drugged. There was sexual touching. In one of his early structures I saw his unlimited openness. He was sitting on a chair opposite to me and moving legs – opening, closing, opening, closing – repeatedly. Part of him, his soul wanted to be open but ego said, 'it's not safe'. The first intervention was leg-limiting intervention.

A short demonstration: This is done typically with women as limiters, even if the subject is a man. Normally the client chooses who will be the limiting figures. Al Pesso used to say – and we had a conversation about it – always have women, it feels safer. Even for a man. Two men can be retraumatising. Al used to say, 'Don't even let there be the space for a piece of paper to get in between his legs, keep the legs absolutely shut.' Lowijs had a slightly different perspective. He used to negotiate with a client, "how much do you want to be allowed to open?" Set it up. Ensure you have a 'stop' contract in place, that the client has agreed to stop instantly if you or a role figure says: "Stop." Then do a first test of 20%, then invite the client to do 50%, checking that the role figures can handle this. Then the client can use their full effort, and make sounds too. Sometimes when people do this there's a very high pitched scream and is good to warn everyone, to instruct everybody, "Just keep breathing." Sometimes I use a strong scarf around the legs.

So, the soul wants to open, but the ego wants to keep it closed for safety and the message is, in the leg limiting exercise, "It's safe for you to be open. Even if you want it we won't let you literally be penetrated."

And my client after this intervention said, "I feel very calm now. I used to want to have a sex with any women who was available, and now I don't feel it anymore. I feel like I have a choice." That was his reaction to that intervention. Two years later he'd done ten structures, then had two years break and then came back. When he came back, he showed a lot of compassion for his headmaster and wanted him to have had a good childhood. We didn't do the work with a loved aspect (see no. 9 – Expressing Love for the Abuser). Instead, we did holes in roles and gave his headmaster Ideal Parents, and a lot of friends for him when he was a child. In a consolidation of the structure, the next day, he said, "I was so deeply affected my headmaster, that he could have laughed with friends. I was really moved by that."

We're dealing with nuclear forces. I remember, myself as a client, Al was leading the structure. I had been offered the leg limiting intervention, and the 'leg holding people' were not strong enough. And Al, who was 78 years old or so at the time, came running across the room to make sure that they absolutely held that limit so that I couldn't open my legs.

What you can also find during this intervention is that the clients hips start moving, in a sexual way. Then somebody holding the client's hips is necessary. It's also protective, but it's definitely a limiting intervention.

7. The impulse and expression of hatred and murder – limiting. "It is alright to want to kill your attacker, but we won't let you literally do it."
8. The increase of guilt, shame, desire of self-punishment – limiting. "We won't let you hurt yourself", "You don't deserve to be hurt." To shame there may be a verbal limit.
9. The desire to express love for abuser – containing. "We can help you handle how much you love him/her", "We won't let you burst with your feelings." Limiting: "We won't let him squeeze to death."

A short demonstration: What can work very well is to enrol the Loved Aspect of someone. Let's say the father figure has been abusive, so you enrol The Loved Aspect Of The Father. Then I need two or three containing and limiting figures, because very often they want to squeeze him to death. The containing figures give a client some resistance, so he or she can feels his or her desire. But The Loved Aspect doesn't react, doesn't say anything. Finally the client hugs him. The client may be crying. The client is stopped by the containing/limiting figures from squeezing too hard. And then an ideal father is enrolled, saying: "You can safely express all your love to me, and would have been able to do that when you were a child." And client hugs him.

Question: Isn't that love a part of Stockholm syndrome?

Answer: Yes, yes, it can be. But I think there's a stage in work when people have done a lot of work and then there's a time to do this piece.

10. The need for an antidote relationship – whatever form abuse took ideal parents antidote it. Bring in healing and respectful contact from an ideal figure of similar role to the abuser

I'll finish with a little poem, a short one:

May the stars in their circling comfort and guide you.
May the great oak give you strength in troubled times.
May your hurts be healed and your soul be deepened.
And in turning for home, may you know you belong.

William Ayot
(with the author's permission)

3.5. Erika Hubbuch: Touched by the Ideal Parents' Hands – Creating the Experience of Good Physical Counter-Shape in a 1:1 Setting (Workshop)

The utilization of small bags made of woven fabric, in a range of different weights can make it much easier for PBSP therapists to create the right sensory experience of "ideal parents'" hands for clients in 1:1 setting.

Educational or informative goals:

- Expanding ideas of good practice in PBSP in 1:1 setting.
- Developing new options of fitting contact with "ideal parents" or other "ideal figures".

PBSP was initially developed for groups. There are role players available for creating an artificial history for the client. But how do we create a satisfying experience of physical contact with "ideal parents" in a 1:1 setting? How can a therapist create a sensory experience for the clients that resembles a sensitive mother's blessing hand or one of a strong and proud father, while physically staying out of the clients' process? In collaboration with colleagues, trainers and AI, I have developed these small bags made of woven fabric to tackle this challenge specifically. The aim of my workshop was to give colleagues an idea of how these pads of different weights can be used for creating a good physical counter-shape that lives up to the clients' desires. Utilizing them offers the possibility of finding out the right intensity of contact, similar to what role players would be able to do.

Erika Hubbuch (DE)

Erika Hubbuch is a PBSP therapist, certified in 2015 by Albert Pesso. Before she became a psychotherapist, she used to work as a professional joiner and graduated in business administration. Since 2015 she has run her own practice for coaching and psychotherapy, mainly using the PBSP method. Since 05/2017 she has been the 2nd CEO of the German Pesso-Association (PVDS/PVSD e.V.).

Touched by the Ideal Parents' Hands – Creating the Experience of Good Physical Counter-Shape in a 1:1 Setting
(Workshop)

The objective of the workshop was to explore and develop the use of the artificial "hands of ideal parents" as means of inspiring each other to look for further versions of antidotes.
It was a pleasure to see how the groups came up with many ideas and how they discussed the details of PBSP work and using the provided material.
The workshop was full of action and inspiring ideas and discussions. Similar to any good PBSP structure, our work on good and fitting antidotes combined both seriousness and joy.

The following pictures and their captions were created afterwards. They represent the first attempt of creating a detailed and structured documentation of the ideas for the use of the weights as "ideal parents' hands". The client was role played by a neutral tailor's dummy.

The challenge

PBSP was developed for groups. There are role players available for creating an artificial history for the client. But how do we create a satisfying experience of physical contact with the "ideal parents" in a 1:1 setting? How can a therapist create the sensory experience for the clients that resembles a sensitive mother's blessing hand or one of a strong and proud father, while physically staying out of the clients' process?

The idea

In collaboration with colleagues, trainers and AI, I have developed these small bags made of fabric. They can be used for creating a good physical counter-shape that lives up to the clients' desires. Utilizing them offers the possibility of finding out the right intensity of contact, similar to what role players would be able to do.

Technical and physical properties of the weighted bags

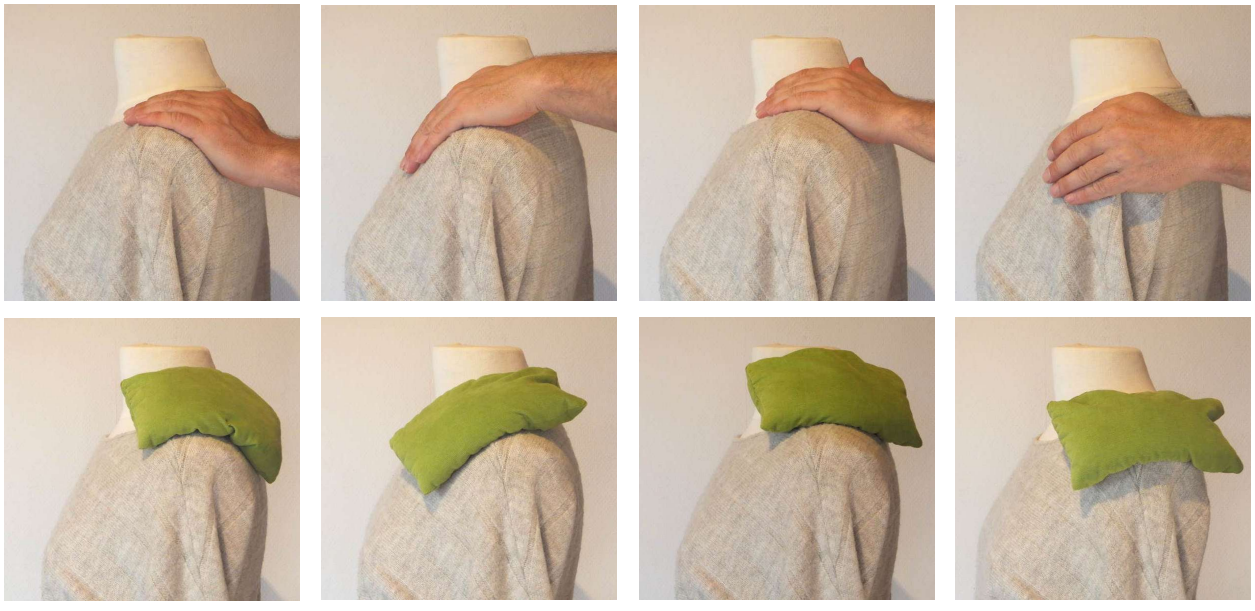
- The shape of the bags was created to resemble the simplified shape of an adult's hand.
- The four differently weighted pairs enable various contact intensities from light/soft up to heavy/strong.
- Different colors represent different weights and facilitate making the right choice during a structure.
- The type of fabric was chosen to ensure that the weights stay put on pullovers and other clothes.
- Independent of the weight, the filling has the same volume.
- The shape, the volume and the chosen fabric create a comfortable haptic experience.
- A gentle scent of lavender or rose petals make for a positive olfactory experience as well.

Possible color samples

Main rules in utilising the weights

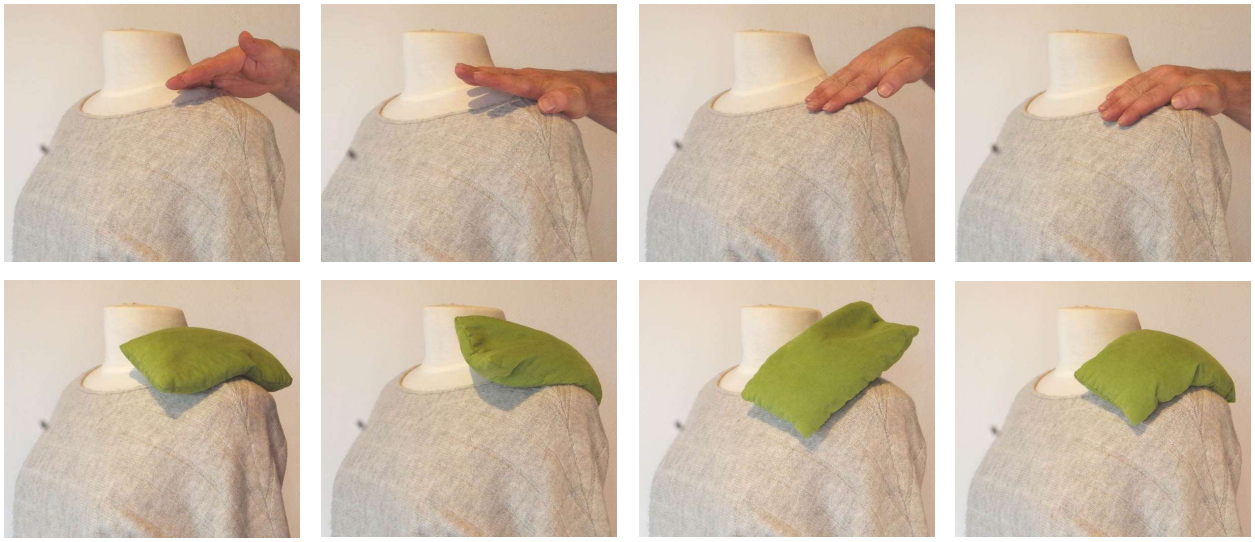
Same procedures apply as if role players were using their hands:

- Follow the client.
- Define the meaning and options of the physical contact.
- Wait until the client is ready for receiving contact.
- Be careful and find the ideal counter-shape.
- Some examples:



Some things to consider while using the weights:

- When we are using a real hand, we need to pay attention to every detail. The same principle applies to the use of these bags – they need to be positioned very carefully.
- Examples:



How to handle special situations, such as a client who has no memories of good contact that could be used in order to define the physical experience of the antidote:

Fist discuss possible positioning of the hand and its meaning. If the client cannot remember or imagine such a physical contact at all, the artificial "hands" might not create a believable experience. In such unique situations using the therapist's own hand as an extension of the ideal figure can be an option. With this interim solution, the client can acquire the experience a real hand contact. After the right position and intensity has been found and the meaning has been taken in by the client, the real hand can be replaced with a fitting weight. Physical contact should be maintained throughout the replacement. After this the therapist's hand can be de-roled.

More examples of typical antidote scenes

Further ideas of how the weights can be used to create the experience of the ideal parents' hands:

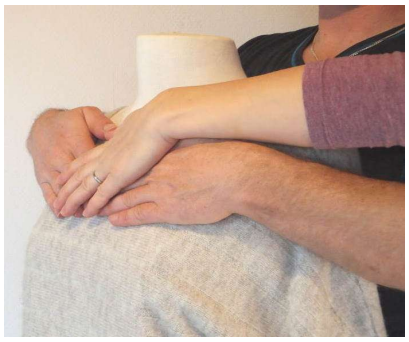
During the workshop we came up with so many ideas and since each structure is unique, the following pictures are just a bit of an outline to inspire more creative solutions.






Two hands with a different intensity

Fixed in place with a silk scarf




A father's intense touch
with a mother's blessing hand


A light, blessing hand


A heavy, limiting hand

I would like to thank all the workshop participants for sharing such a good and inspiring time.

3.6. Curtis Levang: Development and Use of the Levang Inventory of Family Experiences: An Empirically Tested Instrument for Building PBSP Efficacy (Workshop)

PBSP delineates 5 basic childhood developmental needs that must be met at the right time by the right kinship relationship for one to live authentically as their true self. Heretofore, there has been no empirical method for measuring the degree to which a basic need has been fulfilled. The Levang Inventory of Family Experiences (LIFE) is a proven scientific instrument that operationalizes and quantifies PBSP's five basic needs, both literal and symbolic. LIFE also provides critical insight to one's own psychological makeup through the key concepts of pilot, holes in roles, and fruits of living. The LIFE is a robust therapeutic and educational tool for individual and couple's therapy, parenting groups, educational settings, organizations, and corporations. For the PBSP therapist, the LIFE fosters a greater understanding of PBSP theory, fosters more precise client interventions, and can measure the effectiveness of therapy.

Goals of the workshop:

- Learn a new way of operationalizing PBSP.
- Gain a better understanding of PBSP principles of (literal and symbolic basic needs, and shape, counter-shape and contra-shape).
- Marketing PBSP to schools, business, chemical dependency treatment programs etc.
- Quantifying basic needs, pilot, and holes in roles.

The contribution of the workshop:

- Learn about the LIFE assessment and its ability to measure an individual's memories of having their own literal and symbolic childhood basic needs met or unmet.
- Learn how to measure an individual Fruits of Living (pleasure, meaning, satisfaction, and connectedness).
- Demonstrate how the LIFE can be used in therapy with individuals, couples and groups, and in workshops.
- Provide new insight into how unmet literal needs show up as a form of resistance in individual therapy.
- Present the LIFE clinical workbook a tool that allows clients to build new memories to counter-shape unmet needs.
- Illustrate the principles of Shape/Counter-shape/Contra-shape thru a video.

Curtis A. Levang, PhD. (USA)

Curt Levang is a PBSP certified therapist, supervisor, and trainer. He first became aware of PBSP when he attended a workshop given by Al Pesso in 1984. Having been fascinated with Al's work, he attended many training events at Strolling Woods, and in Minneapolis, Boston and other locations in the United States over the last 30 years. He has attended International PBSP Conferences in Amsterdam and Oslo. Along with Jim Amundsen, he has conducted 3 training groups in Minnesota and also sponsored the 5th International PBSP Conference in Minneapolis.
He is privileged to have been a friend of Al Pesso and Lowijs Perquin.

Development and Use of the Levang Inventory of Family Experiences (LIFE): An Empirically Tested Instrument for Building PBSP Efficacy
(Workshop)

Introduction

The Levang Inventory of Family Experiences (LIFE) is a confidential online assessment that explores our basic childhood developmental needs. These developmental needs were first identified by Al Pesso and Diane Boyden-Pesso and incorporated into their theory of human behavior. Accordingly, each of us have a basic need for: Place and Protection, Nurturance, Support, Protection, and Loving Limits. The more these five needs are met, the more satisfaction, meaning, pleasure, and connectedness we feel.

The LIFE assessment determines the degree to which an individual's basic needs were fulfilled by examining your memories of childhood. This data is used to create an individualized, comprehensive report. This report provides one with a unique understanding of their past, and pinpoints whether childhood developmental needs were met or unmet. This detailed information allows the individual to see what need or needs ought to be addressed in therapy.

In addition to examining the five basic needs, LIFE assesses several other critical constructs. A validity scale determines how open or defensive one is in responding to the LIFE questions. A Fruits of Living scale identifies one's current day degree of pleasure, satisfaction, meaning and connectedness. The Adverse Childhood Experiences (ACEs) scale identifies trauma and adversity. The Pilot scale rates one's current day Pilot, while also looking at how the Pilot was promoted and developed during childhood. Finally, the likelihood of Holes in Roles is also evaluated.

Validating research – N = 416

A. ACEs compared to Basic Childhood Developmental Needs, Fruits of Living, Holes in Roles, and Pilot.

I compared **ACEs** to the **Basic Needs** scales. This was done to determine if a correlation existed, and if so, what was the comparison. The results indicated negative correlations on all five basic needs, with a -.01 level of significance on Place, Nurturance, Support and Protection and -.05 significance on Loving Limits. These inverse relationships showed that individuals who experienced high levels of dysfunction and abusive in childhood tend to report less fulfillment of Basic Needs.

The data showed no statistical significance when **ACEs** was compared to the **Fruits of Living.** Thus, the absence of trauma/abuse/neglect alone does not predict a high level of "Fruits of Living" (i.e., a happiness, satisfaction, pleasure, or connectedness).

When **ACEs** was compared to **Holes in Roles,** the correlation was highly significant at .01. This result indicated that the higher the ACEs score (i.e., greater degree of trauma or adversity) the higher the Holes in Roles score (i.e., the greater likelihood of Holes in Roles).

Conversely, a high negative correlation existed when **ACEs** was compared to the **Pilot.** This meant that a high score on ACEs (i.e., high trauma or adversity) the lower the Pilot (i.e., ability to take ownership of one's self). This result added a new dimension to PBSP as no other work has found a correlation between unmet basic needs and Pilot.

B. LIFE compared to the Fruits of Living

The total score for each of the five childhood developmental needs were compared against the Fruits of Living scores. The results showed that all five basic needs correlated at the .01 level. Thus, the more one's basic needs are met, the higher the Fruits of Living. This is exactly what Al Pesso theorized.

The PBSP theory of Shape/Counter-shape/Contra-shape

Critical to PBSP is the concept of shape counter-shape. Shape is considered part of the individual's self. For example, if an individual is sad and crying, the counter-shape would be someone noticing the person

and saying, "Oh, you look sad. Can I give you a hug?" Thus, the internal shape is seen, validated, named, and responded to accurately. When the inner shape is counter-shaped the individual experiences a sense of satisfaction, completion, and relaxation.

Al Pesso believed that every inner need has an implicit desire for an interaction that will exactly "fit" and, therefore, satisfy that need. When that interaction does not fit and is not validated the individual experiences frustration, shame, loneliness, and disappointment. That is, a contra-shape. The goal of PBSP is to identify unmet basic needs and provide an antidote that counter-shapes those historic deficits with new memories to go alongside those that were painful.

The concepts of Shape / Counter-shape / Contra-shape are illustrated in the video entitled: **PBSP and LIFE (Levang Inventory of Family Experiences)** which is found at http://myidealparents.com/.

The LIFE resources

Several tools have been created to more fully utilize the results of the LIFE assessment report. These include the: Life Workbook, Parent Resource Guide, Educator Resource Guide, and Interaction Communication cards. The purpose of these resources is to augment and bolster the clinical use of PBSP and overcome several major deficiencies in the theory.

First, PBSP structures are dependent on a trained and certified PBSP therapist. In recent years structures most often involve an individual client rather than a group of clients. Unfortunately, the number of certified PBSP therapists who can conduct structures is limited. This means that only a limited number of clients can benefit from this exquisite, powerful therapy. The late George Albee reflected, "Individual psychotherapy is available to a small number only. No mass disorder has ever been eliminated by treating one person at a time" (Albee, 1999, p. 133).

