

Trauma, Hope And Taming the Mighty Amygdala

By Albert Pesso
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Introduction

Abuse and the trauma that follows it are topics of high current interest. We read about it and hear of it everywhere. Children are abused by their parents, their teachers and others who would ordinarily be expected to be earnestly concerned with their care. Wives are abused by their husbands, and husbands by their wives. And now, in this insane period when acts of terrorism have become common, ordinary citizens, tourists, and innocent bystanders are beaten, held as hostages and often murdered.

The experience of trauma often leaves victims feeling hopeless in the present and despairing as they confront a meaningless future. It is common in the treatment of abuse/trauma to attend to the wounded aspect of victims and to create a safe atmosphere within which they can learn to return to the outside world with a modicum of calm and control. This is as it should be. However, there are other issues pertaining to the trauma victim's distrust of their own inner world that may be overlooked in typical therapeutic processes, resulting in unrelieved suffering even after years of treatment. In this chapter I will pay special attention to those unattended topics and explain how Pesso Boyden System Psychomotor (PBSP) theories and techniques can help those victims recover more rapidly and more fully. PBSP is a body-based psychotherapy co-founded in 1961 by myself and my wife, Diane Boyden-Pesso.

To begin with, I will look at the anatomy of hope and despair. Then, I will look at the psychological impact of trauma and the part the amygdala plays in the diminishment of hope and loss of self control when it becomes too highly energized. It is this state which, if left unchecked, can negatively affect that part of the nervous system that is linked to self mastery and attention to the future, i.e., the pre-frontal cortex. I will describe in detail the application of PBSP theories and techniques regarding body-ego limits which amygdala reactions appear to drastically disrupt. I will also discuss other standard PBSP techniques which we use with trauma victims to confirm the dignity and validity of their existence. Then I will describe the special therapeutic setting called the Possibility Sphere which is the arena we create in PBSP to conduct therapy. Following that I will briefly review the theories, techniques and procedures we use to create a new, satisfying, symbolic, synthetic history for clients¹. This new history enables

¹ *Movement in Psychotherapy*, 1969, New York University Press, NY, NY, Albert Pesso, *Experience in Action*, 1972, New York University Press, NY, NY, Albert Pesso, *Moving Psychotherapy*, Brookline Books, 1990, Cambridge, MA, John Crandell, Albert Pesso, Editors

clients to face the vicissitudes of life without sinking into despair as it helps them discover, cultivate and sustain the emotional resources necessary to fulfill what they hopefully, yet realistically, have envisioned for their future.

The Anatomy of Hope

Hope is the natural state of human existence. Our genetic heritage is the source of the wellspring of hope for it fosters the belief that there will be a good end coming, that there will be light at the end of the tunnel and that we will manage to experience sufficient safety and pleasure during our lifetime to warrant going on living, for after all, hasn't life progressed with greater and greater success and complexity since the beginning of time?

What are the underlying mechanisms that give rise to the possibility of experiencing hope? First, one must have a clear notion of the flow of time that includes experiencing the present. Second, one must have the ability at a later time to consciously recall that present experience as a memory of events that have passed by. This is the past. Finally, one must all the while be able to conjure up memories in an inner theater of the mind where one can imaginatively and creatively elaborate upon and project those memories into the not-yet-present- time which is called the future. Memories are not to be thought of as only representing recollections of past thoughts and experiences, but more importantly, as Edelman² has written, they are "representations of interactions." Likewise, the inner theater of the mind encompasses not only the "mind's eye," but also the "mind's body." Thus, in that inner theater of the mind those remembered interactive representations can be interiorly "seen" and "felt."

In that inner theater of imagination, using soul-satisfying memories of life-validating interactive events as a base, one can innerly practice experiencing interactive events of what one would desire to have happen *before* it happens. It is precisely this ability that constitutes hope. Antonio Damasio³, in his book, "The Feeling of What Happens," calls this process of inner practice, "making a memory of the future." By making a memory of the future, one can practice today what one would like to have happen in some future tomorrow by using the memory of that practice as a template/model for what will actually happen when that future comes.

Thus, in order to have hope, one must have a plentiful supply of memories of past interactive satisfactions upon which to base future anticipations of interactive satisfactions. With such a history one can enter the future with hope and confidence, supported by memories of life validating events that were confirming of one's true being.

² A Universe of Consciousness: How Matter Becomes Imagination, 2001, Basic Books, Gerald M. Edelman

³ The Feeling of What Happens: Body and Emotion in the Making of Consciousness, 2000, Harvest Books, Antonio Damasio

People with a history replete with interactive satisfactions of basic developmental needs come naturally to the conclusion that there is love and caring in the world and that there is a future of pleasurable connectedness to look forward to. They are able to live contentedly in the present, fully certain that they will experience pleasure and satisfaction in the future.

It is this deeply engrained hope which sustains us in times of adversity. If we have been fortunate enough during our maturational years to have it sufficiently reinforced and well registered in our personal memories, we will be able to continue functioning productively, sustained by realistic hope, regardless of outer stress.

*Hope is not an illusion, it is an engine that works, humming.
Hope is not apathetic, it moves us.
Hope is not a dream, it awakens us to possibilities.
Hope makes us friends, despair makes us alone.
In the arc and timeline of life,
hope is the spearhead of our vision of future existence,
despair is the spearhead of our nightmares of meaninglessness and death.
Albert Pessô*

The Anatomy of Despair

Those who experience constant despair must also have a clear notion of the flow of time that includes experiencing the present, the past and future. They too are able to conjure up memories in an inner theater of the mind where they can elaborate upon those memories of the past and project those memories into the future. Those who live in despair, however, do not have an interior, treasured store-house of optimistic expectation. In contrast, they have memories of significant, life conditioning interactive events that denied the validity of their being.

The shattering of the ego by the trauma is so great that it destroys the discrimination of boundaries leaving them less capable of knowing the differentiation between the past, present and future. It especially diminishes the functioning of the pre-frontal cortex which oversees the development of ideas of the future in the first place.

The above store-house of optimistic expectation can be damaged or destroyed in anyone who has faced life-threatening events of terror, abuse and trauma. It is even more likely in those who have also lacked the history of satisfactions of basic developmental needs. They have to have been treated not as a human self with wondrous capabilities, but as a thing, an object, a commodity to be used by others. They have to have experienced the uselessness of their attempts to control the outer world. They have to have had an early history where all their needs

and choices were nullified or denied. This results in their images of a future full of frustration, their expectations of satisfaction nullified, with the result that it leads them to feel and think:

I am worthless.

