

Stages and Screens: Psychoanalysis Revisited

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*Grand Rounds Lecture delivered at Boston University Medical School,
Department of Psychiatry, November, 1999*

When we revisited psychoanalysis, we brought with us two gifts, first: the inclusion of the body, not the simple use of the body as the vessel for the concrete expression of feelings, but more powerfully, the body as the vehicle of symbolic expression of emotions and interactive relationships. In this way we expanded the realm of symbolic expression beyond mere words to include the wide range of symbolic motor expression of all human passions. Second: we brought the knowledge that the use of the body required the experience of satisfaction and not only frustration. Satisfaction of needs, not in the “here and now”, for that would be acting out, but satisfaction of the needs in the symbolic realm of the vividly recalled, “there and then”. More of that later.

First a bit of background to trace how we learned what to do about body expression. I began my professional career as a modern dancer, was a teacher and choreographer, and then became a tenured Associate Professor and director of the Dance Department at Emerson College. My wife, and life partner, Diane Boyden-Pessó was also a dancer, teacher and choreographer and was an Instructor in Dance at Wheaton College, Sargent College and also at Emerson College. We met as dance scholarship students at Bennington College in 1949. Diane had been a student of Jose Limon and I a student of Martha Graham.

We knew, and believed as only young romantics could know and believe, that we were going to do something important in dance together. Little did we know then that our passion for each other’s company and our passion for honest, profound, emotional expression would result in a life-long journey of exploration and learning far beyond what we could have ever imagined. We struggled to understand and gain control of the powerful forces that shaped our lives and caused disturbing and unwanted events to occur with the force of destiny. We naturally turned to our ever-deepening knowledge of emotional movement — accumulated in our professional lives — as the primary means of gaining relief of pain and greater control of the fulfillment of our hopes and wishes for the future.

Our dance classes became the laboratory where we explored the relationship between inner states and outer expression, in service of the goal of helping our dance students become finer and more effective artists. And then, surprisingly, we saw that some of our exercises and procedures resulted in profound and long-lasting emotional changes in our students’ lives.

Over a seven year period of constant exploration and experimentation, we slowly shifted the emphasis in a selected number of our classes toward therapeutic, rather than artistic ends. This resulted in founding a new, very young, seedling of a therapeutic process in 1961 which we called Psychomotor Therapy. Psyche, for mind or soul, and motor for movement and the body. While we continued to teach dance per se in our dance-only classes, we did so with greater knowledge of the psychological power and consequences of what was involved in this way of looking at and teaching emotional movement for artistic ends.

In our Psychomotor groups, we did not dance or teach dance in any form, but worked with emotional expression in its essential, primary, motor form. We attended to emotional movement as it rose directly from feeling with clear therapeutic goals in mind. Do not be misled in thinking that we were focusing simply on emotional and motor catharsis, for even this early on we had already established the need for constructing symbolic healing events which attended to deficits of maturational needs

We were incredibly fortunate in having our early work come to the attention of some very influential figures in the medical and psychiatric fields. First was my dear mentor, the late Dr. Charles Pinderhughes. At that time he was the Chief of Psychiatric Research at the Veteran's Administration Hospital in Jamaica Plain. The second was the late, Dr. Ellsworth Newman, then Administrator of Mass General Hospital. Charles saw immediately the implications and usefulness of what Diane and I had developed and, bless his dear heart, arranged for me to have a grant at the VA where I worked for five years as a Consultant in Psychiatric Research to examine Psychomotor therapy. I had the pleasure of working those years in a team with Charles in conjunction with Dr. Leo (Seb) Reyna, who had been the teacher of Wolpe in South Africa. During those years at the VA I absorbed psychoanalytic theory and practice from Charles and osmosed behavior therapy theory from Seb. Their disciplined and scientific minds helped shape my thinking and re-kindled my own fundamental scientific bent – had I not turned to becoming an artist at seventeen I would have continued my education in science, physics and math.