Additionally, clinical applications of PBSP are reactive rather than preventative. Reactive refers to therapy applied after pathological symptoms have created serious disorders. On the other hand, preventative interventions attempt to intercede at an early stage of development prior to negative impacts becoming entrenched and difficult to reverse.

The LIFE can address these two deficiencies. The LIFE can be administered by therapists in training groups, those working towards certification, and therapists who are well-informed of PBSP yet have not used it consistently. Thus, a larger number of therapists can benefit from the LIFE and its grounding in PBSP. At the same time, this would increase the number of clients able to take the LIFE assessment and use its resource materials.

As noted, PBSP's use has been restricted to reactive interventions. The LIFE extends this use through its ability to be used as a preventative tool. That is, the LIFE and its resource material are teaching tools. The LIFE report clearly defines the principles of PBSP, and the LIFE Workbook, Parent Resource Guide, Educator Guide, and Interaction cards provide numerous easy to understand examples, words, and actions.

Notably, another obstacle in the application of PBSP is the lack of research directed at demonstrating its clinical effectiveness. Until now, there has been no method to measure the theoretical concepts of the Basic Childhood Developmental Needs, Holes in Roles, Fruits of Living, and Pilot. The LIFE has operationalized these concepts and thereby provided researchers with a scientific basis from which to conduct clinical research. The LIFE also allows for pre and post data to determine the efficacy of interventions and can be used in furthering research on PBSP.

Throughout her life Diane Boyden-Pesso advocated that PBSP extend beyond the therapy setting to schools and parenting groups. The Parent and Educator Resource Guides are exactly what Diane envisioned. Each links specific words and actions to the basic needs. For example, age groups from birth to young adulthood are delineated and tied to the accompanying sentences and actions best suited to meet a basic need. In this proactive, preventative way, the larger population of parents and teachers can

learn how to provide satisfaction to the basic developmental needs. The Interactional Communication cards are another learning tool to heal unmet needs.

The LIFE workbook

The LIFE workbook guides the individual in exploring each basic childhood developmental need as well as delving into Holes in Roles and Pilot. By reviewing one's birth, infancy, childhood, and adolescence via the LIFE, a unique window into one's early development experiences is revealed.

These revelations can lead to a level of clarity and understanding that thus far has been hidden, elusive, or never unearthed. That is because the LIFE examines those basic needs that are the very foundation of our existence. When met, these basic needs supply us with the critical benefits of Place and Protection, Nurturance, Support, Protection, and Loving Limits required to ensure a fulfilling life.

The workbook is designed to present an easy to understand definition of each of the basic developmental needs. This is followed by a series of thought-provoking questions and learning exercises. The responses provide new insights that are then reinforced with self-talk and affirmations.

An example workbook page for Place and Belonging asks: Do family or friends greet you warmly and make the time together mutually enjoyable? Are you welcomed at work/school/church? Responses determine the extent to which this need was fulfilled, i.e., counter-shaped, and lead to the creation of any necessary interventions.

The Parent Resource Guide

Most parents want to feel more confident in their ability to raise healthy, happy, and well-adjusted children. The Parent Resource Guide does just that by providing practical and easy to implement strategies for responding to your child(s) basic needs. This Resource Guide is filled with statements and actions that allow parents to more intentionally create a safe environment where their child's needs can be expressed and met. Truly, there are no ideal parents, yet these guiding principles can lead to more effective parenting.

The Parent Resource Guide also provides recommendations to build the child's Pilot so they can understand their feelings and make decisions that are more purposeful and less reactive.

The Educator Resource Guide

It is vitally important for educators to understand the developmental needs of their students. The Educator Resource Guide clearly and succinctly defines the five basic childhood developmental needs so educators can easily link a student's attitude or behavior to an unmet basic need. The educator can then seek to satisfy the need in a caring, compassionate, and appropriate manner. A list of statements and interactions are provided to ensure that educators are successful with an intervention.

LIFE Interaction Communication cards

A set of LIFE Interactional Communication cards are learning tools. These are available for parents, couples, teachers, or bosses. Each of these four sets contain 36 cards, six that correspond to each of the PBSP basic needs. The opening statement typically begins with: If I were your Ideal Parent (partner, teacher, boss), followed by acknowledgement of a feeling. For example, a Place and Belonging card may say: If I were your Ideal Parent, I would have rejoiced in your birth. Upon hearing these words, the receiver can learn, maybe for the first time, that their parent had prepared a place for them.

One purpose of the LIFE Interactional Communication cards is to encourage a dialogue between the individuals. More importantly, the cards can counter-shape inner needs in a way that would have been truly satisfying. These "ideal" communications give the receiver a fuller understanding of themselves while also experiencing how an "as if" interaction could have met their inner need.

Summary

In conclusion, I believe that the development of the LIFE assessment provides a vital avenue for extending and expanding the work of PBSP. My work provides significant evidence supporting the basic tenets of PBSP therapy. Publication of my work in the prestigious International Body Psychotherapy Journal further indicates the importance of the LIFE to the psychological community. By operationalizing the concepts of PBSP, I have enabled researchers to conduct clinical research that will add to the body of knowledge on PBSP. The additional resource guides and interactional cards allow the theory and concepts of PBSP to reach a far wider audience and indicate that PBSP has application in the prevention of pathology.

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3.7. Mona Pillmann: Treatment of Complex PTSD within an Integrative Approach – PBSP as a Starting Point of Treatment Decisions (Workshop)

Clinicians know that it is a challenge to work with clients suffering from developmental/chronic trauma which started in childhood (Type B Trauma).

My experience as an outpatient behavioral therapist taught me that one single treatment approach is not enough – of the many which were developed for trauma within the last century, especially the last two decades. Since treatment of developmental trauma takes often more than three years, for example eight to twelve years, I have combined therapeutic methods. PBSP is usually the starting point of every psychotherapeutic treatment and case design.

In my contribution I want to show in a short lecture how to use PBSP as a core in treatment and in a wider context with different treatment options such as cognitive behavior therapy (Aaron Beck), body psychotherapy, creative therapy (Grabbeau and Visser, NL), EMDR (Francine Shapiro), schema-therapy (Jeffrey Young), ego-state-therapy (Jack and Helen Watkins), somatic experiencing (Peter Levine) and inner family system (Richard Schwarz).

In this workshop I'll explain the development of the case concept for complex PTSD, the practical work, my setting, and combination group/single therapy using these two examples:

- A case study of a client (ICD-10: F62.0) prolonged personality disorder after extreme stress
- The development of a special group therapy approach will be explained, and suggestions for common therapeutic work with patients will be discussed.

Lecture with visualization, discussion, group work, practical exercises.

Mona Pillmann, MS (DE)

Mona T. Pillmann is a psychologist and psychotherapist with own practice since 2012 in Karlsruhe/Freiburg, Germany. She is also a peer advisor, lecturer and trainer. Clinical-scientific assistant as psychological psychotherapist and creative therapist at a specialty clinic for psychosomatics (2006–2011). Research assistant at the University of Freiburg – Departments of Psychiatry, Psychotherapy and Psychosomatics with adults, children and adolescents (2005–2015). Thesis on the development and evaluation of a group manual for the integration of schema therapy and body psychotherapy using the example of depressive disorders (2014). Study of psychology at the universities of Mannheim/Freiburg (2006). First degree program in creative therapy (focus on dance and movement, sports & games), Hochschule Limburg Sittard, Netherlands (1996). State-certified farmer (1992).

3.8. Jon Chapman: The Therapist as Artist – an Exploration of Aesthetic Form in PBSP (Workshop)

This workshop will provide practical exploration of the role of creativity and aesthetic expression in PBSP. In the workshop we will:

- exchange experience and best practice in the balancing of technical and aesthetic requirements during PBSP structures,
- provide a space for PBSP therapists to explore their own creative sources.

In an interview with Albert Pesso in 2009 at Strolling Woods, I asked what made a good PBSP Therapist. He replied that in his opinion the best PBSP therapists, in addition to having a sound theoretical and working knowledge of the techniques embedded in PBSP, had an artistic practice of some kind. This, he said, enabled them to appreciate the aesthetic archetypal form of a PBSP structure, its flow, rhythm and shape, and to work more intuitively than mechanically with what emerged from the client.

The art historian R. G. Collingwood held that the difference between 'proper art' and 'decorative art' was that the former involved the artist connecting with and expressing some 'inner perturbation' which then resonated with their audience's own inner perturbation, resulting in a cathartic experience for both artist and audience, whereas decorative art was merely the skilled application of techniques.

I believe there is a an interesting parallel between this relationship between artist and audience and the relationship between the PBSP therapist and the client: both involve the cathartic exploration of perturbation in a ritual space, and the co-creation of a meaningful resolution based on archetypal forms. Increasingly in contemporary art audiences are actively involved in engaging with the artist and their work.

In this workshop we will discuss the challenges that this presents to PBSP therapists in a world which increasingly requires therapy to be measured and defined, both in training and practice. Where is the scope for creativity, improvisation, intuition and aesthetic appreciation? This will be explored using creative exercises.

Jon Chapman, MA (UK)

Jon Chapman is a PBSP therapist practising in the UK in London and Cambridge. He is registered with the UK Council of Psychotherapy as a Body Psychotherapist. He has been practising since 2006 and was certified as a Pesso Boyden Therapist in 2008. He has also undertaken a Pesso Boyden Supervisor Training Programme. His creative practices include creative writing (poetry and prose) painting, photography and music.

The Therapist as Artist – an Exploration of Aesthetic Form in PBSP (Workshop)

This brief paper summarizes the workshop I gave at the 7th International PBSP Conference in Prague on 28th September 2019. The workshop was primarily an experiential exploration of the subject, and this paper summarizes the thinking behind this and my introductory remarks for the workshop.

The theme of the conference was 'Science and Good Practice', and in this workshop I sought to explore whether a productive bridge could be found between the techniques and aesthetics of PBSP. What appears to be a paradox – the contradictions of science and art – may in fact be a continuum of practice in which the two aspects inform each other.

My starting point is the paradox that was Albert Pesso. As we know, he and Diane Boyden-Pesso began their professional lives as dancers and then choreographers, working with the expressive art form of modern dance. Once the idea had germinated between them that there was a therapeutic method to be

explored in dealing with the emotional blocks to expression experienced by their dancers (and themselves), it was Al who embarked on a long journey of exploration into clinical psychology and psychiatry at McLean Hospital in Boston. This then led him into an investigation of the neurological basis of his therapeutic ideas and eventually into neuroscientific experiments of PBSP structures. Anyone who trained under or worked with Al became aware that he had a very special capacity as a therapist to both dance with and analyze the client, seemingly simultaneously, observing and responding in real time at sensory, emotional and cognitive levels.

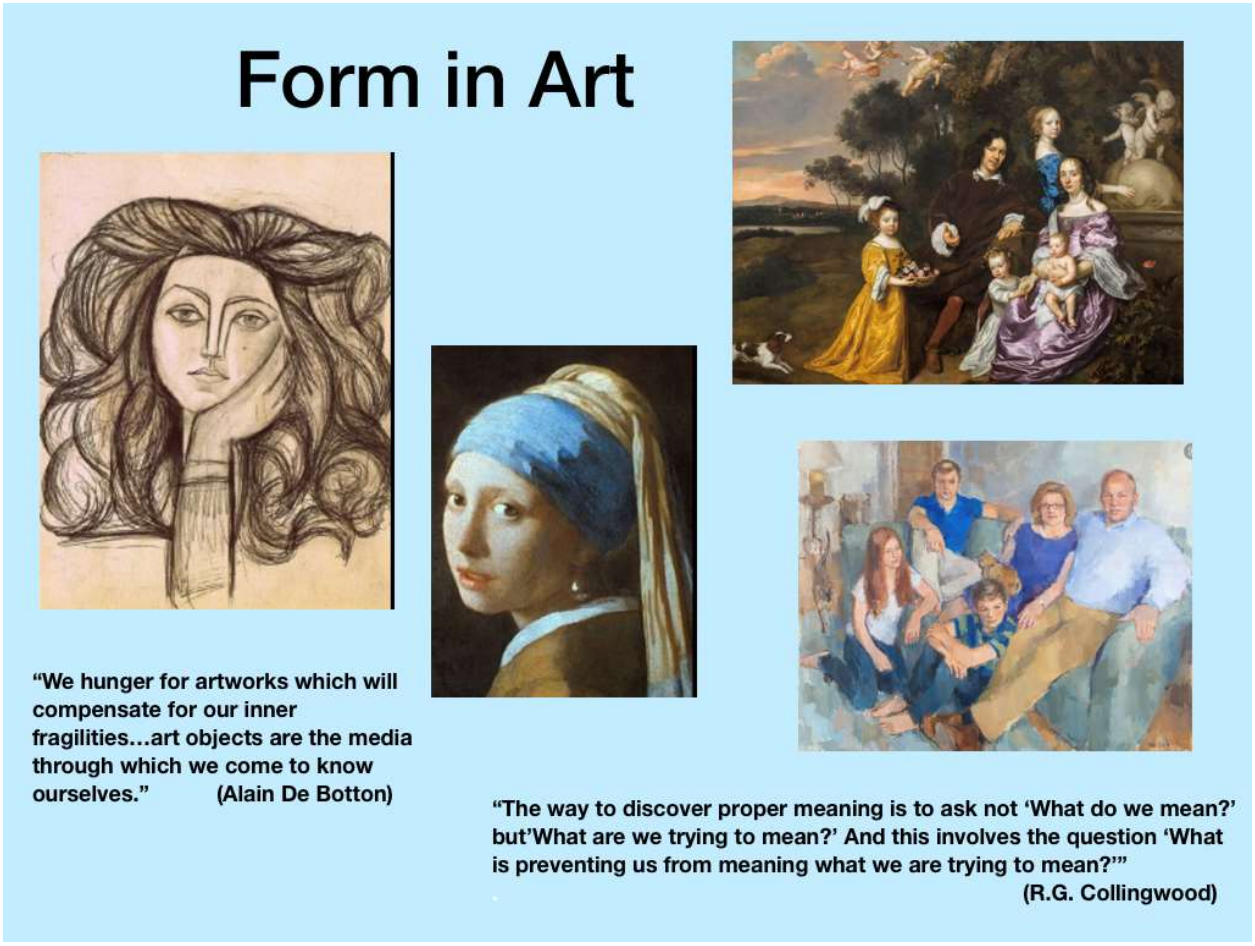
Like many of his pupils, I was profoundly impressed and inspired, if somewhat intimidated and baffled, by this capacity. It seemed like pure intuitive genius, but he would not accept this explanation. He preferred to say that this ability was the result of finely honed skills developed over half a century of practice. He did, however, acknowledge the importance of intuition as a short cut to helping the client identify the core essence of their structure. At the same time, the central principles of the process of a structure were so well established in his mind that they became a firm set of signposts to explain what he was seeing in the client: whether the client was on the stage of the here-and-now or focused on the screen of the there-and-then was a decision based on firm neurological understanding of how memory and perception seem to work. And as neuroscience and its influence of therapeutic practice grew and developed, so PBSP grew and elaborated to include new elements such as Holes-in-Roles and Placeholders, while reducing the emphasis on negative accommodation.

In 2009 I attended one of Al's open workshops in Strolling Woods with my wife. I had been reading about the history of PBSP and wanted to interview Al in order to obtain some material for an article I was thinking of writing. He agreed to be interviewed and so we sat during a lunchtime break and I asked him questions. Towards the end of our allotted time we were talking about the archetypal forms that can appear so vividly in the Antidote phase of a structure, and how important is was to recognize these and work sensitively with them. A question popped into my head and I just asked it. What makes a good therapist?" His answer surprised me, although in retrospect it should not have. "It is not enough to have good technique," he said, "I see many PBSP therapists who have got the techniques of structure well in hand. The problem is that just having good technique can produce a very stilted, sometimes wooden, approach which doesn't really 'get' the client. In my opinion a good therapist invariably has an artistic practice of some kind; they understand the aesthetic of what a structure is about." He mentioned his own deep connection with dance, and Lowijs Perquin's musical prowess, among others.

Form in Art

For the art critic and historian R. G. Collingwood there was an important distinction between 'craft' and 'proper art'. Whereas craft was essentially a direct representation of an object, proper art was an expression of the artist's inner world made real by the created form. Collingwood said that the correct question we should be asking of ourselves is not 'what do we mean?' but 'what are we trying to mean?', which in turn requires us to examine what is preventing the expression of our intention. We can begin to see the parallels between this and Albert Pesso's distinction between the technique and the artistry of psychotherapy, and the essence of a structure, which is to antidote the historic obstacles created by memories of past experiences and facilitate the expression of the true self.

The capacity in structure time to access and embody archetypal energies such as the Ideal Mother and Ideal Father, and the endless panoply of fragment figures, is another feature of PBSP that indicates a strong link with artistic form. The Nobel-prize winning neurobiologist Eric Kandel identifies a common feature of reductionism in both scientific process and abstract art, where individual elements of a field of study become the focus of exploration and experimentation.



The psychoanalyst Donald Meltzer saw psychoanalysis as "a forcing house for symbol formation" in which resolution is sought between the "obtrusive outside" and the "enigmatic inside". For Meltzer we apprehend beauty as a desired ideal, and mourn its imperfection in daily experience. De Botton and Armitage make a clear connection between art and therapeutic experience.

It raises the question: who in therapy is the artist and who is the audience?

And while our intuitive selves yearn for artistic expression that (in de Botton and Armitage's words) "compensate for our inner fragilities", our rational cognitive selves yearn for explanation and a language of understanding. Mini-lectures in structure time are helpful when inserted at the right time, and we have all seen the remarkable capacity of clients to dip in and out of 'structure time' without losing either the thread of narrative or the emotional and archetypal energy of the experience. And science gives us those explanations so that understanding is not simply a matter of trusting the therapist and taking their assertions as fact, which might well have been the case when Al and Diane began their work sixty years ago.

Rather than a continuum between science and art, I propose a circle in which each informs the other. Art is facilitated by the development and application of scientific technique, and science is facilitated by the practice of art. The resulting diagram could be used to describe psychotherapy.

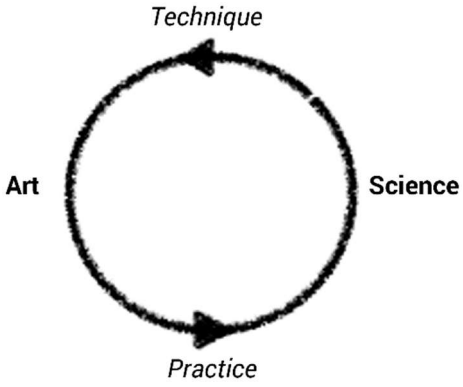


Image and Words

To digress for a moment into the realm of personal practice, I would like to share something of my own experience. From early years writing has always been my preferred mode of artistic expression. I wrote poetry on and off from adolescence onward, rediscovering it in my fourth decade after a long hiatus. About that time in the mid-90's I began to get interested in body–mind psychology, in a state of some confusion and depression in my personal life, I stumbled across a little book called 'Teach Yourself to Draw'. Someone close to me then gave me a 'Paint by Numbers' kit and I started to explore water colours. Painting became an important therapeutic release, a new mode of artistic expression I had never before taken seriously. I had always admired art, but I had never considered myself remotely qualified to pursue it as a practice. A few years later I began to write poems that reflected the motivation behind some of the subjects I was painting, and this became an annual ritual to mark the turning of the year: the above example is a poem I wrote after painting the rising moon over Half Dome in Yosemite Valley.

This fusion of language and archetypal image is what I see and experience happening in structure time. There is an embodied sense of not only witnessing the archetype, but being a part of it, and the words help to articulate the experience as best they can.

Images & Words

The planets swing along
their intimate and invisible orrery
and reveal themselves to us in relationship:
the Earth we stand upon,
the moon that shadows us,
illuminated by the hidden sun.
It is enough to take the breath
and sink in wonder.

This is how relationship works:
orbits and gravitational pull,
twisting in reflected light,
the mutual donation of love, friendship and understanding
that unfolds our better selves
and transforms the possible.

Energy – Action – Interaction – Satisfaction – Meaning

This sense of 'being in' is clearly an important aspect of PBSP's capacity to install the antidote and create a new perspective. The relationship between subject, painter and viewer is inherently distant, but there are other modes of artistic expression which are more immediate. Clearly, dance is one, where the audience is in the presence of the artist in the expression of the work. Another is music, and here I would like to demonstrate how performance can combine archetypal form in a fluid state as the performers engage with each other.

