

Filling the Holes-in-Roles of the Past With the Right People at the Right Time

A way to open the door to happiness in the present

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Abstract

First I will briefly review how we establish the foundation for building a happy life using Pessó-Boyden System Psychomotor (PBSP) procedures that provide a new, symbolic memory/experience of the satisfaction of maturational needs **as if they had happened in the actual past**. Then I'll describe how we go about filling in the Holes-in-Roles in the past, using new, powerful, PBSP concepts and procedures that unlock the hidden neurological psychological doors in our minds and bodies that block our receptivity to happiness and the sweet satisfactions of life.

Keywords: PBSP, trauma, family network

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Aristotle, among other fundamental thinkers, believed that it is in our nature to seek and enjoy happiness.

My own reading and clinical experience has lead me to believe we are hard-wired to anticipate happiness.

If the expectation of happiness is so natural, then why does happiness elude so many people so much of the time?

We come into this world as infants, primed to expect and experience a pleasurable, satisfying life, full of meaning and a sense of connectedness to others (Bowlby, 1969). That is why, when life fails to provide that innately anticipated outcome, we are deeply disappointed and feel cheated out of a fundamental right. So do we give up that longing for satisfaction of those deepest desires and hopes? Not very easily. Though we may have endured a lifetime of unhappiness, we are under the never-ending pressure from our remembered, needy, inner-child-self to complete and satisfy our maturational needs, which serve as the necessary foundation for the experience of happiness. Without that foundation in place, we may ceaselessly knock on the metaphorical doors of all with whom we are in contact — friends, mates and teachers — in search of a reassuring, “Yes!” to our unspoken question, “Are you that someone who will finally give me what I desperately needed back then and despairingly feel I still need now?” Too often, we doubt we will get what we long for, no matter how much people genuinely care for us in the present moment.

What can make the present feel that awful?

It is a biological/neurological as well as psychological fact that the memory of frustration of basic needs during our developing years, i.e., the past, fundamentally colors our experience of life now in the present (Edelman, 2000).

Since it is our memories of a deficit-ridden or traumatic past that are running (or ruining) our experience of the present, what if there were a way to create a better past without having to invent and climb into a time machine? We, the founders of Pesso-Boyden System Psychomotor PBSP, Al Pesso and Diane Boyden, found a much simpler solution. We have learned how to access those brain-based memory banks using precise micro-tracking techniques so that the client, assisted by the therapist, can construct positive, maturational need-satisfying virtual memories to offset the negative experiences of the past, endlessly waiting for their completion and consequent relief.

Following the micro-tracking process, we externalize that interior neurological stage in the mind, upon which both memory and imagination play, and have those images of people and events visually represented in the therapy room. This is done in tandem with what is being addressed and thought about, moment-by-moment in the “present”. On the symbolic simulated stage that we have evoked in the therapy room, we carefully and precisely organize—with the full participation and control of the client—new, healing, alternative, need-satisfying events, as if they had happened at earlier times and in other places. We accomplish this with the additional help of role-played, “Ideal” human figures—parents, grandparents, etc. who, had they been in the client’s actual life, would have been capable of providing him or her with those developmentally necessary interactions.

In this ritual arena, clients can emotionally re-live a new past, one now organized to be full of pleasure, satisfaction, meaning and connectedness. Just as real memories influence and effectively run peoples’ experience of the present and future (Damasio,

1999; Edelman, 2003), so do these new symbolic/artificial memories. With these new, positive memories firmly implanted in body and mind and masterfully linked with the real, negative, long-term memories of the past, clients can experience and respond to the present with far more success, hope and happiness than was available before.

Does it matter that it’s artificial?

I have an artificial hip that allows me to overcome the reality of an arthritically ruined hip and it works more than just fine. Why not artificial memory then? It took surgeons a long time to learn how to make a workable artificial hip and indeed so has it taken a long time to make a successful artificial memory.

This is our rationale for why we make new symbolic memories of the satisfaction of those needs at the appropriate age and with the anticipated and appropriate kinship figures. If we didn’t create new, albeit artificial memories, the only ameliorating effort available would seemingly be a reality-based solution, i.e. how best to cope with the exigencies with which life has presented us. Had there not been a new way to develop an artificial hip, I would then be best assisted by learning to improve my handling of a wheel chair or crutches.

Though this “new memory” process has certainly been a boon for a great many deficit-ridden and traumatized clients, we have found that there are a significant number of people, who, even when provided with the possibility of new memory consisting precisely of what they have apparently needed and longed for, simply cannot absorb it or take it in — much

to their disappointment and their therapists’ surprise and astonishment. Of course, their unaccepting response appears incredibly contradictory, for isn’t this newly designed, interactive, maturational satisfaction exactly what they had endlessly longed for? This phenomenon is often simply described as resistance. However, we have developed another far more useful rationale and effective solution to the problem of inability to receive what has been missing.

We call that procedure: Working with Holes-in-Roles.

There are many theoretical elements to put in place in order to fully grasp this process in all of its dimensions. To do so, we will have to pose some fundamental questions such as:

- What moves people to act/behave as they do in the first place?
- What are the basic connections in life that need to be clearly differentiated and firmly established?

Our answers will provide insight into the dilemma of resistance and inability to receive.

To answer this first question properly we simply have to go back to an even earlier question: Why do we have a body to act with in the first place?

The answer to this can be found in the “evolutionarily-remembered (recallable)” data stored in our genes. Through evolution, we humans have become designed/adapted to live in a physical/material world with a physical/material body that is made to want passionately to keep on being alive in that material body in that material world.

Over the eons our ancestors — one-celled creatures on up — developed sensory equipment that supplied information regarding what was around them and developed ways of responding with their material bodies in ways that would ensure their continued existence. Something very primitively similar to pleasure might have been registered in the interior of those simple, life-pioneering creatures that would reinforce behavior that supported the continuation of existence. Certainly we humans respond to pleasure as a reinforcer of positive, satisfying existence.

To address this phenomenon on the human level, I use the shorthand term, **see-do**. In the sense that humans **see** (or taste or touch or smell or hear) a situation, and humans do what is necessary to live well based on what was **seen**. This process is absolutely automatic and extremely rapid and therefore not brought to consciousness unless it is necessary for survival. Every time we **see**, we automatically recall what we have seen before like that, which is stored in our learned database of visual memory to enhance our resources in the present. And every time we **do**, we recall what we have **done** before like that, which is stored in our learned database of motor memory in order to enhance the success in the present circumstance (Edelman, 1999). We use the term mind’s eye to mean what we have stored in our learned, visual memory and can actually “see” interiorly if we set our mind to do it. And, we use the term mind’s body to mean what we have stored in our learned, motor memory and can actually feel in our “real” body if we set our mind to do it (Erikson, 1964; Stern, 1986). For instance, most of us can recall/see our mothers in our mind’s eye and recall/feel how to ride a bike in our mind’s body.

An interesting example of the unconsciousness and automaticity of this process is evident in the neurological condition known as “blindsight” as studied by Nicholas Humphrey (Humphrey, 1986). This phenomenon occurs in individuals who are cortically blind and literally cannot “see” because the neurological pathway of visual information has been severed by a stroke or other unfortunate condition. But the neurological pathway of visual information to their motor system is still intact and therefore their body is prepared and dynamically organized to move appropriately to what it “sees”! Further on, we will extrapolate from this when exploring normal

human responses to family, cultural and mythic stories which promote internal, unconscious, mind's eye (blind-sight type) seeing of the events described in those stories and the unwitting, totally unconscious responses which often include mind's body attempts at satisfying solutions to the dilemmas presented in those stories. Briefly stated, the words we hear in stories promote images in the mind's eye which then provoke actions in the mind's body. All this happens automatically, with profound effect and with little to no conscious awareness.

So to return to the question, **"What moves people to act/ behave as they do in the first place?"** The answer is simple: the past. The **evolutionary past**, stored in our genes, is the primary source of survival behavior in the present. And the **personal autobiographical past** of satisfactions or frustrations of life-needs stored in each individual's memory banks is the secondary source of behavior in the present. One might say that our genes anticipate an optimum satisfaction of basic needs and the possibility of pleasure as a response to the satisfaction of those needs (Bowlby, 1969). The source or root of discontent for those unfortunate individuals who have suffered so many deficits in their maturational process is that their interior requirements are sorely at variance with their personal histories.

Let's now examine the interface between what is seen and what is done or not done about what is seen, using the notion of **shape/countershape**. The easiest way to conceive of shape is to think of the actual shape of an external object that is perceived. Shape in this example could be the visual outline of a tree that is immediately recognized as a tree, and then all the appropriate behaviors that we have internally stored (genetically and personally) regarding trees would become available as potential countershapes. Do you begin to see the matching-quality to the countershape? In this example, the outside world presents the shape while my interior world of potential behaviors regarding that shape would be the jigsaw-puzzle countershape.

Say I wanted to climb that tree to get a better look at the countryside. My body and its parts clambering up the shape of the tree would then be a perfect countershape to the outline of whatever parts of the tree my hands and legs clung onto. Thus, the "sensory" part of sensorimotor would be the shape and the motor part of sensorimotor would be the countershape. The principal of shape/countershape is to be found everywhere else as well.