Ellsworth Neumann was a neighbor when we lived on Beacon Street in Boston and was a member of one of the earliest groups we had led. He was convinced of the value of the work from his own personal experience and introduced us to Dr. Eric Lindemann, who at that time was chief of Psychiatry at Mass General. Ott, as he preferred to be called, stayed in the background, but I am sure eased the way to Diane and I working at McLean Hospital in Belmont. I began working on the staff at McLean Hospital as a Psychomotor therapist in 1965 and continued doing so for eight years, until 1973. Diane also was director of Psychomotor therapy at the Pain unit of the New England Rehabilitation Hospital in Woburn for one year at the unit established by neurosurgeon. Dr. Nat Hollister. Nat and his wife Jane were then in training with us to learn Psychomotor therapy.

Fast forward to the present. The process is now known as Pessó Boyden System Psychomotor therapy and we have long term training programs in nine countries, US, Norway, Denmark, Holland, Belgium, Switzerland, Germany, the Czech Republic and Brazil. I have written two American books on the subject, co-edited one American book and co-authored two German books and one Belgian book. We have had four international congresses on PBSP.

Now about psychotherapy in general and PBSP in particular in the present.

PBSP is now not a simple or single thing. It is a comprehensive psychotherapeutic process that consists of: self-diagnostic exercises to develop sensitivity to non-verbal communication; a body of theories regarding human development and maturation; powerful verbal and non-verbal psychotherapeutic techniques and interventions. All together these elements are aimed toward the reduction of pain and to enhance the probability of success in achieving a productive, creative and fulfilling life to those denied the conditions for normal psychological development.

What does PBSP have to offer psychiatry and psychotherapy in general? First, PBSP in its presently evolved form is a comprehensive psychotherapy and not only a body-based psychotherapy. Thus it has theories techniques and interventions that include all information available from the client, verbal and non-verbal.

The essentials of PBSP:

Creation of a working atmosphere

Establishment of a PBSP working relationship and contract with the client

Micro-Tacking Consciousness

Linking memories of historical deficits/abuse to the present

Construction of new synthetic symbolic memories

Use of body sensations and impulses in the therapeutic process

Controlled interactions in role-play

A special stage with a movable time line and innumerable figures with precisely defined kinship relationships

What are we in the helping professions trying to accomplish?

I presume we are all devoted to doing our utmost to help our clients live a better life. Lives of more pleasure satisfaction, meaning and connectedness. Those wonderful states that we human beings are capable of experiencing and which we endlessly strive to gain and maintain. What else did our Founding Fathers mean when they wrote of “the pursuit of happiness.” Pursuit I suppose because we find ourselves breathlessly running after them when they appear to be further and further from our grasp. Such frustration can easily lead one to believe that those states are an illusion – an earthly glimpse of the hereafter where those treasured states would be the constant norm.

A way not to fall into that trap of despair and stoicism is to remember that our nervous systems are perfectly wired to deliver us those desirable flesh and blood experiences.

Flesh and blood, there’s one answer — treat the client by directly addressing his/her flesh and blood. Brain chemistry, imbalance is the problem. The assumption is that the brain is ready to deliver, but its chemistry is off and can be set to rights by medication. That avenue offers much hope and is attractive as it places ultimate trust in the client’s system to right itself with a little bit of help provided by just the right dosage from the outside.

But why is that brain deficient in balancing itself chemically from the inside? What put it off? Or did it start “off” in the first place? That may be so in some limited cases, but certainly not all. If not all, then what has occurred in that client’s life that resulted in his/her brain chemistry imbalance? Clearly, something must have gone awry somewhere, sometime in that client’s life that resulted in diminishing his/her brain’s capacity to regularly deliver happiness – shorthand for pleasure, satisfaction meaning and connectedness. Maybe it was the ingestion of some toxic element that got into the blood stream, maybe it was the absence of some important ingredient in the diet. That could be discovered and put to rights.

But the brain and other organs make their own pharmaceuticals, peptides and proteins that are precisely engineered to fit receptor sites in the brain, which we then learn to copy and deliver from the outside. But who and what controls and influences that interior chemical production or causes the lack of it? One obvious answer is that the emotional state of a person mightily influences the constituents of blood chemistry. Every emotional experience leaves its signature in the bloodstream.