I have lost face.

I have no image of myself

I have no control over myself.

I have no control over the outside world.

I see no sense of future or meaning in the world.

I may still have a sense of “I,” but it is a helpless and meaningless “I.”

When one can only anticipate a future without satisfaction of needs, despair arises. If one still has a glimmer of hope at all it is because one has secretly hidden those innate, genetic, undying expectations for meaning, justice and self-worthiness in other realms such as: heaven, other planes of existence, spiritual dimensions or other planets.

Certainly trauma can, by itself, produce despair even without the added burden of negative history. Trauma does deny the victim’s validity of being. It does treat the victim as a thing, object and commodity to be used by others. The trauma victim experiences their personal attempts to control the outer world as useless.

The major damage in all traumatic shocks is to that part of the self that is conscious, has identity, a sense of autonomy, a sense of mastery of the self and others, a sense of meaning, a sense of the future, and a sense of hope. All of these senses arise from that part of the brain which supports and energizes all those capacities – the pre-frontal cortex. Trauma causes tremendous losses to these senses and leaves the fragment remains of the self in despair.

The Psychological/Metaphoric Impact of Trauma

Trauma/abuse figuratively pierces the personal boundaries of the self and breaks the encircling bands of victims’ interactively crafted egos that had heretofore enabled them to manage and control the dual domains of the inside and outside worlds. The traumatic event itself can be experienced as rape, for it thrusts a powerful, unwanted experience at the victim, without his/her consent. The ego is thereby severely damaged as abusers do whatever they want with the victim. The ego, which throughout one’s lifetime constantly increases mastery of the self and surroundings suffers a great shock, for the trauma gives it no part in what will come in to one’s body or consciousness. Ordinary ego capacities are reduced, resulting in intermittent feelings of loss of control, loss of language, loss of consciousness, loss of identity, loss of meaning, loss of ability to discriminate between the inner and outer words, fantasy and reality, dream and wakefulness, and other bi-polar distinctions between polarities.

As trauma is extremely life threatening, it produces highly charged survival reactions which figuratively raises the internal temperature to a dangerously high degree. This condition leaves the inner soul without boundaries and gives rise to unbearable but surprisingly addictive, experientially-omnipotent, levels of feeling. The victim's interior feels chaotic and seemingly without order and purpose. This may be so because until now victims may have never been fully in touch with the power of those innate forces. Their life histories may simply have not prepared them for that amount of reactivity. As these feelings may have had insufficient interaction or contact with any ego constructing figures such as parents or appropriate care, givers during their upbringing, they have remained unknown. The result is that there may have never been a place made for that level of primitive emotions in their self-construct. They may not have had the help of having names given to those powers. Naming defines forces, describes their functions and gives them dimension. Not doing so leaves them outside the realm of the cognitive part of the self. Thus, those powers are reacted to as if foreign.

When trauma over-rides one's repertoire of controls, it often also disables one's capacity to master events in the outside world *in general*. Imagine being in the hands of an armed attacker or someone physically more powerful than yourself who has no interest in you as a human soul but sees you as some kind of consumer product, thing or service. If you have had a history of something similar to that in your childhood – an older, stronger, cruel, family member – you will likely respond much as you did then. Probably surrender, go underground, dissociate or placate.

Having also lost control of their inner world, which now appears strange, unfamiliar, mysterious, and without dimension, victims tend to distrust their own core emotional processes, for it appears to them that it is their core itself that is the source of those now uncontrollable, spewing, chaotic, forces. Thus, they try to distance themselves from their own bodies and whatever other interior regions they fear might harbor and release those threatening energies. This leads to coping strategies of dissociation, passivity or frantic external action. Unlinked from their core, they become even more uncertain as to who they are, and what their true identity is. Thus, they become terrified and wary, not only of the *outside* world – the original source of the threat – but also (and sometimes even moreso) of their own *inner* world. This is evidence that their weakened ego is in great distress and jeopardy.

Let us now turn to what appears to be happening on the neurological level and its implications for intra-psychic damage which will require entirely different interventions than would be required by attending solely to the damage on the interpersonal level.

The Amygdala

Prime mover, executive producer, director and puppet string puller in the trauma-drama, the amygdala is the ancient watch-dog/sentry responsible for our psyche's survival. It is poised on the ramparts of our being, scanning the horizons for signs of danger. Some of the outer signs

that put it on alert/alarm-status are genetic and integral. Some are learned and conditioned by experience. However, *all* its responses to its alert status are not learned by experience, but rather are hard-wired into our brains. When extreme external threat kicks-off those powerful amygdala reactions, they can overwhelm people who may have never before encountered that much *explosive* and *receptive* powers within themselves. These forces are labeled as omnipotent or unbounded in PBSP. They are omnipotent in the sense that they are seemingly all powerful. They come without calling, not under the control of the ego and therefore are seemingly totally unmanageable. We will look at this phenomenon in more detail later.

The amygdala is a marvel of simplicity and functionality. It is always awake, all the while primed to react instantaneously to threat (whether one consciously registers the threat or not) and prepared to body-broadcast its evolutionarily time-tested behaviors for one's individual survival. But sometimes, perhaps because the threat is so great, or possibly because one's personal history has been so lacking in safety and security, it ignores or de-couples one's own self-regulating and organizing ability which could help one consciously cope with the externally perceived threat in more modulated ways. In other words, it can "shoot someone in his own foot" due to its innate, neurally organized ability to bypass the participation of one's personal executive self in one's pre-frontal and other cortical areas in its eagerness to do one well on its own terms. One can almost say that the damage to the pre-frontal cortex can be likened to an auto-immune reaction. The earlier, more primitive system can sometimes "disable" one of the total system's evolutionarily later components even though that part is also essential to life and also dedicated to its continuity/survival.

The mechanism which allows the amygdala to reign reactively supreme when it is alerted can be found in its neural wiring. "It" has access to our perceptions before "we" do, so it is poised to react before "we" even know what "we" are seeing. In other words, there is a direct line between the thalamus (the relay station in the brain which parcels out all incoming information) and "it," the amygdala. In that respect it supercedes the cortex, which gets its own information much later. More so, the amygdala can send out its emergency survival instructions to the body which has an immediate effect on "our" emotions without input from the modifying effects of the cortex. In other words at times of great crisis the amygdala can over-ride the ego.