Now let's say I was hungry, and I was looking for a specific tree that I knew bore delectable fruit. In this example, the shape is my interior feeling of a specific hunger. That hunger also happens to be in conjunction with an interior picture of a specific satisfaction to that hunger, i.e. a delicious peach. Thus, the peach actually seen on the tree is a countershape to both the picture of a peach I have already conjured up in my mind's eye, and quite interestingly, a perfect countershape to the felt longing and feeling of hunger I have experienced internally. Yes, the look of that peach in that peach tree perfectly matches my interior expectation: delicious!

Now comes the moment of reaching for the peach: My hands grasp and perfectly configure the shape of the peach. I bend my arm and place the peach in my mouth, which countershapes the delectable fruit with tongue, lips and teeth. Such a lovely shape and such a satisfying countershape. And further, the exquisitely anticipated shape of the flavor of peach pulp and juices cascades down my welcoming countershaping throat and gullet, and the rainbow of flavors and textures perfectly match my salivating expectation of satisfaction. Heaven on earth.

Looked at in this way, shape/countershape is an endlessly circular process, with shape/countershape interchanging between objects, expectations, and actions. See-do, sensory expectation, and the motor action in response combine to give satisfaction. And, following the pleasure of the satisfactory conclusion, there is a "click of closure", the sense of a fully completed circle, ready for another round. By the way, when we get that sense of satisfaction at the moment of the closure of the loop, we call that sweet, rewarding feeling a "pleasure-pop."

The click of closure signals the sense of a **rightful**, you could even say **just** ending that is so pleasurable and so appealing that it is tirelessly sought after in many different aspects and levels throughout our lives.

It is clear that there is an innate tropism and pressure for a complete gestalt that is central to life and is a central principle in all of PBSP and especially in the work with Holes-in- Roles. But for now let's acknowledge that there is an expectation of cycles of completion and when any completion is achieved there is pleasure. Conversely, when it is not achieved there is displeasure and frustration. And if the incompleteness is postponed indefinitely there is despair and hopelessness combined with an inclination to seek alternative arenas of pleasurable existence.

I will give one more example that highlights how basic and fundamental are the inner expectations of shape/countershape, and pleasure. Instead of the peach and the peach tree, think of a newborn with an inbuilt sense of what should come into its mouth and an inbuilt sense of its flavor and texture. Pan the camera of your inner eye on your own internal stage of memory and imagination and "see" in your mind's eye a lactating mother with her newborn infant and you are seeing shape/countershape par excellence as the baby's eager mouth finds the perfectly countershaping nipple and breast. Then share a protoplasmic thrill with all the waiting cells in that child's mouth, throat, and gullet, resonating in expectation of nurture and replenishment.

Obviously, shape/countershape has to do with interactions with people as well as with things. It is this idea of shape/countershape that served as the impetus for our invention of the kinds of figures we call Ideal human figures. They are a perfect, human, external countershape to the shape of our human internal hopes and expectations of what we should find and experience through significant others, when we first arrive on this planet.

Next, let's consider: **what are the basic connections that need to be accomplished in order to experience a satisfying life?** At first glance, this sounds like a matter of shape/countershape and in a way that is true, for that interactive notion is indeed included in the answer to this question. The answer I have in mind is: **connection to the self, connection to the other, and connection to the ultimate** (the seemingly inborn need for or sense of the ineffable, transcendent source of all things).

Let's start with connection to the self. That would seem to be an obvious easy step to accomplish, but it is not. Think of being in that kind of state where you don't really know what's going on inside you. You have to search for "feelings" perhaps in your body or in emotions that roil in you to find an answer to that dilemma.

Those parts of the self that show up as a shape (desires or impulses from childhood) and which are not given the validating countershape of our caregivers go into hiding and show up as symptoms or bodily sensations or unconscious impulses and ideas that might possibly surface in dreams. That is why it is so important to have a life filled with people and circumstances that allow the positive, loving self to emerge into the light of day. That is exactly what we attempt to provide in PBSP sessions with the help of what we call the "possibility sphere". The possibility sphere is the psychological, emotional countershaping space that we train therapists to offer, in which they make "room" and a safe accepting atmosphere where it is possible for clients to become more of themselves.

As for **connection with the other**, this concerns the fact that in order to become who we really are, we first have to be conscious of as well as deeply connected to our inner, bodily felt, emotional states, and in that condition be deeply connected to a richly satisfying interactive other. This **other** is necessary for the maximum development of one's fullest self and capacity for satisfaction in life (Bowlby, 1969). So if we look at this kind of interaction from the angle of

shape/countershape, the validating acceptance of the significant other is a countershape to the shape of the burgeoning, evolving self. This validating interpersonal interaction then becomes the template for our own internal countershaping of our conscious cognitive image of ourselves with the shape of our “felt” or “limbic selves”.

Lastly we have the connection to the ultimate. If we are deeply connected to ourselves and deeply connected to the other, then we are more likely to feel deeply connected to the universe at large and therefore part and parcel of a vibrant, cosmic network of meaning and order. This state of being produces that longed-for experience of pleasure that comes from the experience that there is justice, order, and rightness—all with a sense of a completion of what is to be achieved throughout time and eternity, during which, in our lifetime, we each play our human part.

What happens when we lose the connections that we so desperately need with the **other** in order for us to literally, physically, emotionally mature and become happy generative adults? Who then is going to countershape us, satisfy our needs, and validate us? With the three connections we have postulated, the answer is simple. We can turn to ourselves and become our own satisfiers with the result that we then look upon the presence of **others** without that deep feeling of connection, love, and meaning. In that case, the **other**, seen as a non-provider for the needs of the self, is experienced without hope, color, or emotional value. Autonomy is to be desired, but it is best if it is developed following a developmental stage of benign and satisfying dependency with the good, satisfying countershaping of the appropriate **other** at the appropriate developmental age (Bowlby, 1969).

If the other has failed us, what could be a next possible solution? Having a healthy spiritual sense is good as long as we don't turn to God as the replacement for the people that we should have had the good fortune to experience and grow up with. The point of having these three connections elaborated is so that we keep clearly in the foreground that each connection should be accomplished “correctly”. Simply put, we should not become our own other and not turn to God as provider of that which should have come from other humans. A child needs concrete nurture, substituted with symbolic nurture when the child is older from the other before becoming autonomous.

What are two of the most basic drives/instincts in all living things?

We refer to Darwin's tenets of evolution:

- The survival of the self
- The survival of the species

But let's look a bit deeper at two seemingly opposite inclinations, for survival of the self implies self-interest and survival of the species implies interest-in-the-other. Indeed, it is a reality that during our childhood we are mostly absorbed with accumulating all the information and skills we need — that which would give us a good foundation in our developmental process — ultimately preparing us to become providers for others. As we reach that stage of generativity, most of us become the agents for the survival/continuation of the species, i.e. we become capable and more interested in satisfying the needs of the other. In our maturity, we become invested in creating children who will go through the same process. So is there a “switch” that gets turned on at some point when we stop thinking about ourselves and we start to think about the other? To accomplish interactive closure there has to be great awareness of what is perceived outside ourselves, which means the other person and other objects as well. That means that

though we are essentially focused on self-interest in our childhood, even from the start, the fundamentals of interest in the other are operant.

Recent research with human infants at age 14-18 months highlights the points made regarding shape/countershape, the need for closure doing justice, and interest-in-the-other (Warneken & Tomasello, 2009). In this program, a research assistant was situated in a room full of 18-month-old tots. She hung a clothesline in the room and then went through the process of hanging some washed clothes on the line using clothespins. The tots watched as she “accidentally” dropped one of the pins as she was hanging a piece of the laundry. Invariably the children clambered over, and one reached down and picked up the clothespin to hand it back to her. Shape/countershape, click of closure, doing justice, and caring for the other, all in one fell swoop.

Thank goodness that such goodness is ingrained and so early evident and able to be evoked. I am sure that both the tot and the research assistant had the feeling of pleasure that comes from the click of closure. Incidentally, if the research assistant threw down the clothespin the kids made no effort to retrieve it. They could immediately evaluate the difference between the two different behaviors and the internal needs and states they broadcast.

I will now address the next question which is really a subset of the first question.

What are the three basic motivators which propel most human behavior?

- Work
 - Endeavor to do that which leads to the survival of the self
- Love
 - Endeavor to do that which leads to survival of the other
- Justice
 - Endeavor to make things just and right in a world full of order and meaning. Or as some would say, to do God's work.

The first two are easily understandable and acceptable — Freud himself subscribed to the motivating power of work and love — but justice? What I have already written clearly supports the place of work and love in this list. The see-do process is about work. What we **see** awakens what we have to **do** to maintain existence and that is to hunt, to forage, to plant, and to do whatever else is necessary to survive and thrive. To love has to do with survival of the species. We must first be able to experience being loved and then to experience and express the impulse and wish to give love.