So there must be good experiences which result in good states and unhappy experiences which result in unhappy states. Surely the brain knows the difference between what is good or bad for the individual and reacts accordingly.

If that is so, then a task of the psychotherapist would be to simply create good experiences for the individual and voila, there would be good brain chemistry at least at that moment. But what would happen when the client would leave the

office and then bad experiences would occur? Would the client be able to stave them off and still hold onto the good experiences remembered in the office? That is a good question for several reasons, not the least of which is that this question introduces the element of memory. That is, past experiences – at least the memory of them —influence the way we process and take in present experiences.

Let's put memory aside for a moment and consider the therapeutic value of teaching clients ways of producing good experiences and thus influencing their brains to produce "happiness" chemicals. Probably most therapeutic interventions, chemical, experiential or behavioral include a large part of this component by triggering the placebo effect which is probably the basis of most healing processes. Dr. Herb Benson teaches that the "relaxation response," his words for the "happiness feeling," resulting from Transcendental meditation, can be aroused from all kinds of belief systems and can be consciously evoked by clients. This kind of approach certainly has value.

But let's now return to the memory question. We're right on the intriguing spot of looking at the relationship between consciousness of the present and memory of the past. Intriguing because brain research demonstrates that what we call consciousness is first, made up of so-called "working memory." and, that our various sensory cortexes in response to present sensory events immediately call to mind similar, remembered sensory events from the past. This makes it clear that the act of being conscious of the present includes a lot of non-conscious recalling or remembering the past. In the normal, the past, that is memory of the past, is deeply embedded in the experience of the present. Obviously that is so because the richness of our experience is evident not only in our consciousness but also in our personality. Rob someone of their experiences, i.e. memories of past events – as Alzheimer's does – and you rob them not only of their consciousness but their personality as well. We speak correctly when we say we ARE our memories. We don't speak correctly when we say we WERE our memories, unless we speak of ourselves as no longer alive. Another way to put it, our memories are very much present in our conscious experience of NOW. Memories drive consciousness. The past drives the present.

So let's look at what kinds of memories, what kinds of pasts do we and our clients have to contend with. Just to remind us of the original topic, our experiences in the present result in complex chemical production and some chemicals lead to happy feelings and others to unpleasant and destructive states. Our goal is to do work that leads to relatively constant and consistently happy states.

Simply looked at one could then say that all we psychotherapists have to do is to make a string of good memories. But we humans are not an arbitrary or random organism. Speaking of strings, look at the marvelously organized string of DNA chains our genes are composed of. What incredible timing is involved in the maintenance and maturation of the human self. Time is a factor here. Things have to happen in the right time. There has to be coordination which includes a timeline.

Certain things have to happen at certain times in order for other things to follow. Those new things can happen based on what has been established before. Facts have to be laid down in order. That is events – i.e. interactive experiences have to be laid down in memory in appropriate order. There is a template for that. It is not arbitrary or random. Evolution has kept a good memory for what works and what doesn't and gives us the present of a present that is livable, so long as its conditions are met.

Now there's a challenge. What then are evolution's conditions? Should we learn them, we would be able to develop not random memories, but very organized specific memories in line with evolutionary requirements. So it begins to look like this. Yes indeed we all have memories that influence our present and some of us have memories which result in a pretty decent present and some of us have memories which result in pretty miserable presents. Why the difference? Our assumption is that those of us with individual or personal memories more in line with embedded evolutionary records (memories) of what should happen in life gain the organismic, felt, payoff of considerable pleasure, satisfaction, meaning and connectedness in our present lives. Those unfortunates who have had below par memories, far from the norms anticipated by our genes, suffer less happy lives. History is destiny in this equation.

If that is the case, then pharmaceutical intervention is certainly in order for the inside conditions in those clients are not right for the release of blood chemistry happiness. Placebo effect is also in order for short term release of happiness states. Making good memories in the present and holding on to them in the future can also make inroads. Memories of a good today can bring hope of a better tomorrow. Practice in holding bad memories at bay and willing good states is also a way out. These are ways of making a good life in the present in spite of bad memories of a poor, insufficient past.