The example I would like to share is this video, of two Flemish musicians, Pascale Rubens and Toon van Mierlo, playing one of their own compositions 'Les Deux Freres' together.

https://www.youtube.com/watch?v=vnRkdpe608U&list=LLyrqDRBIOVAbja-iVVyLtaA&index=41&t=148s

The music itself has a title that evokes an archetypal sense. The interaction between the musicians, and the music they are producing, invites us to witness their intimate interplay as one accommodates the other in turn. The tune, following the principles of Western musical theory, is the structure; the interplay between the players, the subtle improvisations around that structure happening within 'structure time', is the mutual exploration, the human curiosity about what is possible, that also underpins our work as therapists.

The Therapist as Facilitator / Stage Manager / Improviser

We might speculate that the structure space is an even more intimate and holistic space than visual art, dance or music. In classical art, the subject is distant and the creative act is inaccessible except through observation of the end result. In dance we see the expression directly, but the choreographer is usually not present and the choreographer's creative act is in the hidden past. In the case of music, even when the composers are on stage playing their own piece, the act of creating the piece is also concealed in the past, and only accessible indirectly.

PBSP, then is more akin to the kind of performance art where the audience are participants in the creative act, both witnessing and experiencing the act and its product, collaboratively with the artist. In this scenario, who is the artist and who is the audience? Perhaps the appropriate analogy is of the PBSP therapist as an artistic director, a stage manager with artistic sensibilities, coaxing a performance from the client by facilitating the emergence of 'players' (role figures) with whom the client can interact and so create their art.

We might find a parallel in the process of art therapy. Art therapist Lisa Ruth Mitchell proposes a sequence which has parallels with PBSP:

Stage	Description	PBSP Parallel
Incubation	Preparing for the client	'Titbits' in the 'go-round'
Initial Idea	A clear sense of how to proceed	The possibility sphere; contracting
Diving In	Exploring the client's inner world	Witnessing, placeholders, fragment figures
Flexible Commitment	Treat mistakes as opportunities; collaboration	Moving back and forth in the structure, space between stages and scenes; accommodation
Flow	Being in the creative process	Allowing the antidote to elaborate and flourish; following the energy

Honouring Flow

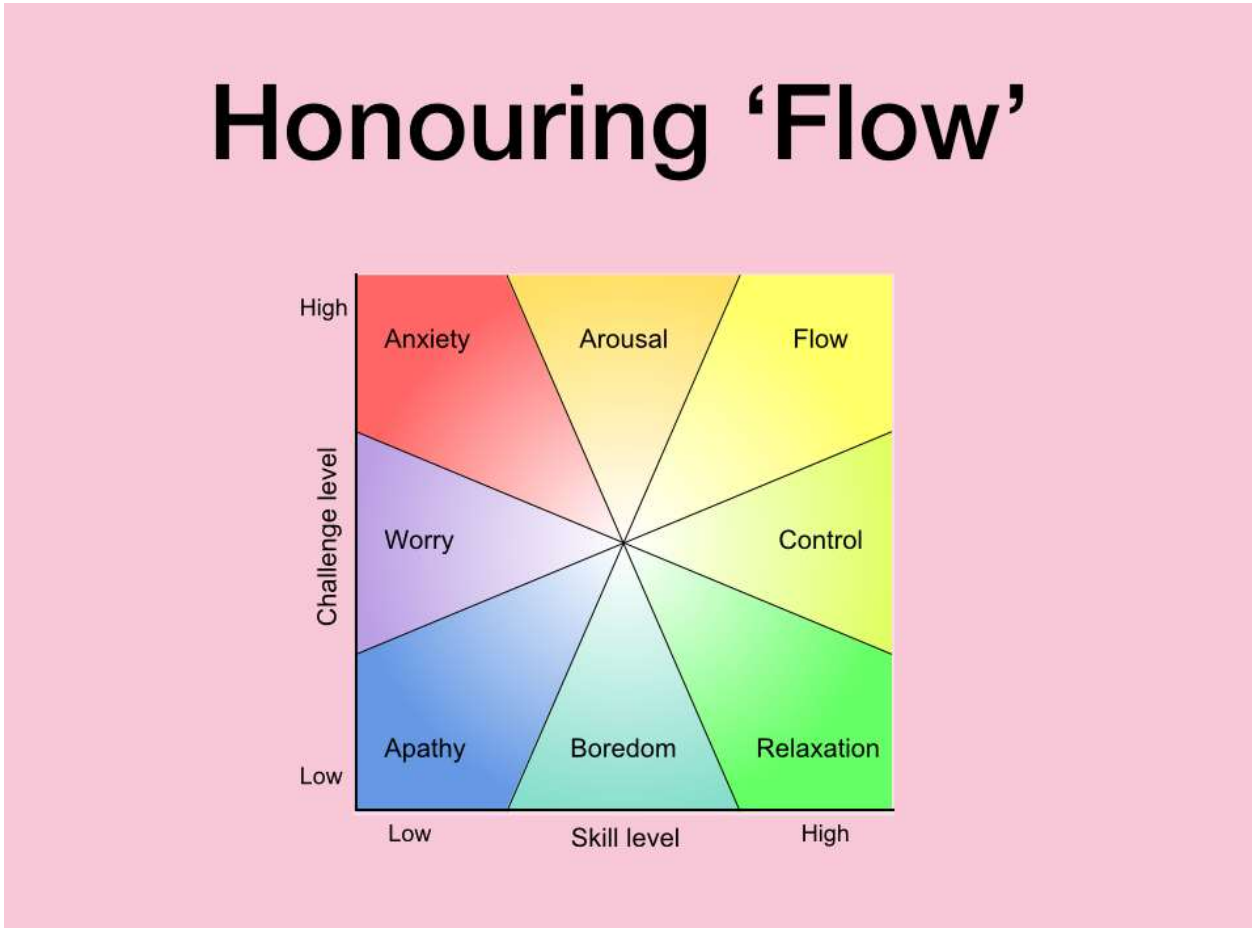
Before we embark upon a creative, experiential exploration of these ideas, I would like to make a few remarks about that last element, Flow. It is I think a critical aspect of both artistic expression, scientific exploration and therapeutic work. All three – artist, scientist and therapist – must have a solid grounding in the skills and techniques in order to honour the principles of their profession, and produce meaningful outcomes. In each case, the scale of the challenge must be felt to be within one's capability.

Csikszentmihaly's work identifies some key attributes that contribute towards 'flow state':

- concentration on the present
- reflective self-consciousness
- a sense of urgency
- a subjective experience of time
- intrinsic reward

All of these are relevant to the work of a PBSP therapist, and to the creative experience of the artist. I would argue that they are also important for good scientific work.

As a PBSP therapist, how do we experience 'flow'? Is it in holding the triangulation of the cognitive, emotional and sensory in equal regard, whilst being open to both our own intuitive sense and the client's energy and flow? How do we manage (if 'manage' is the right word) the tension between the apparent timelessness of structure space, in particular during the antidote phase, and the urgency that drives the client toward resolution? How are we both immersed and aware, both in our seat of power and in our permitting – in Al's words "getting out of the client's way"? And how does our client experience 'flow', and the balance between these polarities?



We must as PBSP therapists become comfortable with our own flow state, and learn to recognize it in others, and being conversant with creative and artistic practice as well as the techniques can help us bridge the immense complexity of our work with the fundamental and simple truths that Al also bequeathed to us.

Resources

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3.9. Gus Kaufman: A Role for PBSP in Healing the Wounds of Compulsory Heterosexuality and Policed Gender Roles (Workshop)

PBSP has been part of a psychosocial system that has damaged people who don't identify as stereotypically heterosexual and/or don't fit stereotypical gender roles. To be part of the solution, we need to expand who can role play ideal parents. Secondly, we need to allow and validate each person's unique integration of polarities around what is called masculine and feminine. Finally, we need to create more openness and validation around non-heterosexual attractions and relationships.

Gus Kaufman, PhD. (USA)

Gus Kaufman is a psychologist, social activist and senior PBSP trainer, having been certified in 1976. His doctoral dissertation "Body Signals of Childhood Loss" was a theoretical and experimental validation of key PBSP concepts, later summarized in a chapter in "Moving Psychotherapy". Gus has conducted PBSP training around the US and Europe and has presented at all of the international PBSP conferences.

A Role for PBSP in Healing the Wounds of Compulsory Heterosexuality and Policed Gender Roles
(Workshop)

Thanks to Matt Fried, PhD., PBSP Trainer, for help revising this paper.

People who call themselves heterosexual often don't know how fiercely they have been indoctrinated in a way of life that oppresses others and themselves. This is just like how people who call themselves white have learned to be blind to how we are part of oppressing all the non-whites in the world. We in PBSP with our notions of the possibility sphere, of honoring and validating all of who a person is, can become part of the solution, not part of the problem.

Because of how global our gender indoctrination is, it's hard to show you what you don't know and it's hard to talk about it. When I did this workshop, I started with an exercise which made no sense to some people, because they don't know how indoctrinated they are in policed gender roles. I told a joke:
"Why do some gay men talk with their hands like this?" (I demonstrated by waving my hands around at mid-body level.)
The answer: "Because sometimes there's not room to talk like this!" (I threw my arms up over my head, palms open to the sky.)

I think some people in the workshop didn't get it. They didn't have conscious knowledge that boys and men are socialized to inhibit our body movements to what is considered masculine, and that talking with your hands and especially throwing your hands above your head is considered flamboyant, over-the-top, hysterical, too emotional. Some brave gay men defy this stereotype and for that, they are stigmatized… sometimes to the point where they are murdered… or kill themselves.

Then I told two stories that also fell flat. The first was about a participant in a PBSP workshop I led in Basel 30 years ago, a young male medical student. He did some anger work around his upbringing (we used to pound pillows back then!) and the next day came in with a cast on his arm. He had broken a tendon in his thumb but said nothing to us when it happened. I was stunned that a person could break a tendon and not say anything about it. To me, this was an obvious example of how narrowed his range of emotional awareness and expression was by policed gender roles.

The second example was from my childhood. My mother called to me as I ran across the yard, "Turn your hands around" (meaning so they didn't face forward). This is as an example of shaming a male child out of being vulnerable and free, because openness was seen as feminine and feminine was the worst thing

a boy could be. My mother, to protect me from bullying, was reinforcing policed gender roles, helping suppress my free self-expression.

What do those examples have to do with PBSP? When we insist that ideal parents have to be a male and a female, when we avoid issues of sexual / affectional desire – who we are attracted to and want to bond and partner with, how we express ourselves and don't based on rigid gender roles, then we in PBSP are part of the apparatus of oppression.

What happens when we don't integrate the polarities of our lives?
Al Pesso was keenly aware of the polarities of masculinity and femininity, receptivity and putting out, power and vulnerability, input and output. He knew, but did not always explicitly spell out, that what cannot be owned is projected and denied. If you don't own a part of yourself it becomes a symptom. We end up with personal symptoms, e.g., the tight jaw and teeth-grinding of the male who is holding so much back, and societal symptoms, e.g. males' refusals to acknowledge vulnerability. That refusal costs everyone.

In PBSP we have reinforced traditional sex roles when we insisted the road to healing for everyone was an ideal mother, played by a woman, and an ideal father, played by a male. That works fine for many people. But it deepens the alienation of those who don't feel like it fits for them.

We need to offer clients options, a broadened possibility sphere. We can say, "What would be an ideal reversal for you? Who would you like to play ideal parents, ideal family, ideal people who would have raised you?"

Secondly, PBSP has been passive, has not spoken out on same-gender attraction and affiliation.
Sexual and affectional desire, choice and bonding are enormously important parts of who we are as living creatures. To counter the oppression people have suffered under, we need to have ideal parents, ideal religious and social institutions that explicitly say: 'We affirm and celebrate you having desire and wanting to be with whomever you want, so long as they are also free to choose.'

Thirdly, we need to explicitly give the message that you can be you in the way that fits for you. You can use pronouns that reflect how you see yourself and your ideal figures (and the therapist and fellow group members) will follow your lead. This is basic respect. We are not prescribers or enforcers of the one-right-way to resolve the polarity of masculine and feminine.

All this needs to happen in one-to-one therapy, in group therapy and ***in training groups***. We need to go from people hiding who they are to us making a place for and celebrating them. Trainers and trainees should not have to keep their sexual, affectional and familial lives 'private', 'nobody else's business'.

We are at a societal crossroads where majorities are being forced to realize that leaving the status quo in place is oppressive. Keeping silent is not a moral choice. This is a PBSP issue too – as Al Pesso noted, "The roots of justice are in the body." What I take that to mean is that we are profoundly oriented toward justice.

What are the implications of that for gender and sexuality? I have been talking about injustice in society, mirrored in the theory and practice of PBSP. Al Pesso speaks of 'see–do'. What that means here is if we see an injustice we are pushed by our nature to do something about it – to make it right. (In his notion of 'holes in roles' and 'the Messiah complex' he talked about when the child sees an unmet need, an injustice in the family or society, they feel pulled to fix it.)

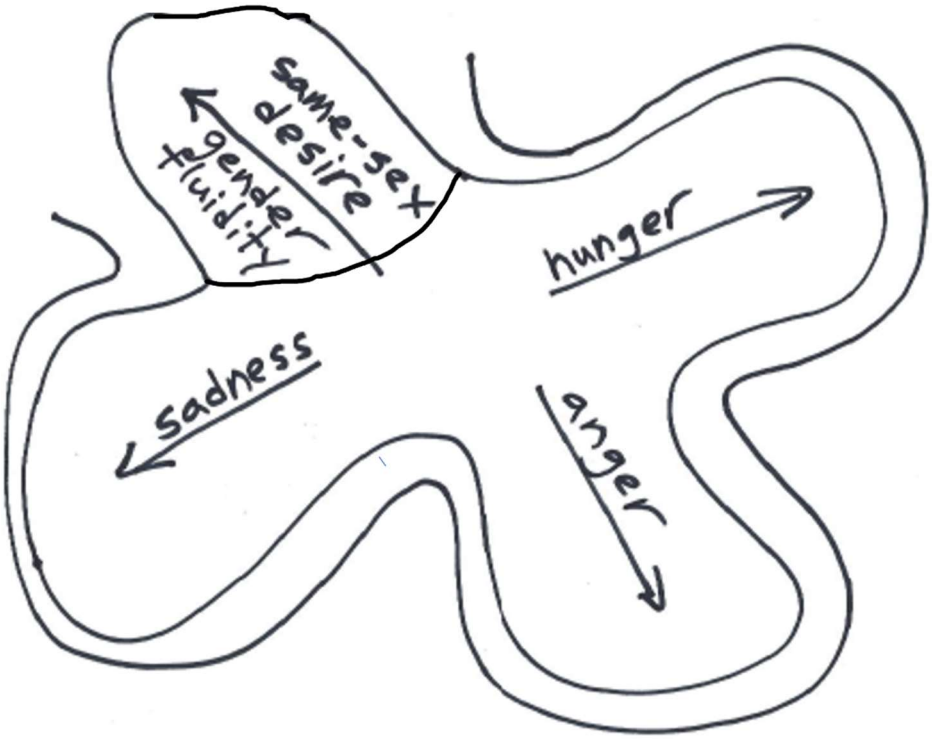
As you will see, in this work I continually mention gender roles and sexual orientation – desire and choice. That's because these are the areas we have been not allowed to be our full selves in all our complexity.

The concept of *compulsory heterosexuality* comes from "Compulsory Heterosexuality and Lesbian Existence" a 1980 essay by Adrienne Rich, (also published in her 1986 book "Blood, Bread, and Poetry: Selected Prose 1979–1985"). It is the recognition that in our society everyone has been expected to be heterosexual and had better force themselves into it if they are not, or be silent, 'closeted'.

The idea of *policed gender roles* I took from Marilyn Frye, who in "The Politics of Reality" (1983) wrote of the methods and costs (billions, plus untold human suffering) of enforcing this regime. It is the notion that 'this is a man' and 'this is a woman' and you better make yourself fit. Go to the gym, wear your hair a certain way, hold and move yourself in certain ways and not in others, get surgery if need be to fit, and for males, be in charge, don't cry, for females, always smile, don't be aggressive, and on and on.

Those who step outside those patterns risk rejection, shaming, even death. "We were socialized to respect shame and silence over our own voices." Nicole Dennis-Benn, Jamaican born US author. The domains of gender expression and sexual/affectional orientation and expression are allied and interwoven.

In PBSP we diagram the repression this way – parts that are allowed to be expressed and then met/blessed/counter-shaped vs parts that have no place and have to be denied and then are forced underground, appearing as symptoms.



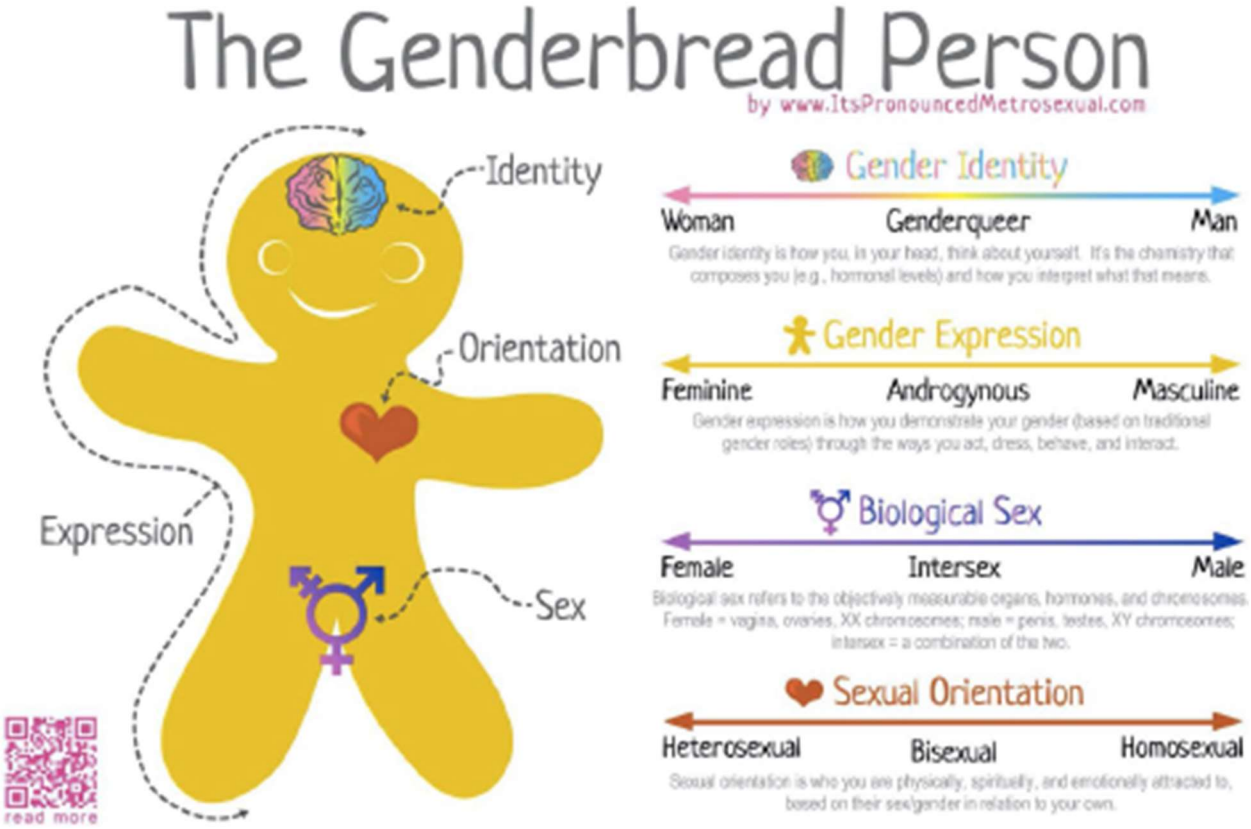
One of the ways PBSP offers healing is through the witness feeding the pilot information about formerly disallowed affects that the person is somehow manifesting. This is true for males, females, transgender people and people with a fluid sexual identity.

For women, what are the disallowed affects? What is the 'Act Like a Woman Box'? And what is said and done to girls and women to keep them in the box? Anger and aggression are among the disallowed affects for which women are stigmatized. They are kept in line by the fear of being called 'bitch', 'shrew', 'harridan', 'shrill', 'strident'. Jackie Zilbach, MD, PBSP ally and one of my mentors, co-authored with three other women psychiatrists/psychoanalysts "Aggression and Self-Esteem in Women" (in The Woman Patient, Notman, Nadelson et al.,_2012). Their major point was that aggression developmentally is the root of assertion. If women are not allowed the first, they can't develop the second.

Recently I heard a remarkable 30-year-old Vietnamese American poet and novelist, Ocean Vuong, speak about his new novel "On Earth We Are Briefly Gorgeous", which takes the form of a long letter from a young man to his mother who cannot read. Ocean asked the question "Does language matter if we are not heard?" And I thought of the power of the witness – of being seen accurately and having our reality named affirmatively and blessed.