Justice has to do with fairness, to make things right or complete in a gestalt sort of way. Clearly, these matters have a flavor of shape/countershape to them. For there to be justice, things have to fit, to be balanced, complete, and even. Justice is important as a follow-up and consequence of loving. Loving can produce children, and the mature part of us that desires children is invested in helping them live good, just lives.

To deal with the topic of justice, we have to attend to the notions of **intake** and **output**, for they will shed light on the topic of resistance. While we are going through the maturation process, we are mostly concerned with **intake**. During our maturational period we busily ingest and take in that which will allow us to develop and become successfully generative. When we are mature enough to be interested in creating life for others, we are more concerned with **output**—to give to the others we have created those things and behaviors that would provide them with what is necessary for their development and will help them become successfully

generative. If we attend to **output**, i.e. doing justice for others too early in our lives, we become incapable of receiving what we need, i.e. **intake**.

A missing click of closure is readily evident in just reading or hearing the words “Holes-in-Roles”, a feeling of incompleteness. The Holes-in-Roles concept and theoretical/technical constructions that come out of that have to do with both the concept of shape/countershape and the need to do justice, both of which we have shown are inextricably entwined. It also has to do with intake and output and along with that the explanation for the inability to receive, or in other words, to allow **intake**.

Lastly: **What are two of the underlying, genetically available, primordial energy systems which are among the root sources for many of the actions needed to successfully maintain life?**

- Aggression
 - Ability to destroy
 - material (also ideational) forms or living beings in the service of one's own continued existence.
- Sexuality
 - Ability to create
 - people, art, community and social programs in the service of those others who will continue to be alive after one's own death

These two polar opposite drives underlie most essential actions. During the developing years, those explosive forces must be effectively limited, defined, countershaped, and nuanced with loving, justice-minded parents and other caregivers to result in the increasing capacity to experience heaven on earth. When those forces are not limited or bound properly all hell breaks loose.

Why do we have to look at the topics of aggression and sexuality in this discussion about Holes-in-Roles? Because one of the unexpected consequences of filling Holes-in-Roles is **the loosening of the bounds and limits of those brute, root forces, resulting in unconscious though systemic, life-stifling defenses against the unharnessed expression — murder and uncontrolled sexuality — of those forces**, just as Freud had posited about the ego's role in bridling the base nature of the id.

Finally, Holes-in-Roles in the flesh.

What holes and what roles are we referring to? First of all, by holes we mean gaps in the fabric or network of family roles and relationships. Whenever there is a gap in something that is supposed to be organically whole, the perception of the hole produces a sense of incompleteness in the viewer (see) and an impulse to make it complete and unified again (do). The click of closure and pleasure pop are the result when the network is made whole again.

What is a whole family network and how do we know what a whole family network is anyway? Though the modern era has shown us that many alternate family structures can work, human life begins with the union of sperm and egg and is thus contingent upon a father and a mother respectively. Readers may have noticed how curious children are about their family histories. They seem to have come to earth with an innate hunger to know the shape of their family backgrounds and the history of those that came before them. They “know” what a complete gestalt a family structure should have, just as they know how to complete things and

bring dropped clothespins to adults in need.

As a kind of corollary to this implicit knowledge of family kinship relationships and structure, I believe all children come to earth with roles, stem-selves. By that I mean that we all have within us the capacity to take on each and every familial role. After all, one day we will all become adult men or women. And one day maybe husbands or wives. And mothers or fathers, and aunts and uncles, and grandmothers and grandfathers. We have the seed of each role inside us, which will spring into flowering in response to outer and inner events that call forth the need for those roles.

Kids play out these possibilities when they play house. By their play, it is clear that all those stem-selves are just sitting inside the developing child waiting for the appropriate releasers into the outside world. But more insidiously, they are capable of springing into action in the non-conscious, automatic background on the stage of the mind's eye and mind's body.

Now here's where stories come in. Let's imagine a little girl who is all dressed up for her birthday party; today she is four years old. But her mommy is crying. She looks up at her mommy's face with little-girl concern and compassion. See-do is already operant here. She wants to do something to make mommy feel better. Mommy is not dropping clothespins; she is dropping tears.

“What's the matter, Mommy?” she says. Now here comes the interesting part because mommy begins to tell her something about her own past, which the child has never seen or heard about (but maybe “smelled” or “gathered” or “intuited” in some non-conscious way). Remember that words make images or pictures in the mind's eye that the child “sees” without consciously knowing she is seeing anything at all (**see**). And that those pictures produce “actions” in the child's mind's body without the child knowing that anything of the kind has happened inside her (**do**). Let's see what happens in that child's mind's eye and mind's body as she listens intently to what her mother is saying.

The mommy says, “You're such a lucky little girl. When I was four years old”. I put the ellipses here, not because the mommy paused, but because in that very instant the child has begun to make a “movie” in her mind's eye theatre. This “movie” (made of “internally seen”, moving, acting-feeling figures) will become part of her long-term memory and therefore influence her experience of the outside world in her next moments of the immediate present and anticipated futures. It's a bit strange to call this a “memory” for that child doesn't consciously know that she is seeing anything at all and has no conscious knowledge that she has constructed an internal image of her mother at age four. But as far as her nervous system and neuronal firing and coding is concerned, she has absolutely and irreversibly made a memory! More importantly, the memory of that image will become part of her future destiny (Damasio, 1999).

Let's look at the inside of that child's mind at her “movie screen”. There, in front of her mind's eye, she is “automatically/unconsciously” looking at a little girl that she has never seen

— her mother at age four. That is an instantaneous reaction to what her mother just said, “When I was four years old”. Now look what comes next as her mother continues speaking, “. . . my father” “Oh, my mommy had a father, just like I have a daddy”, might flash across the little girl's unconscious mind.

And you know what? Her automatic-unconscious **see-do** process flashes a picture of a daddy beside her picture of her mother as a four-year-old child, neither of which she has ever actually **seen** before! The strange and important thing to note here is that the theatre of **imagination** shares the same neurological stage upon which memory presents us with mind's eye images of what has been recorded as having happened in the past (Edelman, 2000). To “see” something in the mind's eye and to see something in reality is to activate the same occipital lobe of the brain.

Now all this is going on in seconds and fractions of seconds. Let's take our finger off the pause button and push the play button to see what the mother says next after, "... my father ...". And now the next word is a killer, literally, for she says, "... died." That picture of a complete Gestalt: her mommy at age four with a daddy beside her, suddenly has a break in the circle of completion — a huge hole. This is not a clothespin dropping to the floor. This is a daddy dropping dead! And if a toddler will automatically strive to bring the dropped pin back to the person who needed it, just think of what a compassionate, albeit a bit older, tot will do about this loss to her dear mommy. What does she have available? She knows how a little girl needs a daddy for, in having one herself, she can imagine how bad it would feel to lose one. Here is a classic example of Holes-in-Roles.

Next, I think she automatically and totally unconsciously (not unconscious as in repressed, for it was never conscious in the first place) reaches inside herself where her cluster of stem-selves is stored and plucks out that stem-self which could have become a father some day, thrusting it into her mind's body. (Yes, little girls have father stem-selves and little boys have mother stem-selves. I have gone into the topic of integration and unification of polarities in another article that addresses the integration of maleness and femaleness, yin and yang, animus and anima, etc (Pesso, 1997).

That stem-self goes right into action and, in her mind's eye and body, that child extends to the image of her mother at age four. Out of her father-stem-self, a father-for-her-mother is created. That Hole-in-Role-fulfillment makes for the click of closure. The internal, eternal insistence for justice has been accomplished, even if it's only completed in the interior of the mind's eye and mind's body and not consciously registered. Also felt is a kind of body-relief and a pleasure pop of reinforcement that is registered somewhere inside.

So now that child, all too soon, has energies in her system directed to the care of the other, long before her own developmental needs have been fully met. Alas, they would also be more likely to remain unmet, as her own mommy had not even, until now, become a fully developed provider, but that's another story.

Let's continue with the shift in energies to note that this kind of "switch" to the premature interest in caring for the other before the prefrontal lobe has sufficiently developed begins to turn down or even turn off receptivity to care coming toward the self from others. The beginning of resistance to having one's own needs met is being put into place.

The mother then sees the look of compassion and concern on the little girl's face and is touched by her heart-felt interest. So she goes on to say, "You're such a good little girl. You listen to me when I am crying and sad." Of course the child glows with this compliment and that feeling of conscious pleasure simply reinforces the unconscious pleasure pop of having completed the gestalt of a needed father in the first place. But look what the mother says next. "But your father ...". Hit the pause button here. The little girl conjures up in her mind's eye a composite picture of her father in many different states — suspended, waiting to see exactly what picture to consolidate as her mother keeps talking. And sure enough her mother does give her more information to work with as she says, "... is such a rat!" Wow, a rat father image is registered. Clearly a disturbance in the gestalt picture of a mother-daddy, wife-husband compatibly partnered.

But there's more coming to break that gestalt and present another Hole in a Role. Now push the play button, to hear the mother going on to say, "... Because when I cry he laughs or gets irritated and walks away." A big hole is beginning to yawn here. Mommy has no compatible, satisfying partner when she is in this state! Of course the little girl has seen some of that behavior of her father before, but now she is hearing mommy's pain and displeasure about it.