The Amygdala's Repertoire

Thus, amygdala driven impulses have the potential to have a powerful, almost irresistible, effect on our emotional states, producing survival reactions evolutionarily geared to provide us with behaviors that will result in the continuity of our existence: keeping alive. That is one of the two primary goals of our genetic heritage. The other is keeping the species alive. We have built-in systems and tendencies laid down in us by evolution with the aim of making sure there is a continuity of existence beyond our immediate generation. In other words, replication of the species is the main aim of sexuality.

The amygdala's terms are clear and simple: when danger appears, freeze, flee, fight, appease. To appease under threat, it has been found, is most paradoxically connected to love, via the hypothalamic nucleus involved with the receptive, feminine aspect of sexuality. Think of the Stockholm syndrome. How clever of our genes to note and make use of the fact that offering love can sometimes result in surviving a life-threatening encounter. In primates, and I gather that in humans as well, the appeasement response includes the display of the genitals (lordosis) – i.e., showing the readiness for receptivity and openness of the self as a way to stay alive.

When the danger is simple enough – and one's ego strong enough – all goes as one's genes predict and the problem is well attended to. According to each given situation, one can hide, run away, fight off the threat or offer love and receptivity to the threatening person and all's well that end's well. Upgrade the danger and/or downgrade one's ego strength and all hell breaks loose.

When held in check by the ego, our psyches can present us with the livable stuff of complex, varied, external and internal reality. When that membrane of containment and differentiation, the ego, is stripped off, pierced, or shattered by unbearable trauma or abuse, those energies are no longer felt on the individual, human, living dimension. Though this is clearly a metaphor, the energies in our psyches react like – and feel similar to – cosmic events. It is a personal, psychological holocaust that is the equivalent of a nuclear explosion and a nuclear meltdown combined. The nuclear forces of polar opposites in the core expand/explode/open without the restraining, containing, discriminating and modifying effects of the surrounding band of the encircling ego. Order and complex states are no longer experienceable and atomic, psychic forces are unleashed in their simplest, primeval, uncontrollable level. Primordial expanding, exploding forces and their opposite engulfing, receptive, swallowing forces are set loose and the outer world seems on the verge of being destroyed by one's self, or hell-bent on plummeting into one's self – incinerating the boundaries between inside and outside. Thus, traumatized clients feel both the unbound forces of exploding fury and the capacity for boundless receptivity awakened inside themselves and they become terrified and helpless in the face of their seeming uncontrollability.

It takes a lot of power to meet those forces in the therapy session and that is why body action and touch are absolutely necessary to deal with them. It requires great strength and enduring/consistent physical effort to tame those forces so that the primacy of the executive ego, pilot – and therefore – the pre-frontal cortex can be re-established. As I see in my “mind's eye” the scenes and interventions that are for typical this kind of therapeutic work in PBSP sessions, I find myself associating to images and themes of exorcism. I am sure that what our forebears were facing when they thought the devil was present in some over-charged individual were these very forces. Those poor souls that they thought were harboring satan were not *possessed* by the devil at all, it was their frantic egos that were *dispossessed*. The devil did not have to get *out* of them, their egos had to get back *into* them.

We are better or worse for having those powers and capacities within us depending on the level of discrimination afforded by our egos, which when healthy, can screen and differentiate between appropriate or inappropriate entrances of the outer world. It is our ego which filters and modifies the intake process, just as it does the outgo process. When our egos are shattered people don't feel so much like a well contained human being serene in the integration of polarities, but as if they were oscillating wildly between the open vulnerability of endless space and its corollary, a black hole sucking in everything in its vicinity, like a hellish explosive force able to demolish anything it comes in contact with. The unbound primal psyche can feel as if it can both explode and implode if there is nothing to hold its immense forces in check. Power erupts and gaping chasms of vulnerability (openness) are present – destroying everything by force or capable of drawing everything outside, inside, without end. The personal, experiential level of terror this produces seems infinite and without dimension. Cataclysmic, chaotic action or frozen, powerless, paralysis can ensue.

Roughly speaking, the limbic system and other brain systems below the cerebral cortices are the source of the primal forces of existence – output and intake essential for survival on the most basic level. Cortical areas and the pre-frontal cortex are the locus for the origin, capacity and storage of information for controlling, containing and fine-tuning the utilization of the primal forces for optimum utility and consciousness for dealing with the outer-world of “reality.” Research suggests that attending to the future takes place in the frontal lobes. It also appears that this part of the brain is involved in developing executive action and responsibility for taking charge of one's life.

How can we repair the intra-psychoic damage caused by traumatic events and heal the shattered ego? How can we resurrect the primacy of the fully integrated, conscious, worthy, sovereign, autonomous self? interventions with traumatized clients. How can we help trauma victims to re-awaken hope? In the remainder of this chapter, we will discuss PBSP interventions which help traumatized clients find hope and order in the lives once again.

The Ego and the Body

Having explained how the amygdala over-rides the ego, we need now to touch on PBSP theory about the ego and its relationship with the body. As I have said, in trauma, the ego is endangered both by the outside and inside worlds. PBSP technique is based on our theories about how the ego was created and can be repaired. In order to understand our approach to treating trauma it is necessary to first understand our theory about the ego, which I will now explain.

Think of the soul as a biological entity that has not yet accumulated a personal history but has within it the history of all successful life processes pushing forward to live/survive in the present

and to thrive in the future. A newly-living soul could be described as a nuclear, organismic center of being that is fresh, naked and having no present knowledge of a self with an inside and no present experience of an outside world. Though the core is genetically pre-organized, the outer membrane surrounding that center is only constructed through contact with the outside world. The organism itself, as it develops and matures in interactions with that outside world, becomes a living record of its encounters with it. In other words, the ego is literally created through interactions. It is in those encounters with the outside world that its actual, as well as its metaphoric/psychological skins are woven. The psychological skin, which can also be thought of as an ego membrane, can be described as the interactive interface between the inner and outer worlds. It is an interface in that one side of the membrane faces in and from that standpoint is able to regulate and modify what is coming out. The other side of the membrane faces out and from that standpoint is able to filter, regulate and modify what is coming in. Thus, the interactive interface is able to filter, regulate and modify what is coming out of the self as well as what is coming in. It can regulate behavior (output) as well as perception (intake). The soul, now with an interactively woven skin, can evolve into a conscious, inward and forward-looking, self-directing, human being.