For PBSP an important implication of the massive shaming and punishment of affiliative and erotic impulses and of other traditionally gendered behaviors and characteristics is that **witnessing is not enough,** since the forbidden affects/impulses may have been driven deeper into the body**.** Disallowed affects/impulses are held as muscle tension, swallowed (disrupting the digestive system), denied or dissociated leaving us less present, less alive. We have to know how to suss out, decode these signs and help them have expression and a place.

In truth our sexualities and our gender expressions are as various as our fingerprints (DeAngelis, 2001). Here is a graphic, 'The Genderbread Person', which begins to illuminate those complexities:



So when we work with integrating the polarities of masculinity and femininity, each person will have their own integration, and it will change with time. *Our sexualities and our gender identities, expression – which are different – are fluid amalgams, which shift through the life cycle in complex ways.*

So, let's not push clients to deny parts of themselves (engaging in a conspiracy of silence and conformity about gender expression possibilities and sexual desire possibilities).

Let's provide ideal figures affirm all of who they are. And let's allow them to have the affirming figures be whatever gender they wish/need, played by persons of whatever gender the client chooses!

Integrating the polarities of our existence include power, aggression, output on the one hand, and receptivity, taking in, input on the other. And masculinity and femininity. Recognizing this can help us see that rather than insisting on a male/female bifurcation, we can work, more helpfully, with the notion of a shifting continuum, a spectrum, a rainbow.

Compulsory heterosexuality, or heteronormativity, does a kind of violence to a significant group of human beings. Historically, invisibility has been the price of tolerance and survival. This blatantly or subtly enforced rule of invisibility means each child who is not cisgender and 100% heterosexual grows up

thinking "I'm the only one." And "there's **no place** for me." And we all know having a place is a basic human need.

In being a PBSP trainer around the world, my experience is that when I let the trainees know I'm gay, certain people are profoundly appreciative. They come up to me in the breaks and say things like "I'm lesbian." If we spend enough time together, they let me know: "My brother was gay and died of AIDS. I haven't mentioned it to the group", "I've had relationships with men and women", "Thank you for helping create an expanded possibility sphere for me."

But what about that you, the reader, may not be LGBTQ? Perhaps you can mention to your clients, your trainees, your colleagues that your mother was lesbian, or your daughter. Something that signals to the oppressed, 'I am with you, you are safe here.'

In the Prague workshop I asked participants to divide into groups of three or four and have a person enroll as "ideal parent"**.** I gave the following instructions:

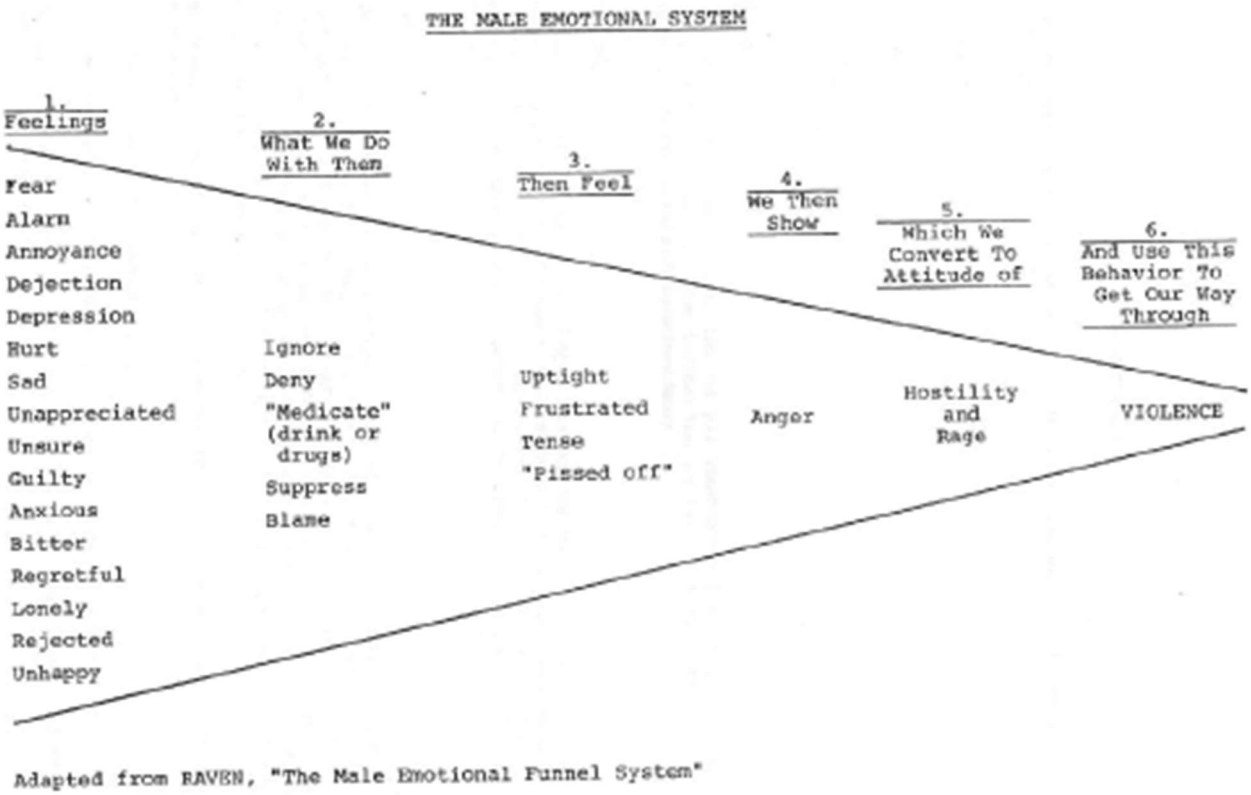
"Enroll people in a way that stretches you a bit… that helps heal the wounds you uncovered in the previous exercise (I had asked them to find a part of themselves that wasn't affirmed or was suppressed by their upbringing). For instance, have two males, or two females playing ideal parents, or 'feminine aspects of their ideal father' or 'masculine aspects of their ideal mother'. Have them make statements you would have liked to have received, e.g., 'If I had been your ideal parent back then, I would have allowed you to play with dolls…' Each get a turn. Then debrief. Then some sharing with the workshop."

The exercise was well received; many felt it allowed them space to grow.

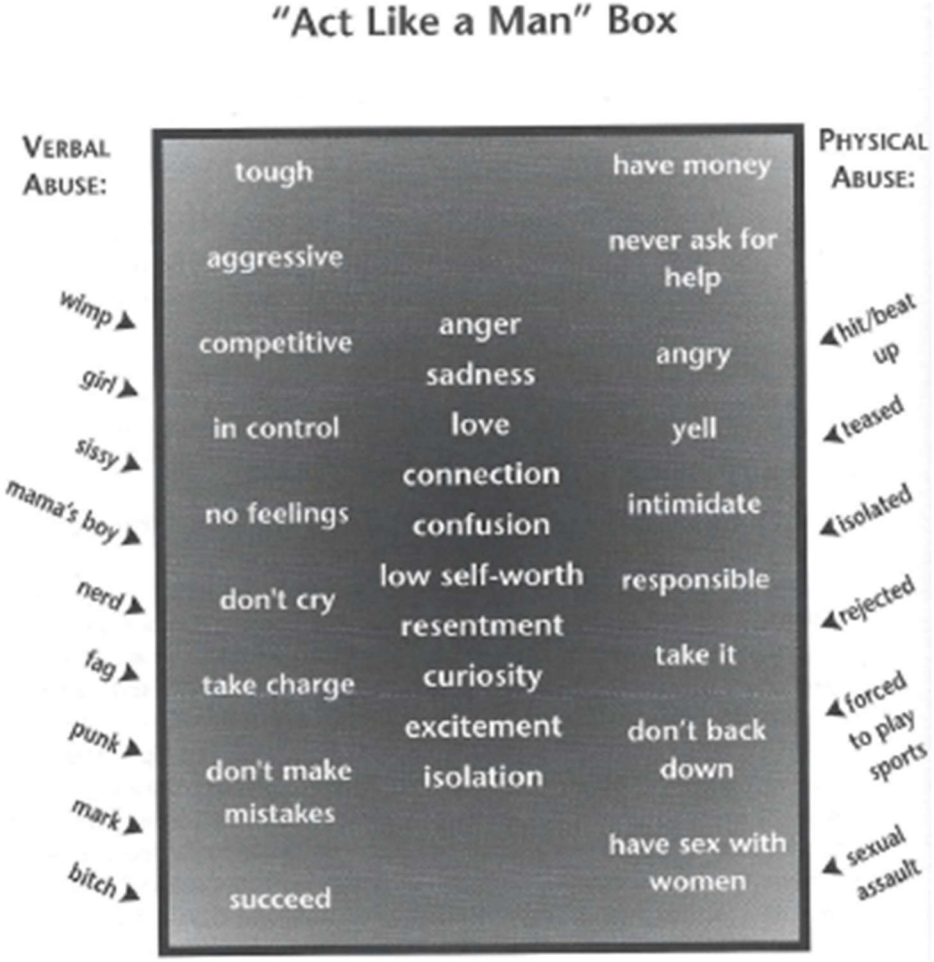
So, my final message was this – affirmatively create a more open and welcoming possibility sphere for yourself and your clients. Ask what pronouns they use, what persons they want to play ideal parents, what parts of them need blessing.

Notes and further thoughts

1.



2. Think how John F. Kennedy and Lyndon Johnson, who each had empathic, sensitive sides, were determined to be seen as powerful (toxic masculinity) so they got the US into and kept us in the Vietnam War, which cost over a million people their lives before it was 'lost'. And President Trump insisting to governors they must 'dominate' protestors. Men's refusal to be vulnerable, to share, addiction to control cost millions of lives and create misery.

3. 

4. I am not the first to recognize this problem with PBSP and our society. As early as 1994 Gerrit de Bruine, a Dutch PBSP therapist, pointed out the problematic nature of seeing power as masculine and receptivity as feminine (Proceedings of the Second International Conference) and referred to Louis Sommeling and Liesbeth de Boer's critiques of those connections in the Dutch Pesso bulletin in 1992. Louisa Howe, world-renowned sociologist and PBSP trainer, also spoke at the 1994 Second International conference in Atlanta of her dissatisfaction with that formulation. De Bruine said: "By disconnecting the function from the biological difference we can create a possibility sphere in which both mothers and fathers can express their two sides through modeling" (p. 83). And further: "It is not possible to determine in advance whether a child will have an imbalanced development if it grows up with one parent or with for instance a lesbian couple" (p. 84). De Bruine said then that he preferred the terms power or expressive capacity and openness or receptive capacity.

5. I have not been silent on these issues. At the first international Psychomotor conference in 1992 I spoke of "What PBSP can learn from feminism". At the second, which we hosted in Atlanta in 1994, I put together a panel: "Creating a Place for Sexual Orientation in PBSP". By then I had learned ***Silence is not neutrality.***

6. When a child 'comes out of the closet', the parent and family members 'go in the closet', meaning they begin the long journey from denial to acceptance, sharing and celebration of this aspect of their loved

one. In helping the client and the family members, 'neutrality', a historic psychoanalytic ideal for therapists, serves to reinforce a life-threatening status quo. PBSP therapists can become facilitators of these journeys, helping all affirm and bless all of who each of us is. To do so we must educate ourselves. This is not an utter departure in PBSP – Diane Boyden-Pesso was always clear that Psychomotor realizations were not just for structures, but were for healthy child rearing, personal relationships and social institutions. Diane taught positive parenting using psychomotor principles.

7. Speaking of blessing, I belong to an LGBTQ-founded synagogue, Congregation Bet Haverim (House of Friends). We started back when we weren't welcome in traditional synagogues. At CBH we end each service with this **"Prayer for the End of Hiding":**
   *(**all** who feel willing recite together)*

   As gay, lesbian, transgender, and queer Jews, we are aware of the loss of integrity suffered due to pressures of the larger society. We often feel forced into a dishonest presentation of ourselves, to ourselves and others.

   The LGBTQ individuals who feel they must pretend to be something that they are not, the Jews who feel they must be alienated from their tradition and community to gain larger acceptance, both are victims of the theft of identity and integrity committed by the sexual or religious majority.

   Creator of the universe, we ask that our hiding be brought to an end, that we no longer feel we have to pretend, to promise falsely, to renounce ourselves, and that our fullest creative expression as Jews and as gay, lesbian, transgender, and queer be among the blessings you bestow upon us. Amen.

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3.10. Uwe Minde: DeShaming – Antidote to Toxic Shame (Workshop)

PBSP theory is focusing on the equation of energy, action, interaction, and meaning. Al Pesso used the term 'energy' as a metaphor for the becoming. Energy becomes shape and if there is a fitting counter-shape, the energy is flowing into the direction of life. Sometimes there is no suitable counter-shape. As therapist leading a PBSP Structure we are helping our clients to find the right time, right form and right relationship for the suitable interaction that met our needs.

The early experience of shame and humiliation is blocking the energy of becoming, at an early stage. If this happens before a child has words the only storage for this experience is the body. Shaming a child is still a common (bad) way to give a child limits. Without any corrective experience the body is drawing the picture of threat over and over again. DeYoung described the experience of shame as the 'experience of disintegration in front of a disintegrating other'.

Or as Daniel Siegel puts it: "Human connections shape the mental connections from which the mind emerges" (Siegel, 1999).

Like falling in love, therapy is reactivating the early attachment system. As therapists we try to help our clients in their healing process. We don't want to hurt them. Our clients come with a problem, they are suffering and in pain. We as therapist should not overestimate their consciousness for their own needs. Clients with a history of humiliation and disintegration may feel their own vulnerable parts as threats. Sometime, when we use micro-tracking and bring the clients beliefs as voices in the room we see how violating a humiliating voice can be. Working with shame is a challenge because like no other emotional issue it touches the shame of us as therapist. The trap of a silent agreement – better don't touch – is very close.

How can we deal as PBSP therapist with this? Do we have place for shame issues and the aggressions that emerges in humiliating situations?

The aim of this lecture is to sensitize for this issue and to discuss some of our ideas how we can deal with shame in a PBSP structure.

Uwe Minde, Dipl.-Psych. (DE)

Uwe Minde is a psychologist. He has worked in a psychiatric hospital for 20 years, mainly with patients suffering from psychosis or borderline disorders. Essentially with behavioral therapy and cognitive therapy. First contact with Al Pesso after setting up his own office. He is a certified PBSP therapist and supervisor. Since 2015 he has been designing various workshops together with Sabine Löffler. He is particularly interested in the healing aspects of real and symbolic interactions.

DeShaming – Antidote to Toxic Shame
(Workshop)

Before we start this workshop, I would like to thank all those who made this 7th PBSP Conference here in Prague possible. I can only imagine how much work this must have been. So, a big thank you to all. And also to Al and Diane, without whom we would not be here together. I thank them both for the development of this wonderful method and I thank Lowijs Perquin who in an impressive way managed to put the creativity of the Pessos into a form that can be learned.

I have first encountered the method at a conference in Munich. At that time, I was a participant in a workshop and have experienced my personal 'click of closure'. This was the missing link for me. For more than 15 years I had worked in a psychiatric clinic, mainly with patients suffering from paranoid hallucinatory psychoses. Being trained in behavioral therapy and dialectical behavioral therapy, I had good tools to work with this clientele. After I had settled down in my own practice with my colleagues

in 1998, my clientele has changed over the years. In the first years I used to see many patients from the clinic who had just been discharged. Behavioral therapy and DBT continued to be good tools. Most patients were occupied with the question of how to cope with their serious illness and how to lead a satisfying life. The new clientele, however, had a longing for personal growth and development.

In this phase I was introduced to PBSP. I took part in a three-year training course in Munich and finished it with the evaluation. Afterwards I flew to Strolling Woods, took part in some further training and then flew to Boston. There I was finally certified by Al Pesso as a PBSP therapist.

In 2014, Lowijs Perquin gave a workshop in Freiburg and announced a further training aimed at becoming a PBSP Supervisor. I was very happy about that. Finally, there was an opportunity to practice skills with colleagues and highly qualified teachers in Germany. During this training, I once again became aware of how demanding the work as a supervisor is. To create a safe atmosphere in which the supervisee is able to show themselves with their perceived shortcomings. Or to address sensitive subjects and at the same time encourage learning.

I remember my difficulties with micro-tracking. Often enough I was just wrong. As a behavioral therapist in a psychiatric hospital, we are known as the 'experts'. We are the ones who have the answers. At least this was the case in my time.

Every time my witness-message didn't lead to a 'yes', I had the impulse to just leave out micro tracking, or an orchestra of inner voices told me that I was a miserable PBSP therapist and that I would never be able to learn enough.

My thanks go to Barbara Fischer-Bartelmann, who encouraged me to continue. She supported me very well during the certification process. I did the certification live. Al, Barbara and I sat in front of the PC and watched the video together. Al was very friendly, but at the same time merciless. He commented on everything he saw that he didn't think was 100% PBSP. I think anyone who has gone through the certification can imagine what it feels like doing this live. In the end he gave me an 80% that felt like failure to me. After this event I wasn't really happy and lost my drive and motivation to go on. It took a push from Barbara to present the video to the other two trainers.

During my training in CBT and DBT shame was not an issue. After completing my training, I have participated again and again in courses of various therapeutic methods. Shame was never a topic for me. The psychiatric clinic in which I worked was mainly psychoanalytically oriented. Guilt took up a lot of space. While shame hardly ever occurred.

So, I began to engage with the subject of shame and guilt. Originally motivated by my training as a PBSP Supervisor, it soon became clear to me that this topic had something to do with my own history, but also showed me how many areas this subject covers.

So, that is the reason why I stand here today and why I am giving a workshop on this particular subject.

Shame is also called the 'gatekeeper emotion'. To make sure that everybody is standing in front of the same gate. I would like to invite you to do a little exercise.

Guided meditation on the experience of shame

Please assume a relaxed position. Sit comfortably and place your feet side by side if they are currently crossed. Some may know Daniel Siegel's little exercise. Please place your right hand on your heart and your left hand on your belly, just below your navel. Take a deep breath and take a moment to experience what it feels like. Then please change the position of your hands. Now place your left hand on your heart and your right hand on your stomach. Do you feel a difference?

Please choose the position that feels most comfortable to you.
What follows is a guided meditation that goes back to Thich Nhat Hanh.

Take a deep breath and hold it for a short moment. Now let your breath out slowly without forcing it. Just let go. Maybe your consciousness will allow you to put everything that has accumulated today into the

background. For this technique we use the focus on the breath as an anchor point. Just let your awareness follow your breath. As you inhale, be aware that you are inhaling. As you exhale, be aware that you are exhaling.

Allow yourself to let a shameful experience come into your consciousness. Breathe in and focus on this experience. Be gentle to yourself. Breathe out while you hold this experience in your awareness. Be kind to yourself. Perhaps the idea that your awareness is like a gentle ray of sunshine on a closed flower bud will help. Perhaps your memory is very painful. Then it can be helpful to keep only a small part in your mind. Just enough to allow you to hold onto the memory of a shameful experience in your mind. Or, imagine, you create a distance to this memory. Put it into the periphery of your awareness. So that it can just stay on the edge of it.

"Inhaling, I experience this shameful memory. Exhaling, I experience this shameful memory."

Imagine holding onto this experience gently and tenderly in your mind. You don't have to do anything about it. Simply hold onto it – gently and tenderly.

In the next stage we will become aware of our reactions to this experience. In general, there are three different reactions. The reactions in our body. Tensions, body sensations, heat or cold. Perhaps a defensive reaction. Uneasiness in our body. Focus your attention on the physiological response to this shameful experience.
"Inhaling, I experience the **physiological** reactions to this shameful memory. Exhaling, I experience the **physiological** reactions to this shameful memory."

In the next stage we become aware of the emotional reactions to this experience. Fear, or anger, can easily emerge. Grief… or sorrow… or longing.
"Inhaling, I experience the **emotional** reactions to this shameful memory. Exhaling, I experience the **emotional** reactions to this shameful memory."

In the next stage we dedicate ourselves to the cognitive reactions. There are stories and thoughts about this experience. "Why does this always happen to me… What have I done to deserve this… I don't understand how this could have happened to me. Or, this is all my fault… It is terrible what was done to me. How could she do this to me?" All these different thoughts and tales about this experience.
"Inhaling, I experience the **cognitive** reactions to this shameful memory. Exhaling, I experience the **cognitive** reactions to this shameful memory."