Let's now bring in another aspect – that of unfulfilled needs and the consequences of that in the “here and now”. Some people so deprived seem never to get over wanting those needs met now from every and any person seemingly disposed to do so. Or even from those obviously not disposed to do so. What can we do for and with those people? In dynamic therapies those needs show up in the transference and the therapist's strategy is to help the client see those futile attempts and to help them grieve the loss of those possibilities. Other kinds of therapists attempt to become the provider of those needs in the “here and now”. Sometimes that seems to be effective and other times those attempts have disastrous consequences for both the client and the therapist.

Why doesn't it work and why are some people so perversely committed to endless, yet futile attempts at making it work? That evolutionary history requirement is still pumping out its demands, but the time is long past for its satisfying fulfillment. The timeline is wrong. And not only that, the relationship is wrong. What was needed then was the right kinship relationship to optimally

satisfy those needs and that has to be attended to somehow. We have found, or at least are committed to the belief that the needs have to be met not only at the right age, but also within the right kinship relationship. Both conditions arising from templates embedded in genetic organization – at least that is what we have come to think. Future research may tell whether that assumption is true or not, but we already have enough clinical evidence to strengthen that belief.

To jump ahead, our almost forty years of exploration, experimentation and clinical practice have led us to the following conclusion:

Newly constructed hypothetical – as if old and experienced long ago — memories can be made out of present events carefully constructed in a client controlled setting. These symbolic, synthetic memories provide clients with a sensory-motor, kinesthetic, experience using role-played figures who represent the correct kinship relationship as if they had occurred in the correct timeline required by evolutionary/genetic organization preset for optimal maturation of the human individual. Now that's a mouthful.

Yes, that is what we have learned to do: the science and art of making maturationally satisfying new memories and storing them as if they had taken place in the appropriate timeline with appropriate kinship relationship figures. New memories created with an eye to the effect they would have on a client's consciousness and experience of the present.

How do we determine which kinds of memories to create that would influence the client's present? We first carefully attend to the client's present consciousness using a process we call micro-tracking. That is, we track present emotional states and cognition, helping the client to make visible the organization and architecture of their consciousness of the present moment. We track minute shifts in the client's expression as she speaks of what is on her mind as she attends to her life issues or reacts to what is going on immediately in front of her. We do this using a "witness" figure - a hypothetical, caring, individual posited in the present, who sees and names each emotional shift and places it in the context of the client's verbal report. The acuity of the reading of the facial expressions is not left to chance or to an untrained eye. The exhaustively trained PBSP therapist makes the assessment of what mercurial emotion has flashed on the client's face and checks its validity with the client before having the role-played witness figure make a statement such as: "I see how humiliated you feel as you recall the way your boss put you down last week."

You notice the construction of the statement is, "I see how" followed by an affective term, in this case "humiliated" followed by a description of the context using only the words the client has just used in describing the recalled event, "the boss put you down in front of your colleagues last week." Nothing new is added by the therapist except the use of the term "humiliated" to describe the look on the client's face and placing it in the context of what the client is describing. This

“being seen in their truth” from the outside facilitates the client’s consciousness and ownership of their emotional state and also places that emotion in the perspective of that event. Yes, indeed she may feel, I truly was humiliated then.

She may respond with feeling and gratitude for the recognition of her feelings by the witness and then say, “Well, he’s the boss and he can get away with that and I can’t do anything about it.” That is her cognitive assessment of that situation. The PBSP therapist remembers that statement, word for word, and suggests that there could be an external figure who could speak that assessment back to her as if it were a fundamental truth. For indeed our thoughts are assessments which we record and use for thinking about future events and possibilities. In many ways, our minds react to our thoughts as if they were hypnotic suggestions, for we regularly find that people live out the implications and formulas embedded in their thought processes.