You can tell what's coming next. The little girl reaches inside her store of selves and plucks into life the husband-stem-self. This pseudo pod, powered by her mind's body, extends out into virtual space and becomes the countershape-husband to fill the empty space beside her mother where a "husband" should "rightfully" be. This emphasis on rights may seem to be just a literary/verbal allusion on my part, but the compulsion for doing justice, making things right and complete, is incredibly powerful and busily at work at this moment. Further, the story produces a neurological process in her mind's eye and mind's body, which has an incredibly powerful effect on the energy dispositions in her actual body. The memory of those stories powerfully distorts the organization of her destiny — in other words, her experience of the present and anticipations of the future.

Let's now jump forward and imagine together what this little girl looks like as a grownup. She may have become an effective, compassionate adult who has spent much of her life taking care of others with little time and energy spent on her own emotional needs. She has too little expectation or ability to receive, though there may be lots of offers from caring people outside of herself. She is a bit of a martyr perhaps. She might also have become a leader, albeit one who has some conflict about using her full power or perhaps some difficulties in delegation. Also, maybe she has an explosive side to her personality which erupts now and then that produces pain and fear in her staff, much to her consternation. It's possible she has noted that sometimes she puts off completing necessary tasks, wondering why she so often feels depressed and depleted of energy.

What I am listing here are some of the problems that might show up from her past of insufficient satisfaction of maturational needs. I'm also listing some of the systemic defenses that arise regarding the handling of the two primary forces of life, aggression —X in its unbound form to destroy/kill/murder — and sexuality — in its unbound form to rape and commit incest. Why bring that up now? Because when we fill Holes-in-Roles, it has the unexpected and startling consequence of loosening the controls over those forces that are frightening and dangerous in their unlimited form, much as with Freud's envisioning of the unbridled id (Freud, 1910). So our psyches, in their systemic attempts to hold off emotional and physical upheavals that result in such disasters, provide us with a number of different, automatic interventions to keep things from getting out of hand. Some of those are:

- Depression
 - o Turn the thermostat of all energy expressions way down
- Dissociation
 - o Turn off the connection to the self so as not to be in touch with what is interiorly stirring
- Avoidance of Completions and Closures
 - o Turn off the capacity to complete even simply ordinary closures
 - If one completes things it might open that Pandora's box of ungodly completions of murder and rape
 - Some passive aggressive behaviors of frustrating one's own and others' completions
 - Obsessive-compulsive behavior
 - Rigid and desperately repetitive control of simple behaviors
- Retroflection
 - o Feeling pursued by external dark forces
 - It's not me that's so dangerous, it's what's coming after me that is so dangerous
 - o Self-destructive tendencies
 - Don't destroy the other, destroy the self

- Guilt
 - The powerful feeling of guilt holds down other internal dark energies

Before we address the therapeutic procedure we would go through with her, I would like to introduce the notion of what I call the “entity”. That is the name I have given that fragment of the personality that is set loose and perfectly eager to express unbound aggressive and sexual forces and which Freud saw in his practice and labeled the id. He understood the id to be the source of instinctual and raw-emotional energies that required the constraints of external culture (Freud, 1910). In PBSP theory, we understand our quintessential emotional nature to also include a yearning for satisfying interactions and justice. Indeed we take into consideration the instinctual capacity to kill and the capacity to create. Those primordial forces run all of life beautifully in their integrated and unified form — the consequence of the loving interactions of our parents during our maturation process.

The three categories of memory which result in people behaving in an “animal” and brutal way are:

- Memory of deficits
 - When our maturational needs have not been met at the right age and with the right kinship relationship, especially the need for limits
- Memory of trauma
 - Traumatic events awaken uncontrollable survival mechanisms which include
 - Fight — unbridled aggression
 - Flight
 - Freeze
 - Appease
 - In appeasement there is a powerful but hidden, unconscious impulse to provide rewards and pleasure to the attacker (including unbridled sexuality) as one of the strategies for survival
- Memory of filling Holes-in-Roles
 - When we fill Holes-in-Roles, we automatically and unconsciously become the “one and only” answer to the problems we hear about in family stories and cultural myths
 - Whenever we are the only, we become omnipotent and God-like for then there is no other, i.e., no countershaper who can influence us

We all have those demonic forces which lurk, grinning and deadly, out of sight of our conscious minds and that drain energy from our more conscious processes. That entity force wants to be the “only” — God-like in that respect. It would be the only ruling power in the universe, albeit, unlike most images of God, a cruel, cold, and heartless one. Should our internal “entity” be presented with any other authority than itself, it would immediately and endlessly attack it in an attempt to dethrone it. Any other authority would be an affront to its imperial, omnipotent self. Regime change is one of its major strategies and inclinations.

The Oedipal theory addresses what happens when Oedipus blindly marries his own mother, i.e. becomes the man besides the mother when the father is not there, and fills a Hole-in-a-Role. But Oedipal completions of missing fathers are only a small fraction of the incompletions that we all see and hear about. Just think of all the cultural stories of injustice: Israelites in bondage in Egypt; the agony of Christ; and the cruelty to the early Christians; stories of imperial dominations of one’s clan, tribe and country; stories of the horrors of slavery — all the historical wrongs that children around the world grow up hearing about. In our mind’s body, each of us

has plugged into all the gaps and become the messiah to all the dispossessed and abandoned we have heard about. Every one of us has a stem-self for every familial figure that had been missing in the past and that should have been there to make things right. You might say that the whole collection of selves is the basis for a universal messiah complex embedded in each one of us on this planet. I guess that has evolutionary value because if only two people were left on earth they could be the foundation for the human re-population of the planet as they would have within each of them the blueprint for every role needed to keep things going.

Now everything is in place to describe how PBSP theories and techniques are used. So let’s return to our little girl who has now become an adult. Though she is successful in her profession, she is presently concerned about those parts of her personality that rub her colleagues the wrong way and cause friction in her work team. Besides that, she is chronically discontented with the quality of her personal life. Therefore, she finally decides to do something about it or has been encouraged by her superiors to do something about it and then goes into therapy or coaching in the hope of finding some kind of resolution.

Let’s say she has now been a participant of a PBSP group for some sessions and is acquainted with the essential theories and techniques. I will construct a hypothetical session to demonstrate how things might proceed, leading toward a satisfying and life-enhancing end.

Back to the beginning.

The therapist simply and calmly waits to see what organically arises in this woman’s present experience of emotions and thoughts, knowing that present consciousness is a tapestry woven of threads of memory. The therapist then micro-tracks those moment-to-moment shifts of affect and thought, knowing that what is actively arising in the present moment will inevitably awaken the historical events associated with those states of mind and feelings.

When the client begins to speak about her present state regarding her discontent with the quality of her life this week, the therapist can see the expressions shift on her face which are registering, instant by instant, the impact of her own words on her psyche. Though her actual body is in the room with the therapist and the group, a part of her is emotionally reactive (see-do) to what her mind’s eye is seeing because fleeting images of scenes of prior similar states are unconsciously, but instantaneously and automatically, flashing by. The therapist can take that moment to say, “If a witness were here the witness would say, ‘I see how resigned you feel as you recall how discontented you are about the quality of your life.’”

If the therapist’s choice of words describing the immediate emotion of the client plus its context is on the mark and verbally accurate, the client will instantly and automatically nod her head vigorously in assent. In that moment a number of things have already happened and a number of other things are beginning to happen. First, what makes her nod that way? That motion is an indicator of her receptivity to the accuracy of the emotional word “resigned” chosen by the therapist and the use of the client’s own words, “discontent with the quality of her life this week,” as the context for her feelings that particular moment. If the therapist had chosen a different and perhaps less accurate word, for instance, sad or bitter, the client would not have nodded at all but glanced first at the therapist’s face and then perhaps narrowed her eyes, trying to forge a neural link between the word the therapist chose and the feeling she actually experienced. But if the therapist was indeed right on the mark, the satisfaction of shape/countershape is experienced and that results in a click of closure and its concomitant pleasure pop is registered. Here, the emotion is the shape and the accurate word is the countershape. Because of the simple accuracy of the right word used to describe her interior, emotional felt-

state, the client is now in a condition of greater connection to herself. Recall the three basic connections: her emotional “self” is now a bit better linked to her cognitive “self”.

Now, remember the therapist had said, “If a witness were here . . .”. And in that instant, the client registers an image of such a witness present both in the room and in her mind’s eye. When she registers that statement, she feels she is being seen by another figure, a witness, that has earlier been described to the group and postulated as a benign, non-judging, observing and naming figure — no qualities or functions other than that. Thus the witness is a perfect template for one’s own observing ego, i.e. a pre-frontal lobe function of executive judgment and decision, as well as sense-making. In addition, in that instance, before the witness statement is internalized and used as a way to see one’s self, there is the feeling of being “connected to the other.” So the client is not only resonating with her self but is beginning to feel the comfort of being in resonance with an external figure. She is not alone in her feeling, she is being seen accurately in a way that she sees and knows herself. That is a very good feeling.