Let's do this for a few moments. Hold the reactions of the memory of a shameful event gently and tenderly in your mind. Just as a mother holds her new-born baby in her arms.
"Breathing in, I experience the physiological reactions to this shameful memory. Breathing out, I experience the physiological reactions to this shameful memory."
"Inhaling, I experience the emotional reactions to this shameful memory. Exhaling, I experience the emotional reactions to this shameful memory."
"Inhaling, I experience the cognitive reactions to this shameful memory. Breathing out, I experience the cognitive reactions to this shameful memory."

Perhaps you will be able to see or experience that there is a quiet and peaceful place at the core of this experience. Stay there for a moment.
Take a deep breath and come back at your own time.

Now I want to invite you to share some of your experiences. If you want to share anything, please stay with the experience, do not go to your personal history. I once asked a group to share and I was not aware of their longing to share their personal histories. After 10 clients shared their histories about humiliation everybody in the room felt depressed.

So, would anyone like to share any of their experience? What did you experience on the physiological level? What did you experience on the emotional level? What did you experience on the cognitive level? Thank you.

Al Pesso would always say: "We are made genetically to be able to be happy in an imperfect world that is endlessly unfolding, and we are the local agents of that unfolding process."
I would like to add: "We are born with the ability to feel separated and isolated in a world that is profoundly interconnected."
One source of happiness is connectedness. Pesso says that connectedness has three aspects:

- First: Connectedness with our own body and self.
- Second: Connectedness with others and the outside world.
- Third: Connectedness with the ultimate.

The experience of shame goes hand in hand with the experience of isolation. As humans, we depend on relationships. Nobody can survive on their own. So, the experience of isolation is life threatening. And I am deeply convinced that we have to keep this in our mind when we work with shame.

I would like to say something about the development of the ego. But this is a complex issue, so I will try and keep this very short. Nowadays there is a lot of research being done about this topic and we have gotten a lot of results. But the puzzle is yet to be solved.

The development of the ego and the survival of the individual depend on connectedness. We are the result of connections. Our parents need to literally connect to conceive us. The fertilized ovum must nest in the uterus. The umbilical cord connects us with the mother. The moment we are born there are billions of connections in our brains. As new-borns we are totally helpless and vulnerable. We are deeply dependent on the attentiveness of others towards us and their care. The moment the umbilical cord has been cut there is no more concrete connectedness. From then onwards, all forms of connectedness are of a different type.

I remember when I became a grandfather and held my granddaughter in my arms for the first time, I was speechless. But I remember a different behavior as well. I had the impulse to smell her. According to Freud, shame came into the world as people began to walk upright. Before this time, the most important source of information was smell. When we stand up straight, our physical (sexual) characteristics are visible, and a shift happened from smell to sight. Therefore, shame arises in the presence of others. How are we seen and judged by others? Am I still one of them, or am I being excluded?

As the title of this workshop says, the focus is on the question: Is there a cure for existential shame? It might be helpful to use the example of connectedness that Al Pesso made. During my research on this subject, I came to the conclusion that we can look at the issue of connectedness and isolation from three different perspectives. They correspond well with the sources of connection that Al Pesso formulated.

Each society develops a culture that regulates the functioning of this said society. In 1946 the Office of War Information invited Ruth Benedict to study the culture in Japan. The results were published under the title: "The Chrysanthemum and the Sword: Patterns of Japanese Culture". The aim of this study was to predict the behavior of the Japanese culture during World War II. Benedict established the distinction of a culture of shame and a culture of guilt. This study had some shortcomings and the distinction in culture of shame or guilt had only been considered for a short period of time within the scientific community. In the last few years, guilt has been the main focus of research.

Only very recently has it been replaced by shame. An interesting reason for this might be the fact that the other side of guilt is responsibility and the concept of free will. Recent research shows that we obviously had to rethink the concept of free will.

> *"The fact that shame has become the preferred subject of the scientific debate, is also likely to be influenced by her character as a tabooing and therefore tabooed emotion. It is still surrounded by an aura of the uncontrollable, of intimacy, also of the abysmal, of taboo; shame meets us very deeply; all this makes her an ambivalent and highly interesting phenomenon."*
>
> (Werden, 2013)

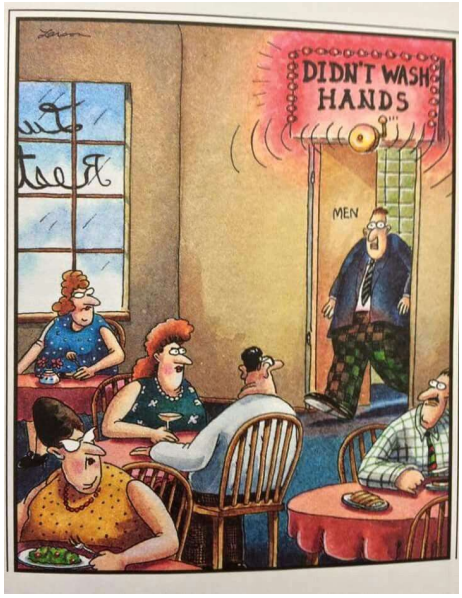
Furthermore, the extent to which shame opens the door to aggression becomes apparent. People risk massive personal injuries or even death, let it be their own or someone else's, to avoid losing face. An example of which could be the depressed German pilot who crashed the Lufthansa plane.

There are some theories that hypothesize that a large number of aggressive behaviors can be seen as a reaction to shame. Several studies show that social exclusion and humiliation lead to a reduction in self-regulating abilities and promote anger and aggression. Self-image is often fragile.

Feelings of shame go hand in hand with two forms of withdrawal:

1. The ego withdraws from the outer world because the world of relationships is so uncertain. The person is primarily concerned with their own inner world.
2. The ego withdraws from the inner world because it is also experienced as insecure and shameful. What remains is a deep feeling of isolation.

Connectedness to others: "Didn't Wash Hands"



I want to start with an aspect which I call the "Didn't Wash Hands" perspective (Connectedness to others). I don't know if you are familiar with Gary Larson's Cartoon:

Because we are not able to live on our own, we have to find a way to connect to the outside world and to other people. We have to learn the rules. And we need someone who helps us in this process. In the ancient Japanese culture, the members of the samurai could restore their lost honor and the honor of their families only by killing themselves in a ritual way. And they had to do it in the right way. In the end the prince decided if the harakiri was done properly.

During the Middle Ages, there were dramatic penalties for misconduct. So-called *"Schandsteine"* were hung around people's necks. Draped like this they had to walk through the streets. People were imprisoned in baskets and hung in a central location. The passers-by spat on them and threw rotten food at them.

Today the pedestrians are filmed in Shanghai when they cross the street at a red traffic light. A software with face recognition identifies them. The wrongdoing is then shown in full on the city's video screens until the fine is paid. A modern pillory.

The question of belonging has always been linked to good behavior, and humiliation and shame marked the border between the inside and the outside.

Even today we find parents, who set boundaries to their children's behavior by using humiliation.

Connectedness to the self: "Humpty Dumpty Perspective"

Humpty Dumpty sat on a wall,
Humpty Dumpty had a great fall,
All the King's horses and all the King's men,
Couldn't put Humpty together again.

This perspective refers to the definition of shame that comes from Patricia DeYoung. She defines shame as:
"... the experience of one's felt sense of self disintegrating in relation to a dysregulating other."

From a relational / neurobiological perspective shame is deeply relational. Shame in this perspective is not seen as a person's wounded pride, damaged self-respect or low self-esteem. Instead of talking about being unlovable, DeYoung talks about **disintegration.** She talks about **dysregulating** others to describe what goes wrong between self and others in the moments when shame strikes.

Personal well-being depends on connectedness and on a sense of integration. A self that feels connected and experiences a coherent sense of self is a psychological healthy self. The early experiences in relationships are the roots of both, the feeling of connectedness and the experience of wholeness. Self-psychologists think that from the moment of birth a drive for coherence puts emotional experiences into a pattern of expectations. Over time and with repetition this pattern becomes an unconscious organizer of interactions. These patterns influence how the self forms interactions with others and the way it experiences itself in it. Clients who struggle with the disintegrating power of chronic shame may not expect to be annihilated by shame daily, but the threat is always there.

"Chronically shamed clients can rarely be at home with themselves. A fabricated performance of self covers their need to keep alien, shamed versions of self out of their awareness" (DeYoung, 2017). They want the ground to open up and swallow them the moment the disowned part of the self is on stage.

Let us imagine a misbehaving child. It is the parent's responsibility to give the child guidance. Being limited or setting boundaries can be frustrating. Feeling the disapproval of the parents or other important carers may bring a moment of uncertainty. In a 'good enough' relationship between children and cares, the boundaries' are set, the disciplinary point is made and the relationship returns to connection. The child's self-experience returns to coherence. "I did something wrong, but it is over and I am still a good kid." The experience of chronic shame is the result of unrepaired disconnection. Or as Bronte Brown puts it: "Shame is the fear of disconnection. Is there something about me that, if other people know it or see it, that I won't be worthy of connection?"

It is not the feeling of "I did something wrong". It turns into the experience of "I am wrong!". From a psychological point of view, the child has to find a way to build a coherent self. If the child is left alone, struggling to put all pieces together the disintegration persists. There might be a feeling about what is "good" and what is "bad", or the child may blank out the whole experience in order to move on. But there is a trace, a kind of implicit knowledge of how relationships work or don't work. "What leads to chronic shame is unrepaired disconnection between parent and child, not a parent's intention to shame the child" (DeYoung).

If this occurs repeatedly in early childhood, before the child is able to use language, the experience remains visceral. It literally remains as we say in Germany (*in den Knochen stecken*) – 'stuck in the bones'.

Affect regulation theory explores the effects of interpersonal affect regulation or dysregulation on emotional well-being. In childhood and in psychotherapy we need another person, a counterpart who helps us regulate our feelings.

A person who fails to provide the emotional connection, responsiveness, and understanding that another person needs in order to be well and whole, is a **dysregulating other.**

From the perspective of a child that is struggling with intense feelings, it needs a person it can rely on. A person who responds to the emotions in ways that help the child not to be overwhelmed by them. A person who helps the child to contain, accept, and integrate them into an emotional "me".

What happens in the presence of a dysregulating other?

- Instead of feeling connected to someone strong and calm – I feel alone!
- Instead of feeling contained – I feel out of control!
- Instead of feeling energetically focused – I feel overwhelmed!
- Instead of feeling that I'll be okay, I feel like I'm falling apart!

This kind of experience is the core experience of shame. If this sequence is repeated often enough in the development to become an expectable experience, I will have a core tendency in feeling shame whenever I have strong feelings. Whenever I need an emotional connection, or feel something is wrong in an interpersonal interaction. In all of those situations, I will be likely to conclude: "There is something wrong with what I need – with my needy self!"

Connectedness to the ultimate: Lost paradise

This angle refers to the spiritual question that comes with the experience of shame. In his book – "Reflections on Silver River" – Ken McLoad translated a poem by Tokme Zongpo. There are 37 verses of the practice of a Bodhisattva. In verse 15 Tokme Zongpo wrote:

"Even if someone humiliates you and denounces you
In front of a crowd of people,
Think of this person as your teacher
And humbly honour him – this is the practice of a Bodhisattva."

Imagine for a moment you made a mistake. "How could that happen? How could I do that?" You don't know. You are embarrassed. You regret it and you apologize. Still you have to live with the consequences. The event leaves a scar. Sooner or later, somebody's going to open up this wound. It was beginning to heal and then the pain came back. You are back in your memory. Again and again you reconsider the situation. You recall the crucial decision points and your whole body reacts to this memory. You want to cover up and hide yourself. You feel naked and exposed. Nothing is private. In the next moment you feel the impulse to strike back, to confront them with their shortcomings. You are in the grip of shame!

One of my clients killed a teenage girl in a car accident. It was in the winter. The girl drove a bike without lights. She listened to music on her headphones and suddenly crossed the street. Neither had a chance. We spoke a lot about guilt until I realized that it was a matter of shame.

When we are confronted with the fact that we have no control, the fragile self-image breaks down. From a spiritual point of view, we can use this. Shame is tough. You feel as if you have violated a cosmic law. You are the lowest of the low. It questions your identity. You think you don't deserve to be called a human being. Aggression emerges. You could kill yourself or someone else. In fact, suicidal behavior is based on feelings of shame. We are obsessed with our identity, the picture we painted of our selves. The experience of shame is a chance to go beyond that picture. To open up to the experience.

I know this is not everybody's path. But it pinpoints how fragile the construction of our ego is.

To become an integrated human being who feels connected with the self, the other and the ultimate we are totally dependent on others.

In his book, "The Mindful Therapist: A Clinician's Guide to Mindsight and Neural Integration", Daniel Siegel uses an acronym to describe the various components of a good relationship. In his case, a good

therapeutic relationship. He has done a lot of research on this subject, and I would just like to pick out a few aspects he mentions. He is using the abbreviation PART.

The "P" stands for **Presence**: Siegel describes what he means with presence as a state of mind where we are focused and open. Presence is a state of consciousness in which awareness of the situation, one's own experience and the experience of one's counterpart is given. It is possible for consciousness to integrate the complex flow of information, to adapt and to remain in balance. If this is not possible, then we experience stress. Consciousness then tends to become rigid to reduce complexity. Or it falls into chaotic states. From a psychopathological perspective, this is reflected in obsessive-compulsive disorder or psychosis. So presence describes our openness to a situation.

The "A" stands for **Attunement**: as if we were an instrument to adjust to a situation. It is more than empathy. We have the ability to adapt to nature. We can feel the wind, hear the sound of the trees and experience the different seasons. Attunement, as Siegel uses it, means to tune in the inner world of the other person.

The "R" stands for **Resonance**: When we are in resonance, we feel like we are being felt by others. This feeling has a profound effect on both parties involved. There is a sense of connectedness and this gives us security, the feeling of being seen and protection.

The "T" stands for **Trust** (actually there are 12 T elements): trust is important insofar as it is the basis of hope. The moment we feel resonance with another person, the door opens to a trusting bond. We are no longer alone with our suffering. It becomes possible to reduce our defense strategy, which often reinforces the experience of isolation.

Shame – the character solution

If we experience isolation over and over again, the brain has to find a solution. Danielian and Gianotti (Listen with Purpose) argue that a child's vulnerable self needs nurture, support and appreciation. If these qualities are missing, a child repeatedly experiences isolation and then the child must neutralize this experience. "The child must manufacture through fantasy and imagination an idealized version of self, one that is overdetermined, absolute in its standards, and compulsively driven."

For the authors, an ego-structure emerges, at the center of which is shame. A 'character solution' (Karen Horney) develops. They argue that the interpersonal and the intrapsychic are an integrated system, performing self-in-relation in the here-and-now. Danielian and Gianotti strongly believe that only experience-near listening will enable us to sense our clients' dissociated states operating in the dynamic present.

I would like to briefly describe their 'four fields model', which the authors regard as a working model and not as a diagnostic instrument.

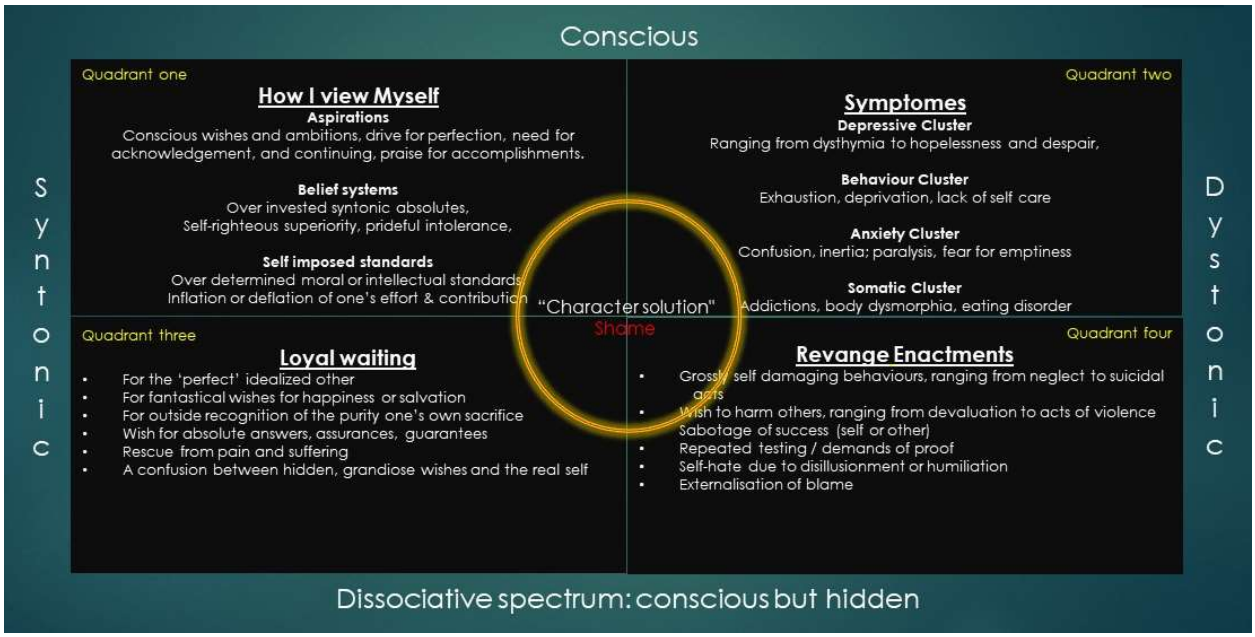
The four-quadrant model is a kind of map, which describes the personality of a shame prone person (of every human being). Two of the aspects are in the client's awareness. On the top left side, quadrant one, is **"How I View Myself".** Our Aspirations, Belief Systems and Self-Imposed Standards. This quadrant represents all the aspects of our personality which are ego-syntonic, the 'feel-good' aspects. However, in this awareness are also the aspects of quadrant two, which is on the top right side. This is the quadrant which contains the **"Symptoms",** the Depressive, Behavioral, Anxiety, and Somatic Cluster. These clusters are ego-dystonic, the 'feel-bad' clusters.

Outside the everyday awareness Danielian and Gianotti postulate two more quadrants. On the bottom left quadrant three is located. Another 'feel-good' aspect. They called this quadrant **"Loyal Waiting"** and they describe that the whole subject of 'loyal waiting' may be outside of conscious awareness, but bits of storylines are accessible because they are ego-syntonic. Relationships will pay off in the end. Despite the evidence to the contrary. The idea of this quadrant has a bit of Al Pessos 'Bank of Hope'. 'Loyal waiting' refers to a person's private fantasy construction that puts into play unrequited childhood longing.

Sometimes 'loyal waiting' looks like blindness to others' faults and failings. Sometimes it looks like martyrdom, and sometimes it looks like disdain for others who can't live up to demanding ideals.

For people who navigate through life on the basis of the third quadrant (loyal waiting), things must go wrong sooner or later. To put it simply: they just don't get what they are waiting for. Their deep early losses will not be mourned. To change their story of losses we have to touch the core of their longing, striving, disappointed self.

Understanding chronic shame



Quadrant four, the 'feel-bad', is named **"Revenge Enactment".** Clients with early losses are often alone with the rage relating to their losses. The 'feel bad' quadrant often holds their contempt. The other side of their overidealized solution to the problem of shame.

"If these clients need to keep themselves in the dark about the whole story of quadrant three (loyal waiting), unable to face that their waiting is futile, they definitely need to put the emotional essence of quadrant four (revenge enactments) in a far-away, not-me place" (DeYoung, Understanding and Treating Chronic Shame).

Most clients who are diagnosed with Borderline Personality Disorder hate or punish themselves, as if it is the most natural thing. To prevent them from falling apart, they punish an Ego that "deserves" it. It is their way to feel a cohesive sense of self.

Listening to the stories of personal betrayal and staying empathetic can be challenging. Especially when the narrative is full of accusation, contempt and devaluation. It is helpful to remember that this revengeful subsystem is a part of the whole system and lives in balance with all the other sub systems. Together they are organized to protect a shamed, vulnerable self.

Exercise

I would like to close this workshop with a short exercise. Please form groups of three participants. For this exercise we need one client and two therapists. The aim of this little exercise is to open up a creative space. Louis Cozolino mentioned:

> ***"A primary tool across all models of psychotherapy is editing and expanding the self-narrative of the left hemisphere to include the silent wisdom of the right."***

When every group has decided who is the client and who are the therapists, I will start by giving instructions to the therapists.

We will do this in form of little trance. So, please sit comfortably. Everybody, clients and therapists!

Take your time to feel for any tension in your body. Focus on your breath. Just watch your breathing coming and going. Breathing in – breathing out. When you inhale, your breath flows through your body. The air gently releases any tension in your body. With the exhalation, the tension leaves your body.
Inhale – Exhale! – Breathe – Release!

Your brain is now full of information. The left hemisphere is very active. It is time to relax and switch of from thinking. And it is time to invite the silent wisdom of the right hemisphere.
Breath – Relax!