With the client’s agreement a figure, representing the “voice of truth” says to her the same words she has just spoken as her thoughts but puts those words as if they were commands or laws. For instance, “Well he’s the boss and he can get away with that and you can’t do anything about it.” You notice the change in the pronoun from “I” to “you.” If the figure had spoken using the word “I” she or he would be acting as if she or he was the client and that would have a very different effect than the one just described. Or, the therapist, perhaps being a Rogerian, might say, “I hear you say that he is the boss and that there is nothing that you can do about it.” That would also be effective but it would not have the power of a command as if given from the outside, rather than a reflection mirroring back what she has just been heard to say.

With the use of these two kinds of figures, the witness to track emotions and various kinds of figures who track values and rules of behavior, the client begins to see the patterns and orders embedded in their present consciousness. Patterns and orders that are recognizable from past events, which events then tend to push the envelope of consciousness and rise as vivid memories of events which memories are the foundation of present consciousness.

Before going further in my description of how this therapeutic session will proceed I must first establish another set of frames so you will more easily see what the PBSP therapist is using as a guide for the next interventions.

Stages and Screens

When monitoring the client during micro-tacking I work with, three stages and three screens.

The first stage I want to refer to is the stage of the present moment occurring in the therapy session. I like to refer to that stage as the stage of the “apparent here and now”. That name because the present moment always includes non-conscious

stirrings of memories of similar moments – which non-conscious stirrings endlessly color and modify the way we apprehend and experience the present.

This is the stage upon which the therapist, the client, and the group members are physically present. Physically on that stage but I remind us: all of our perceptions and behaviors are influenced by the out-of-sight, unseen screen of non-conscious and conscious associations and projections flickering and flashing in every one of the players' minds, including the therapist.

Thus we have now before us the outer stage of the apparent “here and now” of the therapy room with all its actors alive and experiencing the “present moment.” Again, we know that this present moment is constantly modified by the inner, screen of non-conscious remembering and associating, doing its neuronal best to supply us with content and information from the past to more effectively deal with the present and emerging future. That's what those parts of our brains are doing for us, whether we like it or not.

Now for another interesting stage. The stage of the body itself: the platform upon which our emotions play. For instance, the stage of the face, where the movements of the eyes and mouth and the direction of the gaze are very visible actors to whatever outer audience happens to be interested in watching that show. The inner owner of that face might, or might not, be consciously aware of what that troupe on the face is announcing to all who would care to see.

But the face is not the only place on the body that the emotions play upon. All of the body, inside and outside is the never-closed playground for affects. And most of that is not visible to the outside and, though sensed on the inside by each individual, is not always consciously linked to inner or outer events. That play, that dance is done on the owners stage without the owner having to decide to produce or direct it. Again, the content of that drama might be totally out of awareness to the owner of that mobile stage. I speak now of the range of sensations, of heat, cold, tension, pain, accelerated heart, shortened breath, trembling, moisture, numbness, etc. that accompany all affective shifts. All the physical sensations of our body that we are heir to are not only there to let us know what is physically going on in our body but are the emotional responses to inner and outer events. The strange thing is that though many of those sensations are the precursor to emotional expression, those emotions may never reach consciousness and therefore never be expressed openly and outwardly as emotional states, though they certainly modify how our body moves or is held in space.

One of the tasks of the PBSP therapist is: to alert and educate clients to the subtle plays that are staged on their bodies; help them to become conscious, knowing actors in those silent hidden dramas; help them take the lead in the show and use the “energy” of those sensations to produce the “motor-actions” of the body. That way the drama playing in the interior becomes outwardly visible and innerly conscious.

The first screen is the screen of the actual eye. That is what we see when we are looking at the world in the present. But of course as I said above, that perception is always influenced and modified by what we have seen before.

The second screen is the screen of the “mind’s eye.” When someone consciously thinks of another person about whom they have feelings, that person is “visible” in the screen of their mind’s eye. They can “see” that person with all their attributes, and, incidentally, their bodies react with all the affect connected to that person. The above-mentioned inner “dancers” spring into action and all the visceral shifts I mentioned above occur, with or without consciousness. The screen of the “mind’s eye” may be operating unnoticed during a “here-and-now” occurrence, in the “apparent here and now” of the therapy room.