But where is the therapist in this configuration? The therapist is not the witness; the therapist has simply described and is narrating what the witness is seeing and saying. What a difference it would make to the client if the therapist had only said, “*I see* how . . .”. Then the therapist him/ herself would be the viewer and something far different would occur in the client’s interior. When an external, benign witness is postulated, the client is free to review her own process — under the permission and quiet oversight of the Witness Figure without the inclusion of the personality, history, and emotional state of the therapist. With the Witness Figure there is a feeling of possibility and a sense of space and time for self-review. As I have seen in innumerable sessions, as soon as the witness is the therapist him/herself, the client is forced to include the therapist’s feeling and relationship to herself and that produces another range of feelings entirely, which in unpredictable ways constricts the client’s range of possibilities. In the PBSP system, healing happens at the exclusion of transference.

However, something very important does happen between the client and therapist at this moment. The client feels seen and assisted by the witnessing process and that produces a feeling of gratitude and appreciation for the therapist, which supports and enhances the therapeutic alliance. This feeling of alliance is quite other than a “transference feeling” whereby the therapist is seen as the actual provider of what has been missing in the past. Here it is the hypothetical Witness Figure who is providing the right words and context. The therapist is merely the reporter/narrator/stage manager of this event.

The client might then go on to say, “Yes, I am resigned, but that’s just the way the world is and there’s nothing I can do about it.” That is immediately registered by the therapist as an example of a value statement or internal belief system. So the well-trained PBSP therapist then prepares to deliver what is called a Voice Figure who will repeat back to the client, using the client’s own words, but spoken in the imperative, as if those words were a command coming from the outside. For instance, the therapist can say, “If there was a Voice Figure here, the Voice Figure would say, ‘That’s the way the world is, and there’s nothing you can do about it.’”

Here we are not following the client’s emotional state but attending to her thoughts, the other part of consciousness that we parse in the process of micro-tracking. Using the Voice Figure, the therapist has externalized the client’s own cognitive viewpoint/description of her life. This cognitive evaluation and viewpoint has been developed and cultivated over time as the client has assessed innumerable situations and become convinced that these were the laws and controlling ideas governing her world. Now, with the conscious inclusion of the information coming from the Witness Figure and the world-describing words coming from the Voice Figure, the client’s database of memories and recollections of specific illustrative events are now also

resonating in pattern-recognition of that combination of feeling and thinking. The events that produced that viewpoint are hovering on the threshold of the inner stage of the theater of the mind’s eye and mind’s body.

Upon hearing the voice statement, the client might react by saying, “Yup, you said it, that’s a fact.” The therapist can then postulate a Witness statement, saying, “If a witness were here, the witness would say, ‘I see how accepting you are of that viewpoint.’”

Of course, if “acceptance” is the right word, the client nods and the very scenes that are the foundation for that viewpoint are about to pop into consciousness. And indeed, the client might choose that moment to say, “My mother was always unhappy and there was very little anyone could do to ever change it.”

Here it comes. The client has now consciously mentioned her *mother* in this context of helplessness, and you can be sure that the moment she says mother, her own mother’s image is lit up and registering on the screen of her mind’s eye. Of course, the therapist will offer a witness statement. But I want to highlight another technical intervention that would follow that witness statement; the therapist might say something like this, “Whenever a figure comes up in one’s mind that has an emotional impact on clients, we ask them to choose someone in the group to represent that figure in the room, so that the figure can be simultaneously seen by you with both your real eye and your mind’s eye.”

Now the client chooses someone in the group and that someone formally takes on the role by saying, “I will role-play your image of your mother.” Then the client is asked to place that figure in the room where she can project that image of her mother. Thus the space in the room becomes the matching externalization of the theater in the mind’s eye. The client is seeing her “real” mother in her mind’s eye, all the while also seeing the real role-player in the room designated as the symbol of her mother. She can now project on this role-player the kinds of images and feelings that she is seeing in her mind’s eye and feeling in her mind’s body. She is not hallucinating her mother, nor does she believe for a moment that it is her real mother in the room. She is perfectly aware that this is a role-player; however, all the associations she has with her mother can be played out in the room with this consciously acknowledged projection/stand-in. It is therefore important that nothing be done in the room that is counter to what is going on in her mind that may destroy the resonance and synchronicity of those two theaters. For this reason, we instruct role-players never to initiate any action or words not supplied by the client.

In the past, we used to develop a highly articulated “historical scene” in order for the client to feel and process what had happened in the past. Nowadays, we are more inclined to mostly *hear and register* what had happened in the past and then to construct in the room the antidote/healing counter-experience. By antidote we mean the staging of what would have been a more satisfying alternative to the actual history. This is done as early as would be believable by the client. Repetition of negative memory reinforces the power of that history — a tenet of cognitive behavioral theories — and is now thought to be best avoided or minimized.

The client looks at the role-player in the room while at the same time “seeing” images of her mother in her mind’s eye; the two theaters are linked. Therefore everything she sees consciously or unconsciously in her mind’s eye — which will produce changes in the organization of action in her mind’s body, her thoughts, emotions, and her actual body feelings — will be linked to, and influenced by, everything she sees in the room. In this way, the room becomes a highly-charged ritual space where new positive memories can be crafted and linked with the original, real, negative memories. The client is no longer in the ordinary present; she is in an altered state, somewhat akin to hypnosis; but, in contrast with hypnosis, in this structured procedure,

her consciousness of the real setting and her control over it is never lost.

Therefore, it is important that the therapist be extremely sensitive to what is going on in the client moment-to-moment via the micro-tracking process and also acutely aware of the long-term therapeutic goals and strategies of the client. The interventions and instructions given by the therapist have to be highly precise and carefully chosen. The role-players must be instructed (and sometimes have to be reminded) **not** to identify with the role or attempt to influence the state of the client by behaviors that they *think* would be “good” for the client to see, hear, or feel. They learn to be there as supportive figures, who are willing to be present and offer themselves as human superstructures upon which the client can safely project her powerful internal images.

The client sits staring at the figure representing her mother in the room, deep in thought while unconscious memory processes are very likely presenting to her mind’s eye fleeting, fragmented, rapidly shifting images of her history and experiences with her mother. These internal images will awaken a multitude of sensations, emotions, and impulses in her mind’s body, which show up as mercurial and rapid changes of expressions on her face and marked shifts in the rhythm of her speech and breathing. If she was connected to appropriate instruments, they would show heart rate and blood pressure changes in synchrony with the emotional quality of the scenes her memory presents.

“What’s going on inside?” the therapist asks. The client shifts her awareness back into the room in the present and says, “I was remembering how unhappy and unavailable my mother was when I was a child.” The therapist would continue to micro-track with a witness statement that would underline the emotion the client was experiencing at the moment she answered the question.

The client then recounts innumerable occasions on which her mother left her alone to take care of her little brother while she went out at night. These memories produce body-wrenching sobs as she vividly recalls the terror she suffered and perhaps didn’t express at those times. As she tries to control and stifle those impulses, her chest heaves, her shoulders shake, and her stomach muscles spasm under the influence of the conflicting goals of expression and suppression.

The therapist says, “When people struggle with their feelings, and their bodies show the agitation and strain that yours is showing now, we suggest that they enroll a contact figure who would help them handle how much they feel. Would you like to choose such a figure?” The client does so; a role-player is then chosen, enrolled, and instructed to hold the client in a way that supports all the surfaces mentioned above that are so agitated and under stress. That figure is instructed to say, “I will help you handle how much you feel.” This communicates to the client that this figure is not there to quell the feelings but to give an “envelope” of containment, like a membrane to a cell, which would keep the cell and self from spilling out of its bodily container. In that way, with that help, the turbulent emotions can now be expressed physically, without constraint or fear of them erupting out of control.

This figure is postulated in the present, though the emotions that are being felt and expressed have to do with the past. However, as the client is crying now with even more heart-wrenching sobs, one can hear the tonality and rhythm of a child’s expression of grief combined with fear. Thus the client is in two states simultaneously. One is in the present room with a helping volunteer from the group enrolled as a containing figure, and another is remembering and feeling herself as miserably and terrifyingly alone as a child with no one present to hear or hold her.

The client, after some diminishment of sobbing, shouts out at the figure representing her mother in the past, “Why did you leave me that way?” Clearly she was in desperate need of a mother who would be constant and supportive and not leave her in charge of her sibling when

she was such a child herself. Her maturational need for support and protection was clearly unmet. Now would be the time to experience a new memory of what we call an “Ideal Mother”, who would not have left her alone at night with the responsibility of taking care of her younger sibling. Here is a perfect example of a crying need for the internalization of an experience to match her sense of longing for what she should have received as a child.

The therapist offers a picture of a need-gratifying scene by suggesting that the client consider choosing someone to role-play an Ideal Mother with those characteristics which would have enabled her to be more maternal. The client, instead of being open to such an offer, goes through a remarkable transformation. A moment ago, she was the picture of a child in need; now, suddenly, her entire demeanor and gaze depict another kind of figure. She looks up in disbelief at the therapist, no child-longing look here, and says sarcastically, “Do you think I would believe that? You have to be kidding or just naïve.”