There is no need to understand everything we have talked about for now. There is no need to observe how the knowledge of the left brain and the wisdom of the right brain connect together. Just visualize how both of them connect and share their knowledge with every breath you take.

There is nothing to do. Just watch, without forcing it, your breath.
Inhale – Exhale! – Breathe – Release!

Take a deep breath and come back. All therapists try to stay in this mood while you are with your client. Just be present. You can use a paper and a pencil. If you have an idea of how you would interact or come up with an intervention, write it down while you stay with your client.

I would recommend to focus on PBSP techniques. Are there any witness statements? A voice? Any ideas for placeholders, principles and reversals. Can you imagine an antidote? Anything that comes to your mind, just make a note.

I would now like to ask the clients to recall the event with which they worked during the guided meditation.

Allow yourself to let a shameful experience ascend into your consciousness. Breathe in and hold this experience gently in your mind. Breathe out and hold this experience gently in your mind.

Perhaps the idea that your awareness is like a gentle ray of sun on a closed flower bud will help.

Perhaps your memory is very painful. Then it can be helpful to keep only a small part of it in your mind. Just enough to allow you to hold the memory of a shameful experience in your attention. Or, imagine, you create distance to the memory. Put it into the periphery of your attention. So that it can just stay at the edge.
"Inhaling, I experience this shameful memory. Exhaling, I experience this shameful memory."

Imagine holding this experience gently, tenderly in your awareness. You don't have to do anything about it. Simply hold onto it – gently and tenderly.

In the next stage we will become aware of our reactions to this experience. In general, there are different reactions. The reaction in our bodies. Tensions, body sensations, heat or cold. Perhaps a defensive reaction. Uneasiness in our body. Focus your attention on the physiological response to this experience.
"Inhaling, I experience the **physiological** reactions to this shameful memory. Exhaling, I experience the physiological reactions to this shameful memory."

In the next stage we become aware of the emotional reactions to this experience. Fear, or anger, can easily emerge. Grief… or sorrow… or longing.
"Inhaling, I experience the **emotional** reactions to this shameful memory. Exhaling, I experience the emotional reactions to this shameful memory."

In the next stage we dedicate ourselves to the cognitive reactions. There are stories and thoughts about this experience. "Why does this always happen to me… What have I done to deserve this… I don't understand how this could have happened to me. Or, this is all my fault... It is terrible what was done to me. How could he or she treat me like that?" All these different thoughts and stories about this experience.

"Inhaling I experience the **cognitive** reactions to this shameful memory. Exhaling I experience the cognitive reactions to this shameful memory."

Perhaps you will be able to see or experience that there is a quiet and peaceful place at the core of this experience. Stay there for a moment.
Take a deep breath – stretch your body – and come back at your own time.

Before we come together again, I would like to give the small groups a few minutes to share.
Especially, if the therapists have some ideas about interventions or interactions.

I would like to invite the therapists to talk about their ideas or whatever they have experienced. The clients may just listen carefully and take some of the ideas that could be helpful to them.

I will give you 5–10 minutes before we all share together.
Thank you.

3.11. Sabine Löffler: How to Create the Possibility Sphere (Workshop)

As we know from various research works, the most important factor of successful therapy is the quality of the therapeutic relationship. Al Pesso invented the term "possibility sphere" (PS) to describe the attitude and atmosphere within a therapeutic framework that makes healing possible, or to say it with his words, "an empty space 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 internalized into the ego". This makes PS probably to the central tool of a successful structure. At the same time there exitsts hardly any literature or teaching material in PBSP to learn how to "switch it on" as Al suggested. We have to turn to other authors to find a guideline for the creation of the PS. In our PBSP-related work we are trying to find ways to teach the creation of the possibility sphere to therapists, for our clients but also for ourselves.

The goal of this workshop is to offer excercises to get in contact with our own possibitity sphere.

Sabine Löffler, Dipl.-Psych. (DE)

Sabine Löffler is a family therapist, and an internationally certifiied PBSP therapist and supervisor. Training in Ego-State-Therapy, Ressource-Therapy. Many years of experience in psychiatric counselling, private practice as psychotherapist (one-to-one and groups) and supervisor.

Having translated Al Pesso simultaneously during his trainings in Munich, she is very connected to PBSP but stays openminded for any therapeutic method that enlargens the possibility sphere. She led workshops about PBSP at various conferences.

3.12. Concert in the Martinů Hall

4. Sunday, 29 September 2019

4.1. Yvonna Lucká: Speech by the Chair of Honor

Dear colleagues, friends, guests,

When I was asked to add something to what has already been said here, and to offer some insights on how the PBSP method took roots in the Czech Republic and on the development of its related community, little did I know how many images, memories and how much information would emerge. Lately I have been listening to the previous speakers, trying to insert my own memories into the mosaic of their pictures, and I feel that I am now seeing a picture that is somehow more complete.

As I see it, one chapter of the PBSP story is coming to an end and a new chapter is beginning.
Being a supervisor, there were many times I offered my help to institutes of various therapeutic schools after their founder had died or retired. I have witnessed how such a difficult turn of events can create a motion within the whole field.
Despite all of the emotions and a certain amount of chaos and instability, this kind of a situation offers a chance to move higher in the spiral of events. It makes you integrate everything that has been created, calling for a new kind of responsibility and a new awareness of future vision. You get a chance to be aware of the past, to be fully in the present and to create the conditions to update the new, emergent quality. Recently, I often reiterate this simple expression in relation to the PBSP field as well.

In the last few months, I went through my notes from training and through the correspondence with my former schoolmates. I have also found some notes relating to the practical preparation for further training, lists of the people interested in the training including those who have decided not to apply. I have found

several shopping lists showing which snacks we prepared for Al, Martin and Iman! Fragments of my memories came to life, bringing about an impression of the enthusiasm back then.
I have also spoken with the colleagues who had attended the PBSP training in the Czech Republic.
For some, PBSP became the center of their therapeutic work. They are still coming in for supervision sessions and for their own structures. Some have completed the training, but struggle to use the method, looking for ways of improvement. Others do not use the method, but most of them appreciate how unique it is and are connected by the good memories of their training. One of the colleagues told me that the most important thing for her was how our teachers were teaching, how they treated the participants and each other. Some colleagues who have quit therapeutic work are still using the basic theoretical foundations in teaching students, particularly the theory of needs. Many future doctors, social workers, rehabilitation workers and special education teachers benefit from this source. I went through the reviews of bachelor's and master's dissertations that drew upon the PBSP theory that I supervised or opposed. I have supervised several projects for people with special needs which were based on this method's view. Several other organizations were inspired by the PBSP method in very practical aspects such as designing the living space for the dying and their relatives, or creating conditions for safe communication with heavily traumatized patients who have been through accidents or who have suffered a sudden loss of mobility.

I have realized how this method had penetrated various layers of awareness and activity in our country. I could talk about this for ours, but I will try and choose some interesting aspects that helped establishing this type of work in the Czech Republic.

I do not know under which circumstances have you first encountered PBSP in your countries.
Various things come into our lives in various was. Sometimes it is a matter of decision, focus and will. However, sometimes things come as if "by chance", and it seems that the more important the event is, the more often it takes on an appearance of a "cosmic joke".
My first memory of the PBSP method and Al relates to a question Michael Vančura asked me at that time: "An acquaintance of mine from Switzerland asks if we want to invite Al Pesso to Czechia. He is a former dancer, they say he is wonderful." We got enthusiastic about the idea, but our ability to organize workshops was not exactly at a professional level. Our first meeting was not only interesting, but to a certain degree an adventurous one as well. Although many colleagues had promised to participate, a lot less than we expected actually came. The reason was clear: somehow, we did not notice that a big psychotherapy conference was taking place at the same time.

On the day of the workshop, Michael set out to invite other colleagues as there were several health centers nearby. My task was to offer our guest something to drink and to make him feel comfortable. Although I had the honor to sit and talk with Al multiple times, this one was probably the longest personal talk with Al – we talked about himself, his family, about the place where he lives, about Prague, his roots and his desire to take a walk through the old Prague, to see the Jewish cemetery and to understand who the Golem was.
So, the first workshop did take place back then and to this day I still appreciate the professionality with which All was facing the group that was less numerous than expected, very diverse and maybe less prepared to receive such a big gift.

In retrospect I realize what the situation context into which Al came was.
The 1990s in the Czech Republic were very influenced by the political change that became visible and tangible in 1989. It was a time of opening, new opportunities, big euphoria.
For a long time before the political change, psychology was controlled and reduced to the models of the Soviet, biology-based psychology. Psychotherapy was not clearly defined, trying to find its way in various institutions. It was influenced by strong-minded personalities who drew from professional literature and from conferences abroad they we able to – with a bit of luck – attend. In those times, many books and textbooks that were copied at home circulated amongst people, books were smuggled in from abroad. Home seminars were organized. All of this led to curiosity and hunger for more information.

The political liberation and opening to the outside world brought many changes. Everything, that had been germinating for so long, began to grow.
Many colleagues, foreign therapists, came and offered new stimuli in the form of workshops, supporting the development of new therapeutic modalities.
New schools and institutions were formed.
Many foreign colleagues worked for a symbolic reward and in improvised, sometimes very uncomfortable conditions. They had to overcome prejudices and adversities we were not aware of.
However, our openness, receptivity and motivation to learn and study, combined with their good will made for a fruitful interaction. Our never ending readiness to taste the juicy bits of knowledge had resulted in situations where most of us attended several events at once. These times were ruled by entropy, chaos of ambiguity, sometimes by inadequate openness.

The depth and openness, as well as the clear structure of the PBSP method, fell onto a well aerated and fertile land.

The training which helped me enter into the PBSP field was made possible thanks to Al's generous offer and to extraordinarily helpfulness of Martin Howald and Iman Baardman. Owing to their support, myself and Michael Vančura were able to complete the training in a group of German speaking colleagues.
I think the helpfulness and kindness which had never let us feel our difference and a certain disadvantage, made as strong of an impact on me as the training itself. It taught me how to support those who call for and long for something, but whose circumstances are not favorable. It taught me to offer grants in workshop groups and trainings.
The fact that I attended the training in a group of German speaking colleagues in Switzerland – except for one meeting in the Strolling Woods – represented another "coincidence" on my way to learning PBSP. Consciously, I would not choose such a context, but in the end, it was a circumstance which taught me a lot and of which I still think about to this day.

Just taking into consideration, that on the way to the training sessions we would always pass the Dachau concentration camp where my father had spent some time during the war and where my grandfather had died.
So many years after the Second World War and so many sensitive topics on both sides!
The family traumas with such a different history, yet they resemble each other in their consequences which fully affect us no matter on which side of the war we were.
It is a lesson on how to get past that personal context without losing it or denying it.

As a part of the training I spent some time in Strolling Woods in the United States.
I got a chance to get to know not only Al's homeland, but also his wife Diane. Helping in the kitchen with breakfast, I was able to take a peek behind the scenes.
Having twenty years of experience in running a community center, I appreciate in retrospect how much of an energetic investment it is to welcome the training groups at the designated place.
It was only at Strolling Woods that I realized how important Diane's role in the PBSP field was, however discreet it can seem at the first glance. There was something very fresh and genial to her energy. Once, when I was watering plants with her, we talked a little about how she loved dancing. She truly moved through the garden in a dance rhythm, flowing among the flowers and the sunshine. I sometimes wonder how much I would like to know more about the origins of the method, how they created the first outlines of PBSP together.
The joint work of two extraordinary people created a unique vision, and Al had carried this vision on, inspired by the rabbinic tradition he had in his genes. Meaning the tradition where the main duty of the parents is not only to care for their children and raise them, but also to support their receptivity to the vision of the world organization. This vision is then built upon by the rabbis and spiritual teachers who encourage the minds and souls of the young people in cabbalistic exploration of the essence of everything through images and questions. Whenever Al came over, one could not miss his passionate desire to learn, to explore details, to polish everything into perfection and integrity, and to pass it all on.
During a dinner we once had in Switzerland, I thanked Al for the chance to attend the training and I asked him whether there is something I could do to "return" the favor of this opportunity.
He was silent for a while and then he said: "I would really appreciate some help with establishing PBSP in the Czech Republic. Help me create a good and safe place for it. As a foreigner I cannot assemble a community of people who would savor this method, for whom it will be a good instrument of a positive change for those in need."
I had written these words into my diary that I have recently opened.
Maybe this is the reason why I have focused most of my energy that I have invested in this field into organizing workshops, groups and lectures. It was not just about the therapeutic effect, but about the information and education as well. It was a way of assembling a community.

Creating a good place for PBSP among other therapeutic schools encountered some interesting issues.
Psychotherapy, particularly the analytic one, had a long tradition in our country in the time between the wars and it had been banned long before the political change. However, it flourished in dissent – I myself had attended my psychoanalytic training in the form of home seminars.
This tradition had made a substantial impact on psychotherapy as a long-term process, the main effective factor of which is the relationship between the client and the therapist.
When PBSP appeared at the Czech therapeutic scene, the most frequent objection was: a quick change cannot be real and permanent.
The notion that psychotherapy is a long-term work based on transference and counter-transference, and that the change in favor of the client is possible only under these circumstances, made PBSP look somehow untrustworthy and odd.
I remember how I also had to come into terms with this fact. During a PBSP training meeting in the Czech Republic that took place outside of Prague, I met a colleague in a shared bathroom. The lady had worked as a teacher in dynamic group training, similar to what I had been doing. That day in the afternoon, we did two very powerful and successful structures. Afterwards we stood in that bathroom for a very long time, for two hours perhaps, trying to think it all over. Two very different concepts clashed in us, and finally we

had to admit that the emotional reeducation and a new organization of the pilot functions applies to us, too...

Another aspect that had some impact on establishing PBSP in the Czech Republic was the fact many other approaches flooded the information space at the same time. People were interested in the New Age movement, healing, magic, kineziology, constellations and various ways of exploring the levels of human psyche that were not legal at the time. Both the professionals and laymen confused us with these approaches, either critically or in the form of inadequate expectations.
Even today, I still sometimes hear the assumption that PBSP "does the same as constellations do".

Another interesting aspect began to emerge whenever we referenced brain functioning. Our colleague psychologists were made uneasy by this – one could only understand this if they went through university studies that were reduced to the Soviet biology-based theories.

Even more interesting resistance appeared particularly among the older clients. They were wary and watchful, when exploring the antidote: creating an illusory reality was typical for the real socialism in the Czech Republic. The difference between the reality and the proclaimed propagandistic picture of the world reminded us of the most common mental manipulation in which we grew up. This easily brings distrust into creating the "as if" reality. This may really be a symptom of post-communist, greatly illustrated by a joke from said times, stating that people pretend to work and the state pretends to pay them.

Currently, terms such as neurobiology, organization of memory traces in the brain or trauma are a part of the common vocabulary and so it is easier to explain and pass on this method.
In the 90's this was a really tough nut to crack.
However, we were gradually and collectively looking for the right words and phrases that hit the essence of this approach to a human being and to the possibilities of therapeutic change. Slowly but surely, our experience from trainings, individual therapies and PBSP groups sessions have created a trustworthy picture.
Parts of the theory, particularly the theory of needs, proved to be a very successful model of interpretation for teaching future doctors, social workers or special education teachers, which helped establishing the method in the professional world.
In recent years, our colleagues from other therapeutic schools seek us more often, either for themselves or for their relatives, sometimes even for their clients. However, we still meet with certain detachment and ambivalence.
As an illustration of this, which perhaps will make you smile a little, I would like to share an experience I had with a colleague who works with a different method. He had asked me whether I could take a person that was close to him into therapy.
I asked why he was choosing this method and his answer surprised me: he said that several times he had tried to understand how PBSP works and that finally he may have understood. But even though he may have understood, he could not accept it. He had good reasons, a prejudice even, why the method cannot work. But he had seen with his own eyes how the method helped more people, and he cared for this person deeply. I recommended the client to one of my coworkers. A year later I met the colleague and he told me, smiling, that it had been a good decision. He was even considering he might enter the next PBSP training.

The first trainings were mostly attended by colleagues with previous therapeutic experience. Many of them came from the crisis intervention center Riaps, most of us were friends. As the information about PBSP spread, not only therapists, but also non-professionals were more and more interested. I am glad that the PBSP field attracts people not only from Prague but also from other cities. The network is getting larger and the services are more available.
The opportunity to glance back at the past years has brought back many pleasant moments.

Me and my husband Luboš Kobrle, with whom I go hand in hand in PBSP work as well as in life, have found some time to look at the diaries and notes relating to all this!
And how were we surprised! We have been organizing groups and workshops since the year 2000, we had even been leading groups with Michael Vančura and Zora Vančurová two years prior to that.

Each year we led 2 continuous training groups, weekend groups and at least two workshops – and we have counted 1,100 participants! Not including the people who we introduced to the PBSP method within the Crisis Intervention training in Remedium, Focus, early care providers, hospice services, hospitals and even when preparing soldiers for missions or providing care to firefighters.
Let us hope this list will help us enjoy our retirement with more ease, once we take a back seat from our "active service". Meanwhile, many talented and competent therapists have grown up and it is a good time to pass the torch.
However, leading groups is so close to our hearts, that we will – God willing – continue doing it for some time to come.

Leading groups and workshops – not only ours – had been and is an important building block of creating the PBSP community.
The training and the workshops gave us an idea about what the structures should look like – although at the beginning it was a little more difficult than it looked when Al, Martin or Iman did it. ☺ I would like to highlight and appreciate Martin's and Iman's great help. Without their selfless and kind support, we would wander much worse during the first years of our efforts.
The beginnings were not easy, there were questions on how the group should be organized and what rules we should set? How to choose adepts, for example?
Neither of us, the PBSP training participants, had the chance to experience a long-term working PBSP group.
Even though I had many years of experience leading dynamic training groups, I often hesitated when deciding how to handle a situation that relies on completely different effective factors. How does a group where we do not support the dynamics as the basic means of change work? A group which does not rely on the repeated negative patterns as means of interpretation, reflection and learning a new way of functioning? How do we set the rules so that the main benefit comes from the antidote and not from the interactions between the participants?
Moreover – how do we handle the fact that a large part of the participants has had experience with dynamic groups and another part of them has only seen a TV show about group therapy?
We needed to re-educate ourselves, too.

When I look back on the path of searching, the first step was to admit that dynamics is a part of a group. It is just a matter of how you handle it.
We found it very beneficial to educate the group at the very beginning about the principles of PBSP work, what are the effective factors and how you can support them with a directed communication.
In the introductory exercises we carefully illustrated the emphasis on detail, on moderation (do only what is required), say only what relates to yourself at the specified time.
This had caused confusion and irritation to some participants. (I have the right to express myself freely – that is where the healing comes from!) However, the situation changed quickly and we watched breathlessly and in astonishment what kind of field had been created by the group.
We keep exploring with full focus what does create the safe and healing atmosphere of the group.
We are watching the ways creativity connects with clearly set structure.
A deep emotionality with a present pilot, an openness with limits?
To be fully in the presence and therefore touch the past?

The more experienced group participants – some attend the group for several years – talk about their presence in the group on many levels and in many layers.
One's own structure is not the only form of working on oneself, many people report going through a strong experience when they were in a role or simply present in the field where the structure is being conducted.
A question often comes back to me, whether a certain common attunement, a focusing of minds and a presence of a ritualized setup can be an important and not yet described part of the group field? What part does a certain form of altered state of consciousness play?
It is an interesting thing to explore and I am pleased to be able to offer my help to some colleagues who work with groups as well or are preparing to do so.

When I taught at the Tel Aviv University in July 2019, I had the opportunity to study interesting materials about the needs of good development of institutes and associations focused on therapeutic work with clients.
The data collection summarizes what these work communities need for good life and growth. And it offers a view on what supports the prospective therapists so that they set out on their path and stick to it.
Apart from well-structured training, which provides the space to practice the method under supervision and to form peer groups, further education after training seems to be important as it provides continuous updates to the method. Another very supportive and motivating aspect that the respondents mentioned, was a clear picture of a possible career development in time.
However, the possibility of attending long-term intervision groups had been mentioned as the most important source of support that helps them continue with the therapeutic work.

I would like to share my delight in the fact that apart from small, informal groups, an intervision group I was actively supporting at the beginning has been developing in a good direction thanks to my younger colleagues. It is a good tradition which I hope may become a model for creation of similar forms of support in the future.
What does an intervision group provide? It is nice in itself to meet up and spend some peaceful time focusing on PBSP.
It is a quiet and safe place that enables us to share where we are doing well at work and what it is does not come so easily.
Sometimes we practice skills.
Often, we watch structures conducted by AI and then we talk about them, focusing on small parts of them, individual details.
We share our doubts and insecurities, exchange experiences and rejoice when we are successful.
It has proven to be useful when experienced therapists and beginners meet and support each other – it creates a framework of helpfulness and cooperation.
I am glad that this group can integrate therapists from various "geological" periods of the training. Recently, I have been thinking about a way of inviting those, who had completed the training in the past and currently only use fragments of the PBSP work, those who are not satisfied with it and who might be

looking for a way to come back to the method again and to catch up with what is new and what they need to learn.

