PBSP RESEARCH:
CZECH RESEARCH ON PBSP AT CHARLES UNIVERSITY

DESCRIPTION OF PBSP PROCESS
IN PREPARATION FOR PRAGUE RESEARCH PAPER

by

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Introduction

1) Basic Premises
   a) Brain research highlights that the state of one's present consciousness is largely based on memories of the past.
   b) People are born with neurological systems, which require the provision of need-satisfying interactions from appropriate, care-giving figures in order for those systems to develop optimally and mature fully. It is the experience and memory of those satisfying interactions that provides the basis for an emotionally stable state of consciousness. Such histories provide the owners of those neurological systems with the foundation to live comfortably in the present within a normal range of feelings of pleasure, satisfaction, meaning and a sense of connectedness.
2) PBSP View of Effects of Traumatic Memories
   a) Trauma victims' powerfully disturbing memories destabilize their consciousness and skew the neurological organization that oversees their energy availability, regulation and distribution. Unfortunately their attempts to defend themselves against those negative effects can also result in the distortion of the regular functioning of their psyches.
      i) Scan Comment: The scans prior to the clients therapeutic sessions show an absence of normal emotional increase in the Anterior Cingulate and mediofrontal cortex. We believe that they clearly demonstrate these clients' inability to regulate or inhibit the emotions aroused by their traumatic histories and memories.
      ii) Other Memory Elements to Attend to in PBSP Treatment
         (1) A complex treatment protocol was required by this particular trauma-research population since most of them also suffered histories of considerable personal neglect, and/or, were deeply affected during childhood by seeing, or just simply hearing stories, about the trauma and neglect suffered by present or past family members. Such sights and stories tend to awaken desires to improve the emotionally impoverished lives of those others.

   Note: Feelings of compassionate care and subsequent omnipotence are aroused not only by *seeing* incomplete or unjust family events but by simply *hearing* stories about such events. This underlines the important and powerful link between auditory, verbal, visual and emotional memory centers in the brain. The heard stories created visual representations in the mind that stirred/primed the emotional/behavioral systems into latent action states that powerfully influence their viscera.

b) Children seem innately inclined to unconsciously take on the burden of personal responsibility as the *sole/primary* instruments of justice and fulfillers of the unmet, maturational and emotional needs of family members. This fact has considerable, personality-distorting consequences, for it awakens in them unconscious feelings of messianic omnipotence and paradoxically unbinds the same primitive levels of aggression and sexuality that are typically released in trauma victims, thus compounding that emotional-energy control issue.

3) Brain Scan Comment
   a) We look upon the absence of normal increase in Anterior Cingulate and mediofrontal cortex as evidence of victims' reduced capacity to master their psychological states; and the over-activity in insular regions as a reaction to the over-abundance of emotional impulses/signals that have been aroused by the traumatic and complex negative experiences and subsequent memories.
4) The Principle of PBSP in the treatment of trauma
   a) PBSP treatment creates an alternative/antidote to traumatic memories by staging -- with clients' active participation and control -- carefully crafted, satisfying, sensory-motor, symbolic events that can be internalized, when necessary as:
      i) New, virtual memories with alternative, successful (non-damaging) endings – in contrast to the actual traumatic events -- that can offset and lessen the deleterious effect of real memories
      ii) Basic-need-satisfying, virtual memories cast as if they had happened in the past (constructed in line with the above-listed, innate expectations of satisfaction of maturational needs) for those clients who have experienced neglect in their childhood
      iii) Virtual memories that record the event and their relief as they view appropriate kinship figures taking on the responsibilities that they had unwittingly shouldered.
         (1) When explosive, previously uncontrollable feelings of fear, rage and sexuality associated with these kinds of histories arise, PBSP procedures provide clients with the appropriate role-playing figures who offer behavioral interactions that help clients contend with each overwhelming state. For instance, the provision of a physical haven when they feel fear; physical constraints that keep them from damaging anyone or anything as they express their fury and physical limits to the feelings of either powerful sexual thrusting or sexual receptivity/vulnerability/openness that sometimes show up as uncontrollable trembling in the legs, thighs and pelvic area.
            (a) Therapeutic Value --Such physical, interactive experiences help clients form new neural pathways to consciously "contain" those impulses, without having to