We have already spoken about the two different stages or theaters that we are dealing with. One is the ritual stage in the room, and the other is the inner theater of imagination in the client’s mind. Now I would like to use the metaphor of the client’s body being a stage for the appearance/emergence of her child states and also for the appearance/emergence of what we call the “entity,” by which we mean the omnipotent, unbounded fragment of personality that is produced when one has been the healer, caretaker, messiah figure for one’s fore-bearers too early in one’s life. That figure has some of the demonic, satanic qualities I spoke of earlier. For whenever someone has too early in life taken on those justice-fulfilling roles that have been unfortunately left vacant, they do tend to leer, jeer, jibe at, and mercilessly attack all other authority figures as if they were mortal enemies of their imperial right of ruling the universe.

So in one moment the child is on the stage, and the next moment the entity is on the stage. The entity is not the true self. However the child part that appears now is a remnant of the true self that has lacked satisfying maturational care by the appropriate other, i.e. a mother who was fully mature and therefore perfectly capable and desirous of taking care of the other, i.e. her child.

Here is the way we see the equation: When one has put out too much too early to take care of the other, one effectively loses the capacity to receive what one has wanted and sorely missed. The way we have found to offset this seeming “reflex” is to present images of a more appropriate filler of those roles other than the self. This intervention shuts down the outflow of interest-in-the-other energy via the pseudo-pods stem-selves which then allows the client to automatically redistribute her life energies on her own behalf. Self-interest and the capacity to receive then becomes a possibility.

Now to return to the therapeutic intervention at hand —when such a moment of sarcasm occurs, it highlights the client’s unreadiness for precisely what was missing and she has just spoken about longing for. The therapist can underline the lack of receptivity at such moments and teach that this can be seen as a sign of having put out too much too soon. This is when the therapist might say, “Whom did you take care of?” In other words, who was the object of her too-soon interest-in-the-other?

A frequent reaction to this question is a humorous and ironic, “Everyone!” Indeed, that is often the truth, for many people in this state feel like they have carried the world on their shoulders for a lifetime.

The therapist could retort, “Pick out one person.”

The client answers, “Well for instance, my mother,” as she points to the figure representing her mother in the room.

“What did you do for her?” the therapist asks.

"She was always unhappy," the client answers. You can be sure that when the client says those words that images of her mother's unhappiness are consciously and unconsciously flashing through her mind (**see**). You can also be sure that her mind's body is automatically responding to those images (**do**).

"Why was she so unhappy?" the therapist asks.

"Well, her father died when she was only four years old, and she had to pitch in and help her mother take care of the house." As she describes this scene it is surely being played out in her mind, though she has never "seen" it but only "heard" about it. To repeat, stories make pictures, and pictures, in the mind's eye, make movements in the mind's body to resolve and bring justice and countershape-completion to what is seen. Though this process is totally automatic and unconscious, it nevertheless has tremendous consequences for the disposition of the energy in both mind and body. From what the client has just said, there are now two Holes-in-Roles represented here. One is the hole where her mother's father should have been, and the other is where her mother's husband should have been. Both holes have to be filled appropriately or the vacuum they create will "suck in" the compassionate, justice-desiring "instinct" in the client.

The therapist suggests the following. "Why don't you pick someone or something to represent the image of your mother as a four-year-old?" The client looks about the room and picks someone from the group upon whom to project that image of her mother. Let me highlight a critical issue that has to be attended to at this moment. After the role-player is instructed to officially take the role, saying, "I will role-play your image of your mother as a four-year-old," the therapist says to the role-player, "For the rest of the time you are in the role, do not make eye contact with the client." Then the role-player takes the role and is instructed by the client where to stand or sit. It is crucial that even during this stage-managing moment, the role-player does not look at the client. For we have found that any instant of eye contact with the client awakens an immediate, reflexive response to once again take on the role of the giver and provider for those internally imagined, needy figures. Any moment of eye contact is interpreted as a request for help and that possibility has to be scrupulously avoided as it would affix in the client's mind that she is once more the one and only answer to her mother's needs. The therapist's task at this juncture is to present the client with the satisfying "movie" or "scene" of that child-image of her mother in the presence of an ideal father who would not have died — the exact opposite of what had actually occurred. It is that Ideal Father figure whom the "mother" is instructed to look at and receive satisfying continuity of support from.

So, after the role-player is appropriately placed, the therapist says, "Now pick someone to role-play your mother's Ideal Father." The client does so and the role-player is instructed to say, "I am role-playing your mother's Ideal Father and am no part of your mother's real father." This clarification and distinction is very important for we have found that people often unconsciously awaken in their mind's eye a picture of those who had actually been or not been there. In other words, we have learned to monitor and track clients' internal images as the role-playing contracts are assumed so that a truly new figure is presented and not the original figure, who in fact did not fulfill the genetically anticipated role of fathering for her mother.

The reader must surely have noted that the therapist is being very directive and active, which is in contrast with the therapist's style up until now. When making Holes-in-Roles interventions, the usual rule of following only the impulses, emotions, and thoughts that arise in the client's body and mind as in traditional client-centered therapies is suspended temporarily. The client, if left on his or her own to stage a Holes-in-Roles situation, would immediately re-construct it according to how it had been fulfilled in the unconscious imagination, thus unwittingly reinforcing the client's role as the savior and provider of justice. Freud has described this as the

"repetition compulsion" (Freud, 1975), and this outcome should be strongly avoided. That is why the therapist takes the lead whenever this repetition pitfall appears about to be played out.

Once the Ideal Father is on the stage or established in this "movie" (what we call the Holes-in-Roles constructions), the therapist asks the client to place him in relationship to the figure representing her mother as a four-year-old. In this event, the client does not have a role to play but is a viewer in the "audience". Those procedures are in contrast to those moments in the structure when the client is on center-stage and the receiver of needs.

The client, with the therapist's overview, proceeds to do this. The therapist knows that in this arrangement the client can be safely licensed to use the information arising from her own emotions, feelings, and thoughts as a guide for what the Ideal Father should do. Now, in this symbolic, positive reconstruction of the negative past it will be her mother's Ideal Father who will carry out exactly what she would have liked her mother to receive — and very likely had endlessly/ tirelessly tried to provide her with, in her unconscious, mind's body, see-do imagination.

It is moving and impressive to watch this sequence. She takes the hands and arms of the role-player and places them around the shoulders of the figure representing her mother as a child. The therapist instructs that role-player Ideal Mother to look up at the face of the group member representing the Ideal Father and to smile at him. The client, having choreographed the arrangement, steps back to look at it and then nods her head to the therapist indicating that it is right.

The therapist then instructs the Ideal Father figure to say to the child figure, "If I had been your Ideal Father, I would not have died when you were four years old, I would have been there with you all the time as you grew up." Hearing and seeing this, the client nods her head in assent and glances at the therapist, tears in her eyes. The therapist says, "If a witness were here the witness would say, 'I see how touched you are as you imagine how this would have been for your mother.'"

The client nods in agreement, then heaves a sigh of relief and makes a gesture that indicates a shift of feeling in her back and shoulders. She says, "I feel as if a burden was lifted off my shoulders — I feel lighter." I have heard those exact words hundreds of times in structures like this. It is as if there was a universal script and a universal effect that goes along with it. It is stunning to see the shift in energy and alertness, the change in gaze and posture that comes with this satisfying intervention. In my imagination, the pseudo-pod part of the client that was acting as a virtual father to her mother all these years — draining energy resources that should have been available for her own life — has now been retracted and those energies have immediately been made available to her own personal self. She now has the pleasure and privilege of feeling the aliveness that accompanies this shift of energy.

The client says, "If my mother had been fathered like that, my whole life would have been different." Once again, this phrase is typical. Change one's history and then the perception of the future begins to change. At once, the client's gaze reflects this change. She appears to be looking out from eyes focused further into the space around her and not so limited by the walls in the room and definitely not turned inward. The future has opened up a bit, and there is the appearance of hope on her face and probably an increased sensation of hope in her body feelings.

Accompanying the client's exclamation is an emerging picture of how her mother would have been able to become as an adult had she been fathered like this in her childhood. That emerging, maturationally evolved mother-image could also be understood as an embodiment of the principle of an Ideal Mother, i.e. someone who had been raised to maturity and who was

now able and ready to raise the next generation effectively. With that image in mind, of her mother being satisfied by a living father, the client is moving closer to becoming receptive to the possibility of experiencing an Ideal Mother for herself. The therapist, noticing this effect, can now say, "What do you think of enrolling an Ideal Mother for yourself now, who had been similarly well raised by her own Ideal Father?"

No rolling of the eyes and cynicism now from the client who simply says, "That's a good idea." The shift to acceptance is so pronounced that it could seem as if she never had her earlier dismissive attitude and response to the same offer just some minutes ago.

She looks about the room and chooses one of the females in the group who then says, "I will role-play your Ideal Mother and no part of your real mother." Then the group member adds, as is customary at this point, "Where do you want to place me?" For at this juncture the client is no longer making a movie that she will be the audience of, but she will be the central figure about whom the rest of the cast will assemble.