I would also like to appreciate all that the Czech PBSP Association has done for the PBSP method, whether it has to do with the trainings, taking care of the foreign teachers, further education or this meeting, which only proves how PBSP has taken roots in our hearts, lives and in our work.
And I have to appreciate the rabbinic tradition...

I was reminiscing about how the PBSP method has developed in our country, but Al was passing it on in many places around the world, and everywhere the story of how it happened has its unique qualities. It is a part of the development of local communities.
Maybe we have reached an important moment of looking for the right way to connect these parts of the picture into one frame.
The main idea of the PBSP is the need of a safe and creative place which enables satiating interactions and mutual support and creates clear rules.
Al always pointed out that appropriately fulfilling these developmental needs enhances the capacity to fulfill other needs – and these needs help us with connecting the polarities in us and around us, expanding the consciousness and the pilot functions, and striving to care for the unique aspects of ourselves and fulfilling our potentials.

In conclusion, I would like to mention a metaphor Al would often offer:
Before we are born, we dwell in a place which we can connect to God, universe, nature. We experience infinite love, safety, unity, bliss. We are looking for and finding the twinkle (reflection) of these first experiences here on Earth. Why else would we come here? Al used to ask. And when our time comes, we return to this embrace.
If this is true and Al is looking down on us from up above, I believe he is watching us with love, support and probably with some curiosity, keeping his fingers crossed for us. And we can keep our fingers crossed for each other.

4.2. Proslov Yvonny Lucké v českém překladu

Vážení kolegové, přátelé, hosté!

Když jsem byla oslovena, abych přidala něco k tomu, co již zaznělo, a nabídla pár postřehů k usazování metody PBSP v ČR a k vývoji komunity s ní spojené, netušila jsem, kolik obrazů, vzpomínek a informací se vynoří.
Mám za to, že se uzavírá jedna kapitola příběhu PBSP a otevírá se kapitola nová.
Jako supervizor jsem byla několikrát k dispozici institutům terapeutických škol poté, kdy zakladatel zemřel nebo odešel do ústraní. Byla jsem svědkem, jak tato nelehká událost přináší pohyb v celém poli.
Přes emoce a někdy prvky chaosu a destabilizace je to příležitost posunout se ve spirále událostí výše. Klade to nárok na integraci všeho, co bylo vytvořeno, na integraci nové zodpovědnosti, nového vědomí vize. Být si vědom minulosti, zůstat plně v přítomnosti a vytvářet podmínky, aby se mohlo aktualizovat ta nová, rodící se kvalita. Jednoduché vyjádření, které si teď často opakuji i v souvislosti s PBSP polem.

Za několik posledních měsíců jsem prošla hodně svých poznámek vlastního výcviku, korespondenci s bývalými spolužáky. Také jsem našla poznámky, které se týkaly praktické přípravy dalších výcviků. Seznamy zájemců, včetně těch, kteří se pro výcvik nerozhodli. Našla jsem například několik seznamů nákupů pro občerstvení Ala, Martina a Imana. Fragmenty paměti ožívaly a s nimi vzpomínka na entuziasmus té doby.
A také jsem si povídala s kolegy, kteří procházeli v minulosti výcvikem PBSP v Čechách.
Pro některé se stala PBSP středem terapeutické práce a přicházejí pro supervizi a pro vlastní struktury. Někteří prošli výcvikem před nějakou dobou, s používáním metody zápasí, hledají možnost zdokonalení. Někteří metodu nepoužívají, ale většinu spojuje velké ocenění ojedinělosti této metody a dobré vzpomínky na výcvik. Jedna kolegyně mi svěřila, že nejdůležitější byl pro ni zážitek, jak naši učitelé učili, jak se chovali k účastníkům a jak se chovali navzájem mezi sebou. Někteří kolegové, kteří od terapeutické práce upustili, využívají základní teoretické kameny, zejména teorii potřeb k výuce pro studenty. Mnoho budoucích lékařů, sociálních pracovníků, rehabilitačních pracovníků, speciálních pedagogů z tohoto zdroje těží. Také jsem procházela posudky bakalářských i diplomových prací, které z teorie PBSP čerpaly a které jsem vedla nebo oponovala. Supervidovala jsem několik projektů pro osoby s handicapem, které se o tento pohled opíraly. Některé další organizace se inspirovaly tím, co PBSP přináší, ve velmi praktických otázkách jako je řešení prostoru pro umírající osoby a jejich příbuzné, nebo pro vytváření podmínek pro bezpečnou komunikaci s těžce traumatizovanými pacienty po úrazech a s náhlou ztrátou hybnosti.

Uvědomila jsem si, jak tato metoda prorostla do různých vrstev vědomí a konání v naší zemi. Jistě by to bylo na delší povídání, já se pokusím vybrat některé zajímavé aspekty, které vedly ke zbudování tohoto díla v ČR.

Nevím, za jakých okolností jste se s PBSP setkali vy, hosté, ve vašich zemích?
Mám za to, že důležité věci vstupují do našich životů různě. Někdy je to otázka rozhodnutí, zaměření a vůle. Někdy však přicházejí jakoby "náhodou", mám dojem, že čím důležitější je událost, tím častější mívá podobu "cosmic joke".
Moje první vzpomínka na PBSP metodu a Ala se váže na otázku, kterou mi tehdy položil Michael Vančura: Můj známý ze Švýcarska se ptá, zda bychom chtěli pozvat do Čech pozvat Ala Pessa. Je to bývalý tanečník a prý je úžasný. Rychle jsme se pro to nadchli, jen naše dovednosti uspořádat workshop nebyly na právě profesionální úrovni. A tak to první setkání bylo opravdu nejen zajímavé, ale do jisté míry dobrodružné. Ač mnoho kolegů přislíbilo účast, přišlo jich méně, než jsme očekávali. Důvod byl jasný: jaksi nám uniklo, že ve stejném termínu se konala velká psychoterapeutická konference.
V den konání workshopu se Michael vydal předat pozvání dalším kolegům, v okolí bylo několik zdravotnických zařízení. Můj úkol byl nabídnout našemu hostovi něco k pití a učinit vše pro jeho pohodlí. Ač jsem měla čest i později si s Alem posedět a popovídat, toto byl to asi můj nejdelší osobní hovor s ním – o všem možném – o něm, o jeho rodině, místě, kde bydlí, o Praze, o jeho kořenech a o jeho touze projít se po staré, židovské části Prahy, a také, jak rozumět tomu, kdo byl to byl Golem?

První workshop proběhl a dodnes oceňuji Alovu profesionalitu, kterou si udržel čelem ke skupině, která byla méně početná, nesourodá a možná i méně připravená přijmout tak velký dar.

Až zpětně si uvědomuji, do jakého situačního kontextu Al přijel.
90. léta v ČR byla velmi ovlivněná politickou změnou, která se zviditelnila a zhmotnila v roce 1989. Doba otevření, nových možností, velké euforie.
Psychologie byla před politickou změnou dlouhá léta velmi kontrolovaná a redukovaná na modely sovětské, biologizující psychologie.
Psychoterapie nebyla jasně definovaná, hledala si cesty v různých zařízeních, ovlivněná silnými osobnostmi, které čerpaly z odborné literatury a ze zahraničních konferencí, kam se při troše štěstí dostaly. V té době kolovalo množství doma rozmnožených knih i učebnic, půjčovaly se knihy dovezené z ciziny. Probíhalo mnoho bytových seminářů. To probouzelo zvídavost a hlad po dalších informacích.

Politické uvolnění a otevření se vnějšímu světu přineslo hodně změn. Vše, co dlouho klíčilo, začalo růst.
Mnoho kolegů, zahraničních terapeutů, přijíždělo a nabízelo formou workshopů pro nás nových podnětů, podporovalo rozvoj nových terapeutických směrů.
Formovaly se nové školy, instituty.
Mnoho zahraničních kolegů pracovalo za symbolickou odměnu, v podmínkách, které byly pro ně improvizované, někdy dost nepohodlné. Museli překonávat, předsudky a rezistence, kterých jsme si nebyli vědomi.
Ale naše otevřená receptivita, motivace se dozvídat a vzdělávat vytvářela spolu s touto ochotou dobrou interakci. Naše nekonečná připravenost ochutnávat šťavnatá sousta poznání vytvářela období, kdy většina z nás trávila čas v několika akcích najednou. Byla to doba entropie, chaosu mnohoznačnosti, někdy neadekvátní otevřenosti.

Hloubka, otevřenost a zároveň jasná strukturovanost PBSP metody zapadla do velmi zkypřené, úrodné půdy.

Výcvik, kterým jsem vstoupila do pole PBSP, byl umožněn díky ušlechtilé nabídce Ala a neobyčejné vstřícnosti Martina Howalda a Imana Baardmana. Díky této podpoře jsme mohli my dva, já a Michael, absolvovat výcvik ve skupině sestavené z německy mluvících kolegů.
Myslím, že tato vstřícnost a laskavost, která nikdy nedala pocítit naši odlišnost a jistý handicap, mě ovlivnila právě tak silně, jako výcvik sám o sobě. Naučilo mne to, jak podporovat ty, kteří po něčem volají a touží, ale okolnosti jim to neumožňují. Naučilo mne to nabízet stipendia do skupin a workshopů.
Fakt, že jsem výcvik absolvovala ve skupině německy mluvících kolegů, pořádaný ve Švýcarsku – s výjimkou jednoho setkání, které se odehrávalo ve Strolling Woods, byl další "náhodou" na mé cestě poznávání PBSP. Vědomě bych si takový kontext nevybrala, ale ve výsledku to byla okolnost, která mne mnoho naučila a na kterou dodnes vzpomínám.
Už jenom fakt, že jsme pokaždé míjeli koncentrační tábor Dachau, ve kterém byl za války můj otec a kde zemřel můj dědeček.
Tolik let po druhé světové válce a tolik citlivých témat z obou stran!
Rodinná traumata, která mají tak odlišnou historii, ale navzájem se podobají ve svých důsledcích, které dosahují až k nám, ať už jsme byli na té či oné straně válečného konfliktu.
Studium, jak překročit osobní kontext, aniž ho ztrácím a popírám.

Součástí výcviku byl i pobyt ve Strolling Woods v USA.
Mohla jsem poznat nejen domovskou půdu Ala, ale také jeho ženu Diane. Protože jsme pomáhali v kuchyni s přípravou snídaně, mohla jsem nahlédnout tak trochu do zázemí.
Moje vlastní dvacetiletá zkušenost s vedením komunitního centra zpětně oceňuje, jak velká energetická investice je vítat výcvikové skupiny v domovském místě.
Až ve Strolling Woods jsem si uvědomila, jak na první pohled nenápadnou, ale významnou roli v poli PBSP měla Diane. Měla velmi svěží, rozšafnou energii. Jednou jsem s ní zalévala květiny a trochu jsme si povídaly o tom, jak ráda tancovala. Pohybovala se po zahradě opravdu tanečním rytmem, plula mezi květinami a sluncem a občas mne napadá, jak ráda bych věděla víc o tom, jak společně vytvářeli první obrysy PBSP.

Společná práce dvou výjimečných lidí dala vznik ojedinělé vizi, kterou nesl Al dál, prodchnut rabínskou tradicí, obsaženou v genech.
Mám tím na mysli tradici, ve které je hlavní úkol rodičů nejen dítě opatrovat a vychovat, ale také podporovat jejich receptivitu k vizi uspořádání světa. Na tu pak navazují rabíni a duchovní učitelé, podporují mysl a duši mladých lidí ke kabalistickému zkoumání podstaty všeho obrazy, otázkami. Tuto zanícenou touhu poznávat, zkoumat detaily, brousit vše do dokonalosti a celistvosti a to vše dávat dál, se kterou Al vždy přijížděl, nelze přehlédnout.
Při jedné večeři ve Švýcarsku jsem Alovi děkovala za možnost takto absolvovat výcvik a optala se ho, jestli je něco, čím můžu tuto možnost "oplatit".
Chvíli mlčel a pak řekl: Opravdu bych ocenil pomoc při usazování PBSP v ČR. Vytvořit pro ni dobré, bezpečné místo. Já jako cizinec nemůžu svolat společenství lidí, pro které bude tato metoda lahodná a bude dobrým nástrojem pozitivní změny pro potřebné.
Napsala jsem si ta slova do svého deníku, který jsem nedávno otevřela.
Možná, že je to důvod, proč jsem většinu své energie vložené do tohoto pole věnovala do pořádání workshopů, skupin, přednášek. Nešlo jen o terapeutický efekt, ale také informace a osvěta. Byl to způsob, jak svolat společenství.

Vytvářet dobré místo pro PBSP mezi ostatními terapeutickými směry naráželo na některá zajímavá místa. Psychoterapie, zejména psychoanalytická, která měla v naší zemi dlouhou tradici již mezi válkami, byla v době před politickou změnou dlouho zakázaná. Kvetla však v disentu – já sama jsem procházela psychoanalytickým výcvikem formou bytových seminářů.
Tato tradice velmi ovlivnila zásadně pohled na psychoterapii jako dlouhodobý proces, jehož hlavní účinný faktor je vztah mezi klientem a terapeutem.
V době, kdy se PBSP objevil na české terapeutické scéně, se často opakovala námitka: Není možné, aby změna nastala rychle, byla skutečná, trvalá.
Dojem, že psychoterapie je dlouhodobá práce, založená na přenosu a protipřenosu a že změna ve prospěch klienta je možná jen za těchto okolností, vrhala na PBSP obraz určité nedůvěryhodnosti, podivnosti.
Vzpomínám si, jak jsem se sama musela s tímto porovnat. Na jednom setkání výcviku PBSP v ČR, který probíhal mimo Prahu, jsme se setkaly ve společné koupelně s kolegyní, která, také jako já, roky působila jako lektor v dynamicky pojatém skupinovém výcviku. Bylo to po odpoledni, kde proběhly dvě velmi silné a podařené struktury. Stály jsme tam velmi dlouho, snad dvě hodiny a snažily si to v hlavě porovnat. Srážely se v nás dvě velmi odlišná pojetí a nakonec jsme musely připustit, že emoční reedukace a nové uspořádání pilotních funkcí se týká i nás...

Další efekt, který ovlivnil etablování PBSP, byl fakt, že ve stejné době byl informační prostor zaplavován mnoha dalšími přístupy. Byla to doba zájmu o New Age, léčitelství, magii, kineziologii, konstelace, různé, v té době nelegalizované způsoby zkoumání úrovně lidské psychiky. Odborníci i laici nás s těmito směry směšovali, buď v kritickém slova smyslu, nebo v neadekvátním očekávání.
Dodnes se setkávám s předpokladem, že PBSP "dělá to, co konstelace".

Další zajímavý efekt se objevoval, když jsme se odkazovali k poukazování na fungování mozku. Tady se cítili nekonformně zejména kolegové psychologové, což může pochopit jen ten, kdo zažil studium redukované na biologizující sovětské teorie.

Ještě zajímavější rezistence se objevovala zejména u starších klientů. Byli někdy ostražití, ve střehu, když zkoumali antidotum: Vytváření iluzorní reality bylo totiž vlastností reálného socialismu v ČR. Rozdíl mezi skutečnou realitou a hlásaným propagandistickým obrazem o světě připomínal nejčastější mentální manipulaci, ve které jsme vyrůstali. To pak vyvolává nedůvěru ve vytváření "as if" reality. To je asi opravdu postkomunistický symptom. Dobře to ilustruje anekdota z té doby, která říká, že lidi v práci předstírají, že pracují, a stát předstírá, že je platí.

V současné době je neurobiologie, uspořádání paměťových stop v mozku, trauma součástí běžnému slovníku, a tak je daleko snazší metodu vysvětlit a předat.
V 90. letech to byl opravdu tvrdý oříšek.

Ale postupně jsme společně hledali slova a obraty, které vystihují podstatu tohoto pohledu na člověka a na možnosti terapeutické změny. Zkušenosti z výcviků, individuálních terapií, skupin PBSP pomalu ale jistě vytvořilo důvěryhodný obraz.
K usazení metody v odborném světě také pomohl již zmíněný fakt, že části teorie, zejména teorie potřeb, se osvědčila jako velmi úspěšný výkladový model pro výuku budoucích lékařů, sociálních pracovníků, speciálních pedagogů.
V posledních letech je čím dál tím častější, že nás vyhledávají kolegové z jiných terapeutických škol pro sebe či pro své blízké, někdy i klienty. Ale s určitým odstupem a ambivalencí se stále setkáváme.
Pro ilustraci a také snad pro pousmání chci sdílet zkušenost, kdy se na mne obrátil kolega, který pracuje jinou metodou, s prosbou, zda bych nevzala do terapie někoho jemu blízkého.
Ptala jsem se, proč volí tuto metodu, a jeho odpověď mě překvapila: Několikrát se pokoušel pochopit, jak PBSP funguje, nakonec to snad pochopil. I když to snad pochopil, nemůže to akceptovat. Dokonce má dobré důvody, snad i předsudky, proč to nemůže fungovat. Ale na vlastní oči viděl, jak tato metoda pomohla více lidem a na té osobě mu záleží. Klienta jsem doporučila do péče kolegyně. Asi po roce jsem kolegu potkala a ten s úsměvem řekl, že to byl dobrý krok. Uvažuje o vstupu do dalšího výcviku PBSP.
Do prvních výcviků vstupovali převážně kolegové s již předchozí terapeutickou zkušeností. Mnozí z nich byli z krizového centra Riaps, byli jsme navzájem provázáni přátelskými vztahy. Jak se informace o PBSP dostávala mezi lidi, přicházeli zájemci z více stran, nejen psychoterapeuti, ale také neprofesionálové. Je milé, že do PBSP pole přicházejí osoby nejen z Prahy, ale i ze vzdálenějších měst, a síť se tak obohacuje a dostupnost péče rozšiřuje.
Výzva porozhlédnout se nad těmi prošlými roky mně přinesla hezké chvíle.

Spolu s mým mužem Lubošem Kobrlem, se kterým jdeme ruku v ruce i v PBSP práci, jsme si našli čas podívat se do diářů a záznamů, které se týkají toho všeho!
Nestačili jsme se divit! Skupiny i workshopy pořádáme od roku 2000, tomu ještě předcházely dva roky, kdy jsme vedli skupiny s Michaelem Vančurou a Zorou Vančurovou.
Protože jsme každý rok vedli 2 průběžné skupiny, víkendové skupiny, nejméně 2 workshopy, napočítali jsme 1 100 účastníků! A to do toho počtu nezahrnuji ty, které jsme s PBSP metodou seznamovali v rámci vzdělávání v KI v Remediu, Fokusu, rané péči, hospicových službách, nemocnicích, a dokonce i při přípravě vojáků do misí či v péči o hasiče.
Snad nám tento výčet pomůže snáze si dopřávat dobu penze a relativního stažení z tak "aktivní služby".
Vyrostlo mezitím mnoho nadaných, kompetentních terapeutů, je dobrý čas předávat pádlo.
Vedení skupin je ale naše srdcovka, u které chceme, dá-li Bůh, ještě zůstat.

Vedení skupin a workshopů – nejenom těch našich, bylo a je důležitým stavebním kamenem budování komunity PBSP.
Z výcviku i workshopů jsme měli představu, jak mají vypadat struktury – i to bylo ze začátku o něco obtížnější, než to vypadalo v provedení Ala, Martina nebo Imana či Lowijse. Ostatně, zde chci zdůraznit a ocenit velkou pomoc Martina a Imana. Bez jejich nezištné a vřelé podpory bychom bloudili v prvních letech našich pokusů daleko hůře.
Začátky nebyly lehké, vynořily se otázky, jak vlastně mám být skupina uspořádána a jaká pravidla máme stanovit? Jak například vybírat adepty?
Nikdo z nás, účastníků výcviku PBSP, neměl možnost zažít dlouhodobou fungující PBSP skupinu.
I když jsem měla mnohaletou zkušenost s vedení dynamických výcvikových skupin, často jsem váhala, jak naložit se situací, která sází na zcela jiné účinné faktory? Jak funguje skupina, v níž nepodporujeme dynamiku jako hlavní prostředek změny? Skupina, v níž se nepočítá s tím, že opakované negativní vzorce slouží k interpretaci, reflexi a učení nového způsobu fungování? Jak nastavit pravidla tak, aby hlavní zisk pramenil z antidota a ne z interakce mezi účastníky?
Navíc, jak naložit s faktem, že velká část účastníků má za sebou zkušenost dynamické skupiny a další část viděla o skupinové terapii televizní seriál?
Byla to reedukace i pro nás.