From birth onward, through every developmental phase of life, loving, meaningful, interactions first with parental figures and then with the rest of the life-supporting outside world, lay the foundation for the development of those interactive/containing membranes which become the building blocks of hopeful, healthy egos. In contrast, if one has had frustrating, negative and meaningless interactions with the overseers of their rearing and later, similarly negative relationships with figures in the outside world, memories of those life-conditioning, interactive events become the building blocks of despairing, unhealthy egos,

Another way to say it is that the soul is a given, but the skin of the soul – the ego – is constructed in interactions with the outside world. The combination of the soul and the ego comprises the self. A true, hopeful self results when the soul's interaction with the world sufficiently matches the genetic expectations coiled in its DNA. A false, despairing self occurs when the soul's interactions with the outside are combined with an ego that has been fashioned in a way not congruent with the needs, true dimensions, and characteristics of the soul.

Development of the ego is not only a cognitive process. Prior to the existence of a psychological ego, there is a body ego that is created by sensori-motor, kinesthetic interactions with parents and other early caregivers. Motor activity in satisfying, life-validating interactions is essential for maturing individuals to learn how to cope, not only with the outer world but also with their nuclear, core-resources in their inner world during childhood. That is precisely why the body has to be involved in the healing (and further development) of the ego following traumatic events. Familiarity and control of those previously out-of-control forces need to be re-experienced and re-integrated on the sensori-motor, kinesthetic level, not merely on a cognitive rational level. In order to deal with the damage caused by trauma to the body ego and to create

the deeper levels of healing necessary for trauma victims it is clear that body-based therapeutic interventions are absolutely essential.

The PBSP Setting

Before we can discuss how we in PBSP help trauma victims reconstruct their lives and regain their lost hope we need to first explain the main elements of PBSP. The key elements we will touch upon are the Possibility Sphere, the notion of Accommodation, the notion of a Structure and the notion of making a New Memory and describe the steps leading to the fulfillment of the self. In this brief explanation of PBSP techniques we'll begin by describing the PBSP concept of the Possibility Sphere because this is how we conceptualize the psychological space within which the therapy takes place.

The Possibility Sphere

The possibility sphere is a psychological, welcoming, expansive space which we metaphorically extend to the client as part of the therapeutic relationship. The reason we call it the possibility sphere is that it is a surround that is so flexible and so full of "yesses" to the soul, that it gives the unspoken message, "Yes, all that is within you is possible to come into being, life is possible, life is good. You can feel hope that nothing in you has to die in order for you to live. None of your potentiality, your possibility as a person, has to die, and those parts of you that you felt you had to abandon may still come alive." It's very much a "yes" to life and implicit in it is a belief that life is good, so it is an optimistic view. It transmits the message that the energy the client is born with is essentially good. The possibility sphere offers an environment that implicitly says "yes" to the energy that's in the soul.

The possibility sphere is connected to the notion of the need for interaction and for countershape. It's a sphere that is so open and so full of non-shape, that it has all shapes in it. The possibility sphere contains all possible countershapes, to whatever shape is coming out of the person at any given time. Thus, the possibility sphere, by its very nature, prepares the ground for trauma victims to become familiar with and accepting of the positive, interactive, healthy ego-building satisfactions that will be experienced later in structures.

Accommodation

Accommodation is a technique used in PBSP to provide clients with the kinds of interactive responses that "match" or "countershape" the "shapes" or physical forms of each emotion the client expresses in their individual work (called a "structure") in the group. Since the PBSP process includes motoric/bodily expression, emotions are not only spoken about but also acted upon. For instance, if the client expresses fear in its physical form, and either runs for safety or curls up in a ball (shapes) – they know they can ask one of the group members to –role-play a

“protection figure” or a “safety-giving figure” who would supply the wished for physical responses (countershapes) of a haven to be run to. The role-players represent figures who, in the hypothetical past created in the structure, would offer the safety of their own body as a protective shield to be securely wrapped around them, when the client would have felt vulnerable and would have curled up into a ball in the past.

In PBSP, all physical reactions which might and do emerge as sensations and impulses in the body are met with the archaically wished for and internally anticipated outcomes via the accommodation process. Countershaping, or matching the expressed emotion gives it a place in the ego, allowing newly discovered emotions to be expressed and consciously experienced by the client. The client is the arbiter and decider of the aptness and correctness of the countershapes that are offered. Nothing is done in an interaction that is not acceptable to the client or requested by him. This supports the client’s mastery and control throughout the process, i.e., their consciousness and their pilot.

The PBSP Process

Structure

When I describe the work of “structures” in PBSP it will become clear that what we do is “stage” a piece of “new” history in the Possibility Sphere, where we make, not a *memory of the future* in order to have hope, but a *memory of a hypothetical past*. It is memories of the past people internally call upon to make preparations for the future. Trauma clients’ have experienced severe deficits of life satisfying interactions. With structures we help them enrich the database of their actual histories with healing “symbolic interactive events.” In structures they have a powerful sensori-motor experience with role-players representing kinship figures that their genes had prepared them to anticipate in their lives. Instead of having only an *interior theater* where the practice of the future takes place, structures provide a sensory motor, *external theater* to provide sensori-motor, kinesthetic experiences out of which new, representations of interactions will be made. This provides them with a well stocked bank leading to hope because these new memories are abundant with pleasurable and satisfying “felt” memories.

A “structure” is the name given to the approximately 50 minute time-limited segment of the therapy session where each client in turn is given the opportunity to be fully in charge of the creation of his new memory. The rest of the group is then available to accommodate or role-play, when requested by the client who is having the “structure.”

The structure begins with “micro-tracking” the client’s present consciousness with the understanding that present consciousness is made up of the client’s present *affect* and its concomitant bodily responses to what is presently felt, plus the client’s *thoughts* and attitudes about what they are seeing and feeling at the moment. It is a given in PBSP that *present consciousness* is mostly driven and influenced by *past memories*. This fact becomes abundantly

clear when past memories associated with the review of the present immediately come to mind and at once affect the client's body and emotional state at that moment.

When a significant event of the past arises during the micro-tracking process – which the client is now able to recognize that has negatively influenced his present situation – that past event can then be played out in the group assisted by group member's role-play. This gives the client the opportunity to discover what had been felt or experienced in the past. For now, having a structure with the freedom given in the possibility sphere, they have the opportunity to physically, as well as verbally, express whatever comes to body or mind. This part of the “structure” allows the client to process unexpressed emotions and discover, with greater consciousness, the implications of that past event's impact on his present state. However, this expression and insight are only the first steps of the structure.