The important difference is that at the moment of conscious recall, a person *knows* they are remembering and that the screen of the mind’s eye is “on.” In ordinary perception of reality that screen is not consciously turned on but is nevertheless supplying information (which is, as I said before, always accompanied by affective shifts) which influences the experience of the immediate present.

Now for the final stage and I will bring in one more screen a bit later. This is the “structure” stage. A structure is the name given to the type of work done in a PBSP therapy session. This is a stage built upon the stage of the “apparent here and now” in the therapy room. This stage is constructed by the PBSP therapist in collaboration with the client. It is both a real stage and a virtual stage. Real in the sense that real events will be played out in it, but virtual in the sense that the time of those events and the people in those events will not be those present in the “here and now”. The purpose of the structure stage is to accumulate there, bring into play there, all the information, action and drama that is going on in all the other stages and screens. The structure stage is a place of focus and consciousness. An energy and meaning accumulator, so to speak.

Here’s how the work begins. We are in the “apparent here and now” of the therapy session. A client has decided to take a turn for a “structure.” She begins to speak, and the therapist is prepared to “micro-track.” Emotions show on her face as she speaks and a witness figure is enrolled to say the phrases mentioned earlier. The witness is posited in the actual “here and now”. The witness is seeing the client in the moment of the present and noting what is danced, so to speak, on the face of the client, and includes some of the thoughts of the client referent to that state. The witness, though on the virtual stage of the structure, always remains in the “here and now”, seeing the client in the “here and now”.

Then a thought might arise in the client and the voice figure can be enrolled to say those statements back to the client as commands. That figure too is posited in the “here and now” on the structure stage.

Inevitably, the stream of feelings and thoughts leads to conscious memories of similar events in the past and the client recalls someone in that event who had a leading role in what occurred. For instance her father who would ridicule her at the dinner table. The screen of the mind's eye is "on" and the client has vivid recollection of the attributes of that father along with affective reactions on her body. That is a moment when the PBSP therapist can say, "you are seeing your father so vividly in your mind's eye, would you like to choose someone in the group to represent him and enroll as that part of your father in your structure?"

That is the invitation to pluck someone out of the apparent "here and now" stage of the group and place them in the structure stage of the virtual "there and then". For now, though the witness and the voice figure are in the "here and now", the new figure is placed "in the past." The structure stage is flexible in the time line, thus the moment is going on in several levels. The client knows she is in the group room. The witness and voice figures anchor that, but the structure stage is now the experiential equivalent of the inner screen of the mind which is flashing an event that took place in the past. The past and the present are taking place at the same time on the virtual stage of the structure. The inner theater and outer theater are identical. What is going on in the structure is what is going on in the mind. This is not role play where something is "acted out" by role-playing group members inventing their role. This role-player is instructed by the client only to say or do what she sees and hears on the inner screens of her mind.

To review for a moment. The client started in the "here and now", and having had it micro-tracked sees patterns which awaken memories linked to the topics spoken about. That memory is now made visible in the room. That is called the historical scene and it is taking place on the virtual — time variable and figure flexible — stage of the structure. As the scene evolves, the client becomes aware of shifts in affect, sensations dancing on her body which are in direct relationship to what is being seen both in the screen of her "mind's eye" and on the structure stage with her actual eyes. Stereoscopic vision so to speak. The dance and action playing on the stage of the body is also allowed to become conscious overt expression on the structure stage. The visceral concomitants of fear, anger, joy, sadness or whatever, dancing on and in body surfaces is invited and allowed to be "born" as full motoric expression of conscious emotions. The inner stage of the body and the outer stage of the structure are united for stereoscopic experience and expression so to speak.

As the structure proceeds, patterns of deficit of respect and validation and the pain and anger associated with that emerge. The grief, anger and what you will connected with those losses is allowed its interactive expression, enhanced by specialized role-playing, called accommodation that provides satisfaction of all emotions. This scene provides both therapist and client with information regarding what has been missing and longed for by the "evolutionary memory" which you remember we posit as endlessly attempting to complete maturational and life-fulfilling needs.