Když se ohlédnu za tou cestou hledání, první krok byl připustit, že dynamika ke skupině patří, jen je otázka, jak se s ní zachází.
Jako velmi přínosné se nám osvědčilo skupinu na začátku edukovat o podstatě práce PBSP, co jsou účinné faktory, jak je to možné podporovat usměrněnou komunikací.
V přípravných cvičeních jsme pečlivě ilustrovali důraz na detail, na zdrženlivost (dělej jen to, co je vyžádáno), říkej jen to, co se týká tebe, v tomu vyhrazenou dobu.
Pro některé účastníky to přinášelo zmatení a podráždění (mám právo se svobodně vyjádřit – v tom je to léčení!). Velmi rychle se ale situace měnila a my jsme tak trochu se zatajeným dechem a úžasem pozorovali, jaký druh pole tato skupina vytváří.
Zkoumáme stále s plnou pozorností, co vytváří bezpečnou, léčivou atmosféru skupiny?
Pozorujeme, jak se propojuje tvořivost s jasnou strukturou.
Hluboká emocionalita s přítomným pilotem, otevřenost s ohraničeností?
Být plně v přítomnosti, a tak se dotýkat minulosti?
Zkušenější účastníci skupin – někteří setrvávají ve skupině i několik let – vypovídají o své účasti ve skupině na mnoha úrovních a rovinách.
Vlastní struktura není jediná forma práce na sobě, mnozí referují o silném prožitku v roli nebo prostou přítomností v poli, ve kterém probíhá struktura.
Opakovaně se mi vrací otázka, zda určité společné vyladění, zaměření mysli a přítomnost ritualizovaného nastavení není důležitá a zatím nepopsaná součást skupinového pole? Jakou roli hraje určitá forma změněného stavu vědomí?
Je to zajímavé zkoumání a je mi potěšením, být k dispozici některým kolegům, kteří také pracují se skupinami, nebo se na takovou práci připravují.

Pro potřeby výuky v Tel Avivu, kde jsem v červenci 2019 učila na univerzitě, jsem mohla nahlížet do zajímavých materiálů, které se týkaly potřeb dobrého rozvoje institutů a asociací, zaměřených na terapeutickou práci s klienty.
Sběr dat shrnuje, co taková pracovní společenství potřebují k dobrému životu a rozvoji. A nabízí pohled na to, co podporuje budoucí terapeuty v tom, aby na svou cestu nastoupili a vytrvali u ní.
Vedle dobře strukturovaného výcviku, který poskytuje prostor pro praktikování metody pod supervizí a vytváření peer skupin se jeví jako důležité další vzdělávání po výcviku, poskytující stálý update metody.
Jako velmi podpůrný a motivující aspekt respondenti jmenovali jasný obraz možného kariérního postupu na průběhu času.
Ale za nejdůležitější zdroj podpory, která pomáhá setrvat u terapeutické práce, je uváděna možnost opory v dlouhodobě fungujících intervizních skupinách.
A tady chci sdílet mé potěšení z toho, že se rozvíjí vedle menších, neformálních skupin také již mnoho let fungující intervizní skupina, kterou jsem zpočátku více aktivně podporovala a která se rozvíjí dobrým směrem podporována mladšími kolegy.
Je to dobrá tradice, která, jak doufám, může modelovat do budoucna vznik dalších takových forem podpory.
Co intervizní skupina poskytuje? Samo o sobě je hezké se setkat a vyhradit si klidný, soustředěný čas na PBSP. Je to místo, kde můžeme v klidu a bezpečí mluvit o tom, jak se komu v práci daří, nebo i o tom, co se komu nedaří. Někdy spolu i procvičujeme dovednosti.
Často se spolu díváme na struktury, které vedl Al, a pak si o nich povídáme, věnujeme se třeba jen malé části, detailu. Sdílíme pochyby a nejistoty, vyměňujeme si zkušenosti i radost z úspěchů.
Osvědčuje se, že se setkávají zkušenější terapeuti s těmi na začátku práce a vzájemně se podporují, vzniká tím rámec kolegiality a spolupráce.

Jsem ráda, že tato skupina může integrovat terapeuty z různých "geologických" vrstev výcviku a v poslední době přemýšlím, jak více přizvat ty, kteří výcvikem prošli v minulosti, používají jen fragmenty práce, nejsou s tím spokojeni, hledají cestu, jak se metodě znovu přiblížit a jak se "doučit" to nové.

Také chci velmi ocenit vše, co pro metodu PBSP vykonala Česká asociace PBSP, ať už se to týká výcviků, péče o zahraniční lektory, dalšího vzdělávání, a nakonec i tohoto setkání, které jen potvrzuje, jak PBSP zapustila kořeny v našich srdcích, životech a v tom, jak pracujeme.

Vzpomínala jsem, jak se vyvíjela metoda PBSP v naší zemi, avšak Al předával svou metodu na mnoha místech na světě a všude má ten příběh svá specifika, je součástí vývoje místních komunit.
Možná jsme v důležitém okamžiku hledání toho, jak dobře propojit tyto části obrazu do společného rámu. Vždyť potřeba bezpečného a tvořivého místa, které umožňuje sytící interakci, vzájemnou podporu a vytváří jasná pravidla je hlavní myšlenkou PBSP.
Al vždy zdůrazňoval, že jsou-li tyto vývojové potřeby dobře obstarány, vzrůstá kapacita k naplňování těch dalších potřeb, a právě ty napomáhají propojovat polarity v nás i okolo nás, rozšiřovat vědomí a pilotní funkce a směřují k péči o jedinečnosti a naplnění potencialit.

Na samý závěr chci připomenout metaforu, kterou Al nabízel.
Než se narodíme, spočíváme obklopeni místem, které můžeme spojovat s Bohem, vesmírem, přírodou. Zažíváme zde nekonečnou lásku, bezpečí, jednotu, blaženost. Třpyt a odlesk těchto prvních zkušeností pak hledáme a nacházíme zde na zemi. Proč bychom sem jinak chodili, ptával se Al. Když přijde náš čas, do této náruče se vracíme.
Je-li to tak a Al se z této dálky dolů dívá, věřím, že nás pozoruje s láskou, podporou, asi i trochu zvědavostí a drží nám palce. A my si také můžeme držet palce navzájem.

4.3. Panel Discussion

James Amundsen, Sandy Cotter, Barbara Fischer-Bartelmann, Pete Mann, Robbin McInturff, Jan Siřínek, Wim Jan Trügg

4.4. Farewell Address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sound, light, projection,

5. Committees

5.1. Chair of the Conference

Jan Siřínek, PhD. (CZ)

Jan Siřínek is a clinical psychologist and psychotherapist in private practice in Prague, working with adult individuals, couples and groups. He attended the first PBSP training in Prague from 1998 to 2002, and started his PBSP practice right after. Since then, he has led PBSP groups once a week for 16 years.

In 2009 he became a founder member of the Czech PBSP Association, and elected Chairman of the Association in 2013, charged with co-developing experiential and educational PBSP programs in the Czech Republic in close collaboration with Al Pesso.

He coordinated two national PBSP conferences: one in 2011 with Barbara Fischer-Bartelmann as a guest, and the second in 2014, featuring Michael Bachg. In 2012 Al Pesso nominated him as a learning therapist for the participants of the Czech PBSP training and assistant to the trainers.

Jan Siřínek published several articles on PBSP in specialized Czech journals between 2012 and 2016. As a clinician, he is interested in the further development of PBSP and increase in its use. He conducted some original research, verifying the effectiveness of specific PBSP interventions, using high methodological standards. His research culminated in a PhD. degree in 2018.

5.2. Scientific Committee

MUDr. Aleš Fürst (CZ)

Aleš Fürst is a medical doctor, psychiatrist, psychotherapist, psychosomatic specialist, supervisor and lecturer of complex educational programs in the field of psychotherapy. He graduated from the first PBSP training in the Czech Republic and became a founder member and first Chairman of the Czech PBSP Association.

He has led groups for years where he combined PBSP with principles of psychodynamic group psychotherapy, and presented the outcome of this experimental approach at the 2nd Czech PBSP Conference in 2014. In the same year, he published the article "An Enrichment of Routine Psychotherapeutic Care with Findings of Neurosciences – PBSP and Grawe's Model".

Aleš Fürst is highly interested in working with psychosomatic issues, collaborating with general practitioners and psychotherapists. He is also invested in issues and boards concerning acknowledgement of psychotherapy (including PBSP) in the Czech Republic.

MUDr. Zuzana Lebedová (CZ)

Zuzana Lebedová is a psychotherapist and psychiatrist working in private practice in Prague. She graduated from the First Medical Faculty at Charles University in Prague in 1995 and qualified as a psychiatrist in 1998. In 2008 she gained a licence from the Czech Medical Chamber for private practice and counseling in psychiatry. In 2009 she specialized in systematic psychotherapy.

She has been trained in dynamic group therapy and PBSP therapy, together with numerous seminars focused mostly on working with trauma and crisis intervention. She is a member of the Czech Medical Society of J. E. Purkyně, the Czech Psychotherapeutic Society of ČLS JEP, the Czech Association for Psychotherapy and the Czech PBSP Association.

Zuzana Lebedová attended the first PBSP training in the Czech Republic in 1998–2002. She became a member and later Vice Chairman of the Czech PBSP Association, participating in further PBSP trainings in various roles since 2007: as a translator, coordinator, apprentice and learning therapist.

Pete Mann, MEd, PhD. (UK)

Pete Mann has had a cross-cultural career as an American educator in continued learning. He's lived in West and East Africa, Cyprus and for 45 years in the UK, most of it at international postgraduate level at the University of Manchester.

In 2000 he joined the first training group in PBSP in England, and went on to attend Al Pesso's annual groups in the US for 13 summers. Not a trained therapist, he was encouraged to join UK's PBSP Supervisory and then Trainer training.

As a non-PBSP practitioner, Pete Mann keeps learning PBSP by attending workshops, writing and engaging with PBSP certified trainers. He co-presented two workshops at the 6th International PBSP Conference in the Netherlands in 2009. His peer reviewed articles include: "Can an American Psychotherapeutic System Contribute to British Leadership Development?" (International Journal of Organization Theory and Behavior, with Jon Chapman, 2009) and "Sharpening the Instrument: Challenges to Improving Practice from Interactive and Self-Reflective Growth" (Action Research, 2005).

Al Pesso asked him to serve on the Board of Directors of the PBSP Psychomotor Institute and Lowijs Perquin invited him to join the European PBSP Trainers Group.

Robbin McInturff, MA, LPC, LMFT (USA)

Robbin McInturff has been a psychotherapist in private practice in Birmingham, Alabama, USA, for 36 years. In addition to her full-time clinical work with individuals, couples and families, and groups, she is also a Board certified LPC supervisor in the state of Alabama and a certified PBSP therapist, supervisor and trainer. She presently co-leads three PBSP groups at her practice.

She was trained and supervised by Al Pesso since 1989, and she completed her Trainers' training with Al Pesso and Lowiijs Perquin. Since then, she has presented and participated in various trainings in the US and in Prague, where she is on the faculty of the current four-year PBSP training. She is a founding Board Member of the USPBSP nonprofit organization. Areas of expertise include marriage and family work, grief counseling, women's issues, addiction recovery and trauma recovery.

In addition to holding Master's degrees in English and Mental Health Counseling, Robbin McInturff was the first recipient of the National Award for Outstanding Practitioner/Counselor from the Chi Sigma Iota Counselor's Honor Society and was awarded The President's Award for excellence in the profession by The Alabama Counseling Association. She is also trained in emotionally focused therapy, somatic experiencing and Eriksonian hypnosis.

Wim Jan Trügg, MA (NL)

Wim Jan Trügg is a clinical psychologist, psychotherapist and supervisor. He studied social-clinical psychology, criminology and organizational psychology. In his long career since 1975, he has worked in many professional areas, including addiction therapy, resocialization and forensic psychotherapy.

In the 1980s, he passed the PBSP training with Albert Pesso and became a certified PBSP therapist. Since then, he has worked for many years as a clinical PBSP psychotherapist, learning therapist and PBSP training supervisor. In 2009 he became Chairman of the 6th International PBSP Conference "Embodied Mind" held in Amsterdam / Bergen.

Wim Jan Trügg is an author of several publications on PBSP and addiction, trauma and dissociation, attachment, symbolisation and mentalisation as well as a large number of editorials. In addition to his psychological profession, he wrote two poetry albums, made two films and created several sculptures.

5.3. Scientific Adviser

Petra Winnette, PhD. (CZ)

Petra Winnette is a neuroscientist, certified PBSP therapist, counselor and lecturer. She has a Master's degree from the Faculty of Pedagogy at Charles University in Prague. She studied developmental psychology at University College Cork in Ireland and graduated from Charles University with a Doctorate in Comparative Science.

She was a Fulbright Scholar at the Affective Developmental Neuroscience Lab in the Psychology Department of Columbia University in New York (2017–2018). She was a lecturer and a member of the scientific committee for the ICAPAP conference (International Child and Adolescent Psychiatry and Affiliated Professions) in 2018.

As a clinician and scientist, she is interested in how early childhood experiences influence brain development and behavior throughout the life span and how neuroscience relates to psychotherapy. Petra Winnette is an author of several books in this area.

5.4. Organizational Committee

Mgr. Lucie Kašová (CZ)

Lucie Kašová is a psychotherapist working in private practice in Prague.

She attended the PBSP training in Prague from 2012 to 2016 and became a Board Member of the Czech PBSP Association.

Since 2018 she has been a training coordinator of the current four-year PBSP training and a coordinator of the 7th International PBSP® Conference.

Ing. Alena Šiková (CZ)

Alena Šiková is an economist with a lifelong interest in psychology, psychotherapy and education, an occasional teacher, editor, graphic designer and webmaster.

She has been an executive assistant of the Czech PBSP Association since 2010, providing administrative support and organizing PBSP workshops, seminars and conferences.

6. Guests of Honor

6.1. Chair of Honor

PhDr. Yvonna Lucká (CZ)

Yvonna Lucká is a clinical psychologist, psychotherapist, supervisor and trainer. She works with clients suffering from traumatic or posttraumatic disorders as well as with clients with atypical problems.

She is trained in psychoanalysis, family therapy, integrative body work, psychodynamic group therapy, biosynthesis and PBSP. She is a co-founder of the Czech Institute of Biosynthesis, trainer in biosynthesis, supervisor of many educative and training programs in the Czech Republic and abroad.

In the early 1990s, she passed the PBSP training in the USA and in Switzerland. Thanks to the effort of her end her colleague Michael Vančura, the PBSP method was spread to the Czech Republic. Together with her husband Luboš Kobrle, she has led loads of PBSP programs in Prague for many years, having influenced most of the contemporary Czech PBSP therapists. Having significant merits for the Czech community of PBSP practice, she was asked to take up the Chairmanship of Honor.

6.2. Guest of Honor

Tasmin Pesso (USA)

Tasmin Pesso is honored the Czech PBSP Association is hosting the 2019 International PBSP Conference upon the 90th anniversary of the birth of her parents, Albert Pesso and Diane Boyden-Pesso.

Tasmin comes to her current position as PBSP Psychomotor Institute Board President having lived a life framed by PBSP's teachings and practices. Her involvement with PBSP started at an early age in the dance studio with her parents as they explored movement and emotions with the species stance, controlled approach, direct emotion, reflexive motion and other foundational concepts. Pesso family conversations frequently centered on psychology, PBSP theory and practice as Al and Diane explored and developed the fundamental elements of their methods and techniques.

As Tasmin moved into her own studies of human needs and development, she applied her PBSP experience and knowledge to earning a Bachelor's and Master's degree in the study of media literacy. She furthered her education becoming a certified Parent Coaching Institute parent coach and a Kidpower (personal boundary setting skills program) instructor. With her interests and accomplishments, it was a natural progression for Al to invite Tasmin to join the board of the PBSP Psychomotor Institute when it was reconstituted in 2015. Following Al's passing in 2016, she was elected President of the PBSP Psychomotor Institute.

As Tasmin now leads the Institute as it takes on the task of providing the stewardship for PBSP into the future, she is delighted to be joining everyone in Prague where one of the purposes of the PBSP Psychomotor Institute is being so competently addressed this year: "to support, apply, utilize, promote, develop and enhance psychomotor techniques". She congratulates the organizers for their hard, good work and wishes all attendees a stimulating experience.

7. Conference Participants

Julia Abolina (UK)
Jana Adámková (CZ)
James Amundsen (USA)
Marleen J. E. van Asperen Vervenne (NL)
Marietta van Attekum (NL)
Miroslava Barcalová (CZ)
Jan Benda (CZ)
Petra Blažková (CZ)
Els van Bodegom (NL)
Michaela Bodnarová (CZ)
Gerda de Boer (NL)
Liesbeth de Boer (NL)
Hana Boháčková (CZ)
Klára Borůvková (CZ)
Neletta Bouwman (NL)
Hana Brancuská (CZ)
Gerrit Bruine (NL)
Arnoud van Buuren (NL)
Dilene van Campen (NL)
Lidwine van Campen (NL)
Stephanie Citron (USA)
Deborah Clarke (UK)
Caroline Collin (CH)
John Cornelius (USA)
Sandy Cotter (UK)
James Cotton (USA)
Jana Cozlová (CZ)
John Crandell (USA)
Monique Cuppen (NL)
Marcel Cuvelier (BEL)
Jane Davey (UK)
JItka Dobešová (CZ)
Ondřej Dočekal (CZ)
Radka Doležalová (CZ)
Carsten Dünckel (DE)
Asgeir Dybvig (NOR)
Lenka Emrová (CZ)
Stephanie Ezust (USA)
Barbara Fischer-Bartelmann (DE)
Bernadette Fittkau-Tönnesmann (DE)
Radka Fraňková (CZ)
Matt Fried (USA)
Agnes Friederici (DE)
Martin Heřman Frys (CZ)
Aleš Fürst (CZ)
Petra Fürstová (CZ)
Annemarie Gerritsen (NL)
Juliet Grayson (UK)
Kirstine Hansen (DK)
Jakub Havlíček (CZ)
Maya Heffernan (USA)
Jana Herbst (CZ)
Christian Højlund (DK)
Jiří Horáček (CZ)
Lucie Hornová (CZ)
Martin Howald (CH)
Kateřina Hrubá (CZ)
Radovan Hrubý (CZ)
Erika Hubbuch (DE)
Jon Chapman (UK)
Jaromír Chrášťanský (CZ)
Dana Illanová (CZ)
Jill Jarvis (UK)
Lot Julien (NL)
Veronika Kaletová (CZ)
Petra Kaločová (CZ)
Karolína Kaslová (CZ)
Lucie Kašová (CZ)
Gus Kaufman (USA)
Mayke de Klerk (NL)
Adéla Konečná (CZ)
Petr Konopásek (CZ)
Helena Kosková (CZ)
Egbert Langstraat (CAN)
Hazel Latoza (AUS)
Zuzana Lebedová (CZ)
Julia Leichsering (DE)
Curtis Levang (USA)
Elizabeth Levang (USA)
Markéta Levínská (CZ)

Albert Lieber (DE)
Clare Lipetz (UK)
Sabine Löffler (DE)
Christine Lohbrunner (DE)
Yvonna Lucká (CZ)
Henrik Lykke (DK)
Pete Mann (UK)
Lenka Mašková (CZ)
Václav Matuška (CZ)
Catrin McGeever (UK)
Robbin McInturff (USA)
Eric van der Meijden (NL)
Daniel Mermin (USA)
Michaela Mick (DE)
Uwe Minde (DE)
Katarína Molčanová (CZ)
Rebecca Morrison (USA)
Kimberly Murphy (USA)
Pavlína Němcová (CZ)
Jana Nováková (CZ)
Glen Nyhus (CAN)
Nadine Nyhus (CAN)
Petr Odstrčil (CZ)
Dominik Ohlmeier (DE)
Martine Overeem van der Hagen (NL)
Aimee Pearson (USA)
Pavla Perglová (CZ)
Kyra Pesso (USA)
Tasmin Pesso (USA)
Barbora Pešková Lahodová (CZ)
Ulla Peterson (DE)
Mona Pillmann (DE)
Martina Pojarová (CZ)
Sally Potter (UK)
Dana Rabiňáková (CZ)
Petra Rohlíková (CZ)
Ana Maria Ruiz Sancho (ESP)
Iva Rymešová (CZ)
Eva Řačáková (CZ)
Riitta Saarikko (FIN)
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