Making New Memories

Processing the past, grieving about the losses experienced and gaining insight is not enough. In Pesso Boyden System Psychomotor (PBSP) we take the bold step to create new symbolic memories to offset the debilitating effects of past, deficit ridden, personal histories.

The heart of this part of the work consists of creating a “counter-event” which is staged and controlled by the client. This is framed as if it too had taken place in the past, but this time with more satisfying interactions provided by “ideal figures” who, had they been in the client's past would have provided what was necessary to assist them in developing their full capacities. Their interactions are staged to offset the toxic effects of the actual event with the original figures. This “antidote” event is organized and configured to provide the client with a new piece of “synthetic, symbolic, memory” as if it had happened at a requisite age and with the appropriate kinship relationship that would have been optimal for that client's maturational development. Though indeed we are creating a symbolic fantasy, these role-players do not represent magical, spiritual or non-human figures. The “ideal figures” parental behaviors are based on the genetic/evolutionary human capacities we are born to anticipate from parents in the real world.

People with a history replete with interactive satisfactions of basic developmental needs come to the conclusion that life has meaning, that there is love and caring in the world, that there is a future of pleasurable connectedness to look forward to. They are able to live contentedly in the present, fully certain that they will experience pleasure and satisfaction in the future.

Steps Leading to Fulfillment of the Self

These new memories are not randomly supplied but conform to fundamental ideas regarding the maturation process leading to optimal maturational states. Thus PBSP structures attend to what

we see as the necessary steps that would result in optimal living and generativity. The following five tasks are what we in Pesso Boyden System Psychomotor understand to be the goals/requirements of genetic/evolutionary processes.

We need to:

1. Satisfy the basic developmental needs for:
 - Place
 - Nurture
 - Support
 - Protection
 - Limits
2. Integrate and unify the polarities of our biological and psychological being:
 - Sperm/Egg – own and comfortably identify with mother’s and father’s antecedents and gene pool.
 - Neurological – integrate and have good communication between left hemisphere and right hemisphere.
 - Sensori-Motor – be comfortable and skillful in all combinations of perception and action.
 - Behavioral - have an easy acceptance and comfortable use of all body apertures involved in “putting-out” and “taking-in”.
 - Symbolic - at ease with one’s metaphoric androgyny of combined “maleness/femaleness”(Animus and Anima) while able to identify with one’s biological gender.
3. Develop our consciousness – increase subjectivity/objectivity, with a well developed interior world of images and concepts combined with a strong sense of individual identity and ego.
4. Develop our “pilot” – have a strong, active, self-organizing, self initiating center, akin to taking our rightful place as the “president” of our own “united states of consciousness”.
5. Realize our personal uniqueness and potentiality - come to maturity, ripen and bring the precious fruit of our existence to the world

Structures are basically geared to provide the client with experiences that should have taken place in the past and would have provided the satisfaction of fundamental life needs. The pleasure that is experienced when such satisfactions symbolically take place in a structure provides the experiential basis which makes it possible for the client to have hope in the future. It is our understanding, that given a personal history where the above tasks have been successfully attended to either in actual history or in structure-created “symbolic memory” a client would be more able to contend successfully with the vicissitudes of the real world and especially with the consequences of traumatic events. However, when working with traumatized clients structures are especially focused on what would help them experience, integrate and find limits for the unruly emotions released by the trauma.

Limits and Unbounded Receptivity

Let us review a situation with a client in a structure dealing with trauma and abuse. During the micro-tracking he may speak calmly about some situation and then mention in passing some individual he is dealing with in the present. The therapist might notice a shift of affect at the mention and thought of that figure and point that out to the client.

Limits are offered to all the responses that the amygdala provokes which in traumatized individuals are not longer tenable for they are beyond the ego's scope to modify. First, there is the flight reaction, which produces far more fear and a more complex form of fear than traumatized clients can assimilate and deal with.

Whenever a client recalls a traumatic event he/she is sure to experience a great deal of fear. The amygdala responds dramatically even to the inner image of the prior outer event as if it were still occurring externally as the client shows evidence of the fear over his entire body. He is trembling globally and there is much going on inside the client. His affective state is one of fear and that is certainly one of the effects of the amygdala – fear which results in a desire to flee or freeze. The trembling certainly is evidence of the wish to run or to shrink and hide. In a structure setting this wish for safety can be satisfied interactively. If the client were left alone in that state – as they often are in flash-backs – he would tremble inconsolably until the episode would somehow pass. Here in the Possibility Sphere atmosphere of the PBSP structure setting they can feel the fear knowing there will be the benefit of an interaction which would assist them in bringing the fear to culmination in safety – which is exactly what is desired and is anticipated by the psyche in less powerfully stimulating situations. Interaction is the name of the game in developing healthy ego capacities and that is what is provided through the accommodation process with a protective figure or ideal parent or whomever the client chooses to provide the safety.

What this accomplishes is that it brings the fear to a satisfying closure. If this were not done, the fear would be experienced as endless and inconsolable. In PBSP terms, that would make the fear an omnipotent emotion. Omnipotence is defined here as something which has no end, no countershape and is therefore infinite.

But safety is not the end of the story, for the fear and trembling may not only be of the external threat but also be aroused – not necessarily understood consciously by the client at this point – by the interior forces of fury and receptivity that have also been unleashed by the, perhaps overzealous, amygdala. Remember that under threat the amygdala can produce four different responses. Under some overpowering stimuli all four might be discharging at once in rapidly alternating sequence.

Let's go back to the client who was first trembling and then permitted to take the route of flight and finally found safety with an appropriate role-figure who countershaped that expression.

Momentarily there might be some relief as the flight component was successfully dealt with. But shortly, the client might find other disturbing tensions and sensations arising in her body and that too would produce distress. At such moments the client can be instructed to contract her muscles around the area of tension to see what further actions or behaviors might develop by exaggerating the tension indicating that further action was permissible. She might find that her thighs were now trembling – a typical response with traumatized clients. One could naturally assume that the flight response was once again activated for it would be the thigh muscles that would be involved in running. However, there are other possibilities here. Before going into further detail about this I would like to present a typical picture that can be seen with the majority of victims at regular intervals. If they are sitting on the floor, as many clients do when participating in structures, they will almost inevitably be seen with their arms wrapped around their knees pulling them into their chests.