The client arranges the role-player in a way that epitomizes a child-mother relationship. The client snuggles into the mother and asks her to say that she would never leave her alone at night to be in charge of her little brother. The role-player then says, "If I had been your Ideal Mother, I would not have left you alone at night to be in charge of your little brother." The client reacts at once to that statement and feels the relief of that responsibility, which shows on her face and in the way she releases her breath. This is witnessed appropriately but then tears well up in the client's eyes, and she cries once again but this time without terror but with grief at knowing how much she had missed this relief.

This is a typical pattern seen in many sessions, the shift from relief to grief as the contrast between the experience of safety that has been so endlessly longed for and the terror and insecurity of the past are literally side-by-side in her mind. Relief and grief cycles of this kind can continue for several minutes.

Then the client sits up and says, "I've had enough, now I'm worried about my brother, who is taking care of him?"

"What would you like to do here?" the therapist asks. "You can have someone role-play him, and he would be with you and your Ideal Mother, or we can make another movie and give him his own Ideal Mother. Which way would you prefer to go?"

"Let's give him his own Ideal Mother," the client decides. That scene is then set up with the client choosing one person to represent her brother when he was a little boy and another person to represent his Ideal Mother. The client choreographs the setting and settles back with her Ideal Mother once again. A scene is played out where the Ideal Mother, at the client's request, says that she would never have left him and his sister alone at night, and she herself would have been there to take care of him and put him to bed.

Upon hearing this the client relaxes further into the arms of her own Ideal Mother, but then looks back at the role-player representing her brother and says, "I feel like I should be there to hold him, he really needed me, and part of me can hardly believe that she would really be there for him."

The therapist asks, "Who are you seeing in your mind's eye as you look over there?" The client answers, "You're right, I'm trying to imagine my real mother saying that and it is just not believable." Then the therapist asks the group member enrolled as the Ideal Mother to restate her role and its corollary. The role-player then says, "I am role-playing your real brother's Ideal mother and no part of your real mother."

"Yes," the client says, "You're right, I was trying to picture my real mother doing that. Let me get it straight in my head now." She closes her eyes and assembles a different picture in her

mind's eye and then opens her eyes and says to the role-player, "Say what you said to him again now." The role-player repeats the same sentence that she would never have left him alone at night with his sister and would have been there to take care of him and put him to bed herself.

The client says with relief, "Then I wouldn't have had to do it." At this point it is sometimes useful for the client to experience a cinematic illusion called "breaking the 4th wall" as seen in Woody Allen's *Purple Rose of Cairo* where the actors leave the screen and speak directly to the members of the audience. Remember, the client is simply the audience watching the dual screens (the one in the room and the one in her mind's eye as she reconstructs it interiorly). But now the Ideal Mother role-player/actor on the screen outside her is instructed to look away from the role-player representing her little brother and direct her gaze to the client and then say, "That would have been my job, not yours," then she returns to being in the movie by turning her head to look at the role-player representing the client's little brother.

"What a relief," the client says and snuggles deeper into the arms of her own Ideal Mother, relishing even more the experience of being simply a child and not a surrogate parent.

Structures follow an organic process, and when they are over it is evident to the outside viewer as the indicators of wholeness and completion become evident. The client seems to be at that spot for she shows subtle changes in gaze, tone, and words that the story is over and that she is finished. She may close her eyes and nod her head in reaction to her inner scenes; her breathing may change; she may take a long breath and exhale it with a sense of closure. But something of symmetry is missing at this particular juncture, and the therapist notes that by saying, "What about having an Ideal Father as well?"

"Who wants him here anyway," the client says cynically. "I'm perfectly comfortable with just me and my mother. He was never around enough when I was little, and he wasn't very kind to my mother either."

Being conservative and noting the client's resistance to take in or receive fathering, the therapist says, "Why don't we bring in someone to represent your mother as a young woman and give her an Ideal Husband. Not a second husband but an ideal first husband who would love her and give her the time, attention, love, and respect you always knew your mother deserved."

"Okay," the client says with rising interest, "I would like to see what that would look like."

That scene is then set up. The therapist says, "Pick someone to role-play your mother as a young woman." The reader might ask, "Why her mother as a young woman?" That choice is made so that the next step will be clearly a scene of a first marriage for the mother and not a picture of what her mother would have looked like following the possible divorce of her father. For indeed, it is possible and likely that she fantasized how things would have been for her mother if her mother had divorced her father and married a different man. So, to offset that much-later scenario possibility and to offset the reproduction and representation of her mother's misery with her actual father, this route is taken. In this case, we are endeavoring to create a new history for her mother, prior to the remembered painful, actual history. This will be a movie of a new beginning for her mother as a wife and this time with a perfect partner to counter-shape her mother's need for partnering as a young woman.

The client picks a woman from the group, and the therapist instructs that role-player to make the contract for the role, by saying, "I'm role-playing your image of your real mother as a young woman", and then, once again, this role player is told to never look directly at the client or make eye-contact with her from that moment on. For if she did, as I underlined before, the client would immediately respond to a seeming request for interaction and unwittingly, automatically, and instantaneously fill the Hole in the Role of a partner for her mother. Indeed,

she has most likely unconsciously fulfilled that function her entire life. In this representation, she is released from partnering responsibility and burden, and thus that negative history is not reinforced.

The therapist says to the client, "Place her." The client does so as the therapist alertly watches the role-player to make sure that she doesn't look at the client in order to ascertain where to stand and where to face. The client places the role-player at what seems to the client to be the appropriate place, and then the therapist says, "Now pick someone to role-play her Ideal Husband." The therapist might add, "Not her second husband, but an ideal first husband, so that she could be happily married in the first place."

In passing, the client might nostalgically reminisce and say, "My mother was such a beautiful young woman, with so much promise and talent. She would have flowered if she didn't get married at all." This is okay, but in this moment the client may be holding off the possibility of a happy, fulfilling marriage for the mother — still leaving open that no one other than herself would have allowed her mother to be fulfilled and still be partnered. In this circumstance, the therapist would add that this Ideal Husband would have supported her mother in fulfilling her own dreams about her future and not have hindered her development or the realization of her potentialities. In other words, justice would have prevailed.

Going on, the client picks someone from the group to role-play her mother's Ideal Husband, and he is instructed to enroll by saying, "I am playing your real mother's Ideal Husband and no part of your real father." The therapist then says, "Now place him." This is an important moment, fraught with potential pitfalls, for in all of the client's history it has been replete with images of distance between her mother and father, and she would most likely place these role-players far apart as a realization and representation of those actual memories. Seeing them far apart would simply underline and reinforce the history as it was and thus draw the client into the empty space once more as a Holes-in-Roles filler. In the event that the client makes such a choice, the therapist should be a bit directive and remind the client that this was the ideal partner who would have loved her mother and been there as a support for her dreams and ambitions and that he was carrying no part of her real father's history and qualities.

Let's imagine that those pitfalls were dealt with appropriately, and the client has now placed the two figures together, side-by-side. The therapist can once again be directive here and instruct the role-player representing her real mother to look into the eyes of the role-player representing her mother's Ideal Husband. Such a moment is important and has an immediate effect on the client for she is seeing what could be for the first time her mother engaged in a positive interaction with a partner. It is also important that the role-player representing her mother as a young woman smile with pleasure as she looks at her partner figure. In fact, it has often been the case that some role-players, intent on doing a good job for the client, unwittingly communicate their preoccupation with doing a good job with a look of grim determination on their faces. So it is important that the therapist monitor such moments that might unintentionally represent a replay of the past.

If all goes well, the contented smile on the client's face shows how positively she is reacting to this imagined scene of compatibility. That could be witnessed by the therapist saying, "If a witness were present the witness would say, 'I see how much pleasure you feel as you imagine how it could have been for your mother to have a loving ideal husband.'"

"Yes," the client might say and add, "Now I would like to see him put his arm around her shoulder and tell her how much he loves her." The role-player representing her mother's Ideal Husband then places his arm around the role-player representing her real mother and says, "If I had been your Ideal husband I would have told you how much I love you." The client might

say, "Never mind that. Just tell her you love her very much and that you would never walk away from her when she was crying." The role-player then says simply those words, "I love you very much, and I would never walk away from you when you were crying."

The client's reaction here is interesting. First she feels the relief of imagining her mother being cared for, and in the next instant the grief that is evoked by remembering just how painful her mother's life with her father had actually been. Once again, this is a very natural cycle, which regularly occurs the moment a longed-for alternative is experienced. This new image of satisfaction presents a very vivid contrast to what she had actually seen in her mother's life and often the pain of that history results in clients welling up with tears. But now, she is not feeling a hopeless grief but a grief coupled with relief at seeing a more just closure. This scene provides a different conclusion to what was before an endless sense of loss with no expectation of relief in the future.

Following those sequences the client might eventually say, "Wow, I never saw my parents together like that. If I had, my whole life would have been different." This would be the time for the therapist to say, "How about choosing someone to role-play your Ideal Father so you can experience how it would have been to be the child of a similarly contented couple."