And now we move to the most important part of the work – the development and construction of the new personal memory more in line with the requirements and expectations of evolutionary memory. On the platform of the structure stage, she can play out, what “could have been in the past” had there been fortunate circumstances, interactions and figures been available. For instance, an “Ideal” father who would have been respectful and supportive of her value. That is the beginning of the “healing scene.” There, the client can construct counter events while at the right age and with the right kinship relationship which would have met, point for point, what would have been required for optimum developmental experience. That scene is constructed by the client with group members only saying and doing what they have been instructed to do and say by the client. How does the client know what have been right for that moment at that age? Somewhere embedded in our emotional core is information from our evolutionary memory, in our genes, that knows what would lead to a more fulfilling life. After all, our emotions are there to supply homeostasis in our lives. Emotional consciousness was not supplied by nature to rob us of the possibility of good living, but to assist us in that endeavor. So trusting our emotional core to supply the answers as to what would be best for living is the client’s guide for the creation of the healing scene. When that new sensori-motor, kinesthetic, auditory, visual experience/event is completed, it is then recorded alongside and permanently linked with the memory of the original deficit ridden event. Thus whenever external, “here and now” events awaken the original negative memory, they also awaken the new, virtual positive memory, providing the client with more fulfilling images through which to view and respond to the present.

Let us review on what stages and on what screen has that new event taken place? In one way it has taken place in the “here and now” of the group setting, but more accurately on the virtual stage of the structure, which is within that “here and now stage.” It is also taking place on the inner and outer stages of the body. Most importantly, I believe, it is also taking place on the third and final screen I have reserved till now. That is the inner screen of what Damasio calls, the “as if body.” This is the place in our minds where we can “rehearse” the future so to speak. The brain has stored internal images of the world including one’s own body and it can create unique plays using the “as if body” – to try out what would be wished for or dreaded in the future. There we make “memories” of the future.

That is the final screen where the work takes place. We are using the rehearsal screen of the “as if body,” *plus* the actual body on the structure stage which is taking place in the “virtual past”. Here is an important point — we are not making memories for the future on that screen and on that stage, we are making memories of the hypothetical past on it. It is this hypothetical past — now forever linked with the memory of the deficit ridden actual past — that can positively influence our experience of the next moment of the present as well as our anticipations of the future.

The next step is to assist the client in fixing the memory of that new interactive event positioned as the past, linked with her interior images of herself in the age which she “sees” herself on the screen in her mind’s eye and feels in her “mind’s body.” Though she has experienced it in the “here and now” with the actual group members, the impact of the event is from the simultaneous experience in the virtual stage of the structure in the “there and then” and with the appropriate kinship relation figures. The importance of the actual group is that they have provided silent but emotional support to what has transpired.

The final step is to disassemble the virtual stage and return to the apparent “here and now”. Each figure de-rolls, never to return to those roles unless asked for in future work. In effect the virtual stage is de-rolled and in the “apparent here and now,” the group members share their reactions to the work they have all witnessed. The sharing is not for the client, who is absorbed with the effect of what has just occurred, but for the benefit of each group member who has an opportunity to say what was moved in his/her own psyche, from watching the structure unfold.

In the traditional one-to-one psychoanalytic therapy there is only one stage, the “apparent here and now” and only one actor, the therapist. Of course the skilled analyst knows very well that there are other times, places and people endlessly projected and transferred in the course of the therapy. The analyst works diligently during the treatment to make that evident to the client. We believe that what I have just described is a way to make those ghostly appearances more visible, more rapidly and placed more consciously under the control of the client

The PBSP therapist remains (as much as is possible considering the natural tendency for projection and transference) in the “here and now”. Therefore, the PBSP therapist never steps into the moving time line of the virtual stage of the past or takes a role as one of the figures in that past. The therapist remains outside that theater and collaborates with the client as an assistant and co-director in the present, helping the client use all the information available from his/her inner screens and stages to make more sense of and optimum use of the link between present consciousness and past memories.

That is our gift to psychoanalysis in particular and psychotherapy in general.

That is the end of my story. We revisit psychoanalysis and revisit the past, but bring along with us the meanings and actions of the body and further knowledge of the workings of the mind. I hope you enjoyed this visit. Thank you.