The implication here is certainly that they need protection and are making themselves something like a small ball. But their arms are pulling tightly together and that presents two possibilities: one, that they are using their legs as protection to their chests; and two, that they are busy holding themselves together. It is the holding together option that I want to look at now. Many people in this condition feel like they are “going to fall apart,” for their emotions are overloaded and they feel like they would explode. At such points, and when it is safe for the client to be touched and held – this intervention would never be done until such safety was clearly present (it could take many weeks or months before this is possible) and the client could be offered a “containing figure.”

This figure is designed to facilitate such moments. They are instructed by the therapist, with the agreement and participation of the client, to hold the client in the same manner they are holding themselves. In that way the accommodator is doing for the client what they are frantically attempting to do for themselves without ever coming to complete satisfaction from their own, non-interactive, attempts to soothe themselves. The accommodator can say, “I will help you hold yourself together.” These words, coupled with the experiential fact of their encircling, embracing arms produces visible relief. The client can partially let go of her own binding efforts and the muscle tonus relaxes resulting in a much less tense appearing client.

This is not the end of the story. The above intervention tends to the need to bind the over-active interior that has frightened the ego, which is feeling the strain of holding “unholdable, unknown forces.” It is not always immediately clear to the client that they are dealing with the fear of parts of themselves. They may only be thinking of fear of the outside as causing their distress. But when they hear the words, “I will help you hold yourself together” they are struck by the reality of that and that realization helps to put the situation in a clearer context. In point of fact, the encircling arms of the role-playing containing figure are the equivalent of an external body helping the body ego of the client to become stronger. Remember, body ego is first formed in

sensori-motor, kinesthetic *interactions*. The body ego is not born or developed in a *vacuum* or in *isolation*.

The impact of the abusive, traumatic event feels like it *pierces* the ego, rupturing its encircling boundaries of the self. This rupturing and piercing, though it may have only been psychological and not physical, is responded to “as if it were physical.” Whether or not this is the case, the containing intervention provides visible relief as well as a re-sealing of the ruptured body ego.

But there is still more, there are other aspects of the reaction to trauma which may also need to be addressed. For example, the openness of appeasement may also be present and this is a complicated business and sometimes hard to comprehend for the client as this idea is so antithetical to their self knowledge and self concept, but there nonetheless. Paradoxically, piercing, traumatic events seem to awaken receptivity and openness in victims, probably traceable to the archaic appeasement response which uses the apparatus of the hypothalamus devoted to feminine, receptive sexuality. As I wrote above, threatened primates – both males and females – demonstrate appeasement by presenting their rumps, that is what evolution has presented us with as a viable option for surviving threat. Openness is a way out as well as a way in.

Now this openness in human victims does not necessarily get expressed as rump presenting, but seems to show up in the impulse to spread the knees apart and show the inside of the thighs as well as the genital area. This is true for both males and females. The incipient tendency is to do that movement and the counter-tendency is to hold the legs closed tight. So now we have two reasons to be held together. One to keep one’s self from exploding, and two to keep one’s self from being so open and vulnerable. Yet there is a third. The desire to open can be so powerfully stimulated by the amygdala – omnipotent openness we would say – that the psyche, having no ego capacity to modify or modulate this impulse, has to come up with alternative, non-ego solutions. Something has to be done to stop those over-powering impulses and this is where dissociation or leaving the core comes into play. If the ego can’t stop over-stimulation, dissociation can and will.

However, dissociation is not the only ego-less technique to deal with out of control impulses from the core. Guilt is another one. Shame is another. Suicide is another. Some part of the psyche has to deal with what the ego is incapable of dealing with and those are its options. What all those options have in common is that they stop what is otherwise unstoppable. Whenever I come across high levels of guilt or shame in a client, I know I and they will one day have to deal with equally high levels of unbound emotions, powers, or impulses arising from their core that have not had appropriate ego encirclement available. What about suicide? There are many different reasons for the emergence of suicidal impulses. One of them is that it is a way of stopping the undoable and unthinkable from happening – becoming manifest as a physically expressed fact.

High anxiety is another indicator of high interior turbulence without sufficient ego capacity to cope with it. Guilt, shame and some forms of suicidal ideation are also indicators of emotional potency not yet modulated by the ego. So rather than being dismayed by the appearance of those states, I am in fact excited learn and to help clients learn, that they have so much psychic gold to mine and refine when their egos become strong enough.

Back to the need for holding the legs together to limit the impulse to spread them apart. When that is the condition in the client, the therapist can teach about this notion – for nothing is done in PBSP behind the client’s back, or without the client’s understanding and acceptance. This can be done simply by saying that one of the consequences of trauma and abuse is that it tends to make the body become more open as a way of appeasing the threatening figure, that that wish to open is frightening and confusing, and that this intervention is done to counter that impulse and give it more conscious control and limits. With that understanding in place the therapist can suggest that the client choose someone to role-play a limiting figure who would keep their legs together no matter how much they felt the impulse and the power to move them apart.

This intervention must be done carefully and gently as well as with great strength. It is important that this limiting figure does not do anything in their limiting function that could be experienced as threatening or dangerous, as it would awaken the original threat and transform the limiting figure into a perpetrating figure. My inclination is to have only females take this role when the client is female. Even with males there is also good reason to have females take those roles. The role-player wraps their arms around the knees of the extended legs of the client and holds them tightly so that no amount of effort could result in the skin of the right knee from being out of contact with the skin of the left knee. I put it that precisely because I have found that even the slightest bit of separation of the knees is taken as proof by the client that they have succeeded in overcoming the limit. The therapist also makes it clear to the client that if at any moment the therapist, for whatever reason, says stop, the effort and intervention must stop at once. This is done to ensure that no inadvertent action leads to a failure of the limits. The ego is at stake here. The wrapping of the arms around the knees is the equivalent of the body ego’s ability to stop the interior impulse and to moderate it for appropriate real time behavior.

What is meant by inadvertent behavior is that the role-players might be struggling, might find their arms slipping, or might find that they were in pain or that some of the actions of the client had resulted in bumping into their head or chest. Whatever, the important thing is to oversee the process with absolute certainty that nothing goes awry. The right to stop at any time is also the client’s options. The therapist should constantly check that the clients are still in the “driver’s seat,” that their pilot is still operant and that nothing is happening that they don’t understand or that disturbs or distresses them.

When all is right and everything is in place the client is instructed to attempt to separate his legs. If the moment is right and the intervention is correct, the ensuing scene is impressive. The client finds – often to their great surprise, as they have an image of themselves at this moment as helpless and in need of protection, that they have an enormous impulse to separate their knees and equivalent enormous strength to attempt to do so. Speak of omnipotent powers! I have seen fragile seeming, slight women exert such tremendous force that it has taken up to three women working with all their might to hold their legs together.

Such moments sometimes present a very illuminating, illustrative picture of the parts and complexity of the human psyche. Now and then, in the midst of the struggle, a client will shout out, “Let me go goddammit, let me go!” I will immediately call a stop and ask the client, “Shall we have them let go?” The answer is often surprising, “No, please don’t let go. I just want to yell that. Please don’t let me break loose.” In my attempt to understand this ambivalence I have described it this way. The unbound, omnipotent part that has been created by the release of the core forces from ego restraints is something like an “entity” residing in the personality. The “true” self, or the soul wants to be whole and interactive, not omnipotent and it desperately wants its ego in place. But the “entity” loves its omnipotence and hates being “brought down” to ordinary mortality. Something of its outrage at that offence reminds me of the fury of Rumpelstiltskin at having his name discovered. Naming is indeed an ego function and all God-like or God-aspiring figures detest becoming mortalized, nameable, with graven images of themselves at large.

Of course this intervention is not always so pronounced. Sometimes the clients are immediately reassured by the simple act of having their legs held together. They can become calm and settled in ways that have been foreign to them for a long time. Just recently, at a trauma conference where I had a live demonstration, this was the case. This was a client who had a long history of early abuse. The experience of this kind of limit was for her the highlight of the work. It had the effect not only of calming her, but gave her the relaxed ability to see out of her eyes in a different way. The audience was no longer threatening. The amygdala no longer rang the alarm bell as a standard/constant response to whatever she was seeing.

Once the intervention of limiting the opening of the legs is completed, the results are striking. The client, who before this intervention was pulling in his legs to his chest and was in a tight ball can now stretch his legs out. Ordinary, simple, vulnerable openness is now possible when before this step there was no possibility of relaxed, easy openness. Any openness was translated into total openness. In other words, omnipotent, unbounded openness was always in readiness, always about to burst into being. It is a wonder to see the transformation that is possible following the successful completion of this intervention. But of course, therapy is not so simple. It is never a single step or a single intervention. However this is a very important single step.

Sometimes, in the midst of this type of limiting a different, and opposite kind of reaction occurs. Let us re-wind the tape and imagine the client whose legs are being held together with the emphasis on not letting them separate. The following sometimes occurs: in the midst of the struggle with all its wiggling and squirming a different behavioral pattern emerges – that of thrusting the hips forward. This is neither a fear reaction, nor an unbound wish for opening reaction but more like an angry “fuck-you” reaction. It is possible that at such moments the aggression that the trauma may have awakened has been set loose, but in a sexual form. Or, one could surmise that if the trauma included sexual abuse that the victim’s pelvic thrusting could be understood as a kind of vengeful “pay back” that would have, could have been directed to the perpetrator, had they the power then to do so.

Of course there is a link between sexuality and aggression in the brain. Penfield’s experiments in males showed that there were only minute distances between those neurons in the brain, when stimulated by electrodes, that produced sexual responses and those that produced rage responses. Our vernacular “fuck you” said in anger broadcasts this possibility.

Limits and Unbound Aggression

Let us now turn our attention to the treatment of the other major mode of response to trauma which is anger. Once again I will bring up that hypothetical client who was trembling all over and whose motor expressions went from needs for safety, to needs for containment and from exploding apart from the pressures of interior forces, to wishes to open up in an unbound way. That person, during periods of the treatment, might clench his fists when told to tense his body around the areas of most tension. Of course fisted hands can be indicators of anger and the suggested response to that is to offer limiting figures – or to begin with, to offer containing figures – who would help the client “handle that anger,” with the intention of giving motoric, physical and body resistance to the forward jabs that those fisted hands would shoot forward. The containing figure role-players would place their hands over the fisted hands of the client who would poke his hands forward into the palms of the containing figures. This is not so simple as it seems from the reading of it, because the amount of pressure offered to the jabs has to be calibrated perfectly so as not to overwhelm the client on the one hand or to offer too little resistance on the other. However when it is done correctly it gives the message that the jabs are an acceptable form of expression and that there would be a limit as to how far they could go.

This is very reassuring to clients in this state for it allows them to take ownership of the anger that may have been stewing inside but does not allow them to admit or to own in their frame of reference. In such instances it is common that the client brings up past events in his upbringing pertinent to the topic of anger and its appropriateness. In these cases the structure would lead to having “ideal parents” who would have assisted the client in taking ownership of his capacities for aggression.

As I have been reviewing the interventions for these types of unbound situations I have been focusing primarily on the immediate application of containment and limits by present day figures and not elaborating on the complexities that are always involved in the treatment of trauma having to do with historical issues around the topics of sexuality and aggression.

That being said, I would like to elaborate a bit further on the topic of aggression, especially unbound aggression and fury which often emerges following abuse. When our hypothetical client showed aggression, it was only in a mild form. Just jabs or punches in a kind of first trial and explorative way. With other clients the fury, when it is found and given permission, comes out in a volcanic form. The desire at those moments is not simply to hurt the perpetrators but to kill them. Their total bodies become involved and their clear intention is total destruction. Here, the role-played figures necessary are called limiting figures. Their verbal statements would be something like this, “It is okay you want to kill, but we will not let you kill. Here the notion is not “I will help you handle how angry you feel,” which gives a kind of ego envelope around the anger, but more a kind of, “This is as far as it can go” message. Anger is ok, but no death. This does two things, one it sanctions the *wish* for killing, and two it ego-binds the omnipotent-feeling *forces and behaviors* that feel like they are perfectly capable of killing everything on earth.

Limits and the Addictive Power of Trauma

There’s lots more complexity in working with traumatized clients than I have covered here. For instance, the relationship between omnipotent opening worked on from a sexual limits point of view and the limits provided for that, and the possible subsequent conflict this intervention can produce with clients who have had a deficit of nurture. Closing the legs and stopping that kind of unbound openness might translate into becoming starved. Some chronically abused clients symbolically or metaphorically “eat” the abuse. That is, in the absence of a history of benign nurture, the attention given by the abuse and the “heat” of the abuse could easily be translated by the psyche as a form of “love.” The absence of which would leave the client psychologically starved. This could explain the tendency for some abused clients to return to situations that perpetuate the conditions which result in their regular maltreatment. This addresses the addictive quality of some abuse situations. For such clients the simple application of the above interventions would certainly not be enough. They would be the ones who would need to do many structures that would create a new symbolic history and memory of contentment and nurture of a benign sort.

Interestingly enough, the area in the hypothalamus which is the locus for female-specific sexual behavior (producing lordosis when sexually stimulated), is immediately adjacent to that gender-neutral area which oversees the appetite for – and intake of – food. Thus, the areas for primal intake are so close as to be easily fused and confused! An interesting area of research would be to look at the connection between anorexia – and other eating disorders – and sexuality. This

confusion is exactly what happens when the ego discrimination between those two forms of intake are lost following severe trauma.

Victimization has yet another peculiar paradoxical consequence that has to be attended to. This kind of condition has a peculiar dynamic which is shared to some degree with every victim of trauma. It has to do with the fact that many traumatic situations bring people to the brink of death which somehow leads to inflation of the self beyond one's simple humanity. Being near death seems to have a spiritually attractive quality. Those who have been tortured and have hovered on the line between life and death often speak of being closer to God and therefore become more "special" as a consequence. They can oscillate widely between being on the one hand worthless and beneath contempt, to being one of God's chosen and more special than any other on earth. As yet I have not found the neural basis for these feelings but they are so persistent and regular that I am sure they will be found. In short, victims can somehow, sometime feel exalted by their condition of being about to die or near death. All near death experiences do indeed produce feelings of being in the presence of God and other religious and/or supernatural feelings. Consider the smile on the faces of reported suicide bombers. They are about to die, but they are not disconcerted for they know they will shortly be in heaven in the consort of dozens of beautiful virgins – there for their enjoyment and pleasure. Here is the strange combination of eroticism and death. Orgasm in French is *le petit morte*. The cortical/ego surrender to the overwhelming flood of hormones in high sexuality suggests that it is the "temporary, psychological death" of the ego that is being experienced and not death itself.

This is similar in a way to the "entity" I spoke of before which doesn't want to be a "mere mortal." Coming down to the human level for such people is truly a come-down. The healing can run into this road block and one way we deal with that in PBSP is to see this specialness as a kind of expression of the fifth task of development, i.e. the need to find and cultivate one's uniqueness and potentiality. If the victim has no other "talent" or ability, the "talent" of being a target of brutality and mistreatment might well suffice.

Whatever the cause, whatever the physical, hormonal or psychological organization, that phenomenon takes place nonetheless. We in PBSP have connected that sense of specialness, that sense of personal uniqueness and near-Godlikeness to the drive for individuals to fulfill in the real world their own personal uniqueness and potentiality. That drive is a genetic one and is felt by all of us in our search for meaning in life and more particularly our personal contribution to the meaningfulness of life. If we have had a rather drab meaningless existence (as so many suicide bombers seem to have had), what better way to come to glory and be glorious than to die for the love of God (and eagerly anticipated sexual orgies with virgins).

But forgetting suicide bombers for the moment, let us consider the resistance of some clients to finally give up their continuously re-enacted role of victimization. As said above, some of that might be caused by a lack of satisfaction or historical deficits of love and nurture. It is now

suggested that it might also arise from a lack of development of one's earthly capacities, uniqueness and potentiality.

Thus, with those clients, work must be done to assist them in developing talents that they actually have and that are of use in this earthly world. Nonetheless, there is a "comedown" from being one "of special notice to God" and the alternative of being "simply another human being rather like all others."

Summary

This ends my overview of the ideas and methods used by PBSP therapists to help trauma victims move from despair to hope. Structures are designed to help clients review past, life-determining situations in the possibility sphere and then reconstruct those events with appropriate ideal kinship figures in interactions that support and confirm gene-based expectations of success in surviving and thriving. This is achieved with the help of new, healing, memory-building symbolic events which take place in the therapy room and are seen with the client's real eyes and felt in the client's real body. They are then placed, with the aid of the mind's eye and the mind's body, in the appropriate storage space in the brain where real old memories are kept and later can be accessed. The traumatized client constructs the kinds of interactions their sorely taxed egos are "starved" for. The end result is a hopeful, more optimistic person with an ego-structure more able to regulate and control both the inner and outer domains.

Though the therapeutic process is by its nature "symbolic", the client's experience is anything but artificial. When the wished for interactions are seen with the client's real eyes and felt with the client's real body, the impact on the client is dramatic. Those real feelings of expansion and realization are what make the new memory so memorable and so believable. The new memory is not an abstract construct; it is a felt experience of great power. What makes it symbolic is that the client shifts the locus of the storage of that memory from a short term "happening right now" location, to a long term "it happened when I was a child" location. This shift in time, age, and place is what gives the structure the power of long term memory.

The amygdala can become the ruler of the psyche following traumatic events. The force of its instinctual, stereotypical responses to threat can overwhelm the ego. Those energies can awaken potential impulses and actions in one's inner being while no interior forces are available in the rest of the psyche to oppose or moderate them – the very definition of omnipotence. Amygdala impulses are not abstract, cognitive or verbal. They are geared to act directly on the body and send nervous signals to the musculature which would produce powerful body actions were they permitted to be followed through and completed. That is why trauma victims need the containing forces supplied by other bodies in powerful physical interactions. With the availability of external limiting figures, the trauma victim can safely give physical vent to those explosive, expansive, archaic forces which have been flooding them and making them endlessly

tense and trembly. Once those amygdala-generated forces are in the client's muscles as active behavior, they can be successfully managed/handled by the containing, limiting body interventions in structures we have written about. For in that body, muscle-to-muscle, limits intervention, the client's body, charged and licensed to move in this safe setting feels strong, awakened but not out of control. In this non-verbal dialogue, the mighty amygdala meets its match and becomes *only one* of a number of *other* powerful forces active in the psyche. The client's ego, (body and psychological), thus reinforced and empowered, is in a position not only to comprehend what was happening, but also to be physically able to withstand and regulate the impulses the amygdala, under dire threat, so instinctively and so protectively offered.

The look of relief, the relaxation of tense muscles and rigid postures, the tears of grief at knowing what was missed, the heartfelt expressions of warmth and gratitude to the figures in their structure, the look of happiness and hope as their demeanor shifts from a gloomy interior focus to a smiling, sunny, outward-looking, expression -- one can only feel awe in the presence of a soul, stretching and flowering, safe and unthreatened, shining in all its glory. It is my hope that the materials presented here will allow trauma victims to return more rapidly to a life of hope with plentiful quantities of pleasure, satisfaction, meaning and connectedness.