"Yes," she says, "I would like to feel how that could have been like." Remember how resistant the client had been to the suggestion of an Ideal Father before this scene was provided? Now, in marked contrast, she is primed, ready, and eager to explore and experience how that previously offered possibility would feel. And here we come to the crux of this article. **Only when the web of family networks is complete are people fully ready, willing, and able to receive for themselves.**

"Pick someone to role-play your Ideal Father," the therapist says. The client looks about the room and chooses one of the men. He is instructed to say, "I am role-playing your Ideal Father and no part of your real father." The client, still in the arms of the Ideal Mother says, "Sit beside her and put your arm around my Ideal Mother like he did with my real mother," indicating the figures in the scene in front of her.

She looks up at the two of her own Ideal Parents with satisfaction and pleasure, and says, "What a wonderful feeling to look up and see the two of them together like that." To be safe, the therapist might say, "Make sure you are not seeing the faces of your real parents in your mind's eye as you look up at your Ideal Parents."

"You're right," the client might say. "I was trying to imagine it was them, and they immediately became less believable." Then, after some moments of internal sorting and shifting, she might say, "Yes, now I have it clearer in my mind; this is the way it should have been and could have been with my picture of what Ideal Parents could be like."

With relief and contentment she might then snuggle between the two of them and then reach above her and pull the arms of the role-players around her. "Hold me like this," she might say.

The therapist might say, in order to place a time line on the scene, "Perhaps the Ideal Parents would say, 'If we had been your Ideal Parents, we would have held you like this when you were a child.'" The client agrees, and they deliver that message.

"This is wonderful," the client might say. "I feel so safe and cozy now," a look of innocent bliss coming over her face.

To underline and anchor this moment, the therapist might say, "If there was a witness present the witness would say, 'I see how contented you feel as you experience how it would have felt to be in your ideal parents' arms when you were a young child.'"

"I could stay here forever," the client might say. The therapist could say, "Would you like

the Ideal Parents to say, 'If we had been your Ideal Parents you could have stayed like this with us forever?'" This is not to say that this is a realistic wish but in fact to suggest that if the memory is internalized it is indeed there forever to be tasted and re-tasted endlessly. Also, to children, a long, long time is forever, so this statement is an exaggeration, but it is not emotionally false.

The client says, "Yes, I would like to hear that."

The therapist says, "They will say that, but before they do, imagine that these feelings of contentment and snuggling that you are feeling in the present moment would be precisely what you would have felt as a child. So deliver all your bodily sensations — the contact of their arms around you, the feelings in your back as you snuggle into them, the look of their faces, the feelings of cozy contentment you feel inside — all of those feelings, link them to your sense and memory of yourself — in your mind's body — as a child of three or four."

The client closes her eyes and sinks into the sensation of how it would have been at that age, a relaxed look of pleasure and relief glowing on her face. There is silence for some minutes as she anchors those memories and sensations in her mind and body. Slowly her breathing changes and after a sigh, or a marked exhalation, the client opens her eyes, looks at the therapist, now clearly as an adult in the present — for there is a totally different look on clients' faces when a structure is over. This phenomenon indicates to me that a structure is an organic process, with a beginning, a middle, and an end. And now the end has arrived and so has the client, returned from an immersion in the deep memories of the past into the present with the past now more in the background.

This is not to say that the client has been out of contact with the present, for she has known all along that she is in the therapy room with her fellow group members, choosing among them to role-play for her various figures. She has been on two levels simultaneously throughout. She was certainly in an altered state but fully aware of the present, while also deeply connected and resonating with memories of her past. But now the structure is over, and she has put the event into the past, and we have made a satisfying, symbolic, new memory, which will powerfully influence how she lives in the present and anticipates the future. The therapist says, "It looks like you are finished, is that right?"

"Yes," the client says, nodding.

"Are you ready for the de-roling?" the therapist asks.

"Yes," says the client, "I am." Now the ritual of enrollment is about to be reversed, and the room cleared of all the artifacts of the past in order for the arena to become once more simply the group room.

The therapist says, "First let's take out of the air the Voice Figure that we had posited before." The client makes a gesture of wiping away that area where that image of the Voice Figure had been located. "Then what movie shall we de-role first?" the therapist asks. It goes without saying that it is important that the last figures to be de-rolled should be the client's Ideal parents. Usually the client de-roles each scene in reverse order, so it is likely that the client says, "First my little brother with his Ideal Parents." Those role-players then say their appropriate de-roling statements such as, "I am no longer role-playing your brother as a little boy, I am" and then they say their own name to end their contract as that role-player. Each role-player in each scene in turn follows that procedure.

Then the therapist says, "Let's de-role the Witness Figure that was in the air," which the client accompanies by making the same wiping move as was done for the Voice Figure. The therapist then says, "Are you ready to de-role your Ideal Parents?" Often, in partial jest, the client might say, "No, I'm not letting go of them." The therapist might then say, "Do you

want a few more moments to anchor that feeling?" Or, the client might say, "No, I've really got it inside of me now." The Ideal figures then make the de-roling statements and return to where they had been seated in the room before the structure began.

The therapist says, "Let's take some time for sharing." Sharing is the usual procedure following a structure that allows the group members to express what happened in their own process as they watched or participated in the structure.

So there it is. At the beginning the client was simply unable to imagine any figure who could have provided her with what she needed. Her own capacity for receiving was blocked. The interventions and movies that were made gave her the opportunity to see those network holes filled by the appropriate persons, which had an immediate effect on her ability to receive. With those new memories firmly in place, the client is able to return to her real life with more hope and optimism, as well as a readiness to receive the rewards and love her personality and talent deserve. She is no longer the omnipotent healer of her family network. The entity energies have become reduced and bound, allowing her to feel strong emotions without the consequence of depression, dread, doom, or disaster. Happiness is indeed an attainable possibility.

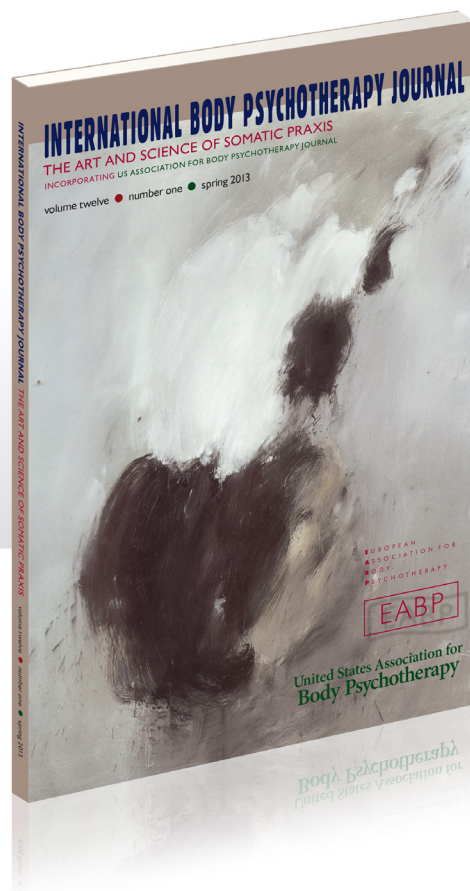
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Albert Pesso, co-founder with his wife, Diane Boyden-Pesso, of PBSP, Pesso Boyden System Psychomotor, and President of the Psychomotor Institute, Inc. was formerly Associate Professor and Director of the Dance Division at Emerson College, Supervisor of Psychomotor Therapy at McLean Hospital in Massachusetts, and Consultant in Psychiatric Research at the Boston VA Hospital. He has conducted training programs in PBSP in the US, Brazil, Israel, and in many countries in Europe. He and his work with PBSP for the German GTZ Mission in The Democratic Republic of Congo have been featured in a documentary film, "State of Mind" distributed by Icarus Films. He is the author of many books and articles on PBSP, and a frequent lecturer at universities, hospitals and clinics in the US and Europe. At present, he continues his intensive training schedule in the US and Europe and also leads programs and sees individuals in Boston, Massachusetts.

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REFERENCES

- Bowlby, J. (1969). *Attachment and loss*. (2nd ed.). New York: Basic Books.
- Damasio, A. (1999). Chapters 2, 9. In A. Damasio, *The feeling of what happens: Body and emotion in the making of consciousness*. Orlando, FL: Harcourt Brace.
- Edelman, G.M. & Tononi, G. (2000). *A universe of consciousness*. New York, NY: Basic Books.
- Erikson, E. (1964). *Childhood and society*. Homburger, 1964; reprinted 1993, New York, NY. W. W. Norton & Co.
- Freud, S. (1910). The origin and development of psychoanalysis. *American Journal of Psychology*, 21(2), 196-218.
- Freud, S. (1975). *Beyond the pleasure principle*. (Standard Edition). New York, NY: W. W. Norton & Company.
- Humphrey, N. (1986). *The inner eye*. Oxford, UK: Oxford University Press.
- Pesso, A. (1997). *Pbsp: Pesso Boyden system psychomotor*. In C. Caldwell (Ed.), *Getting in touch: A guide to body-centered therapies*. Wheaton, IL: Theosophical Publishing House.
- Stern, D. (1986). *The interpersonal world of the infant*. New York, NY: Basic Books.
- Warneken, F. & Tomasello, M. (2009). The roots of human altruism. *British Journal of Psychology*, (100), 450-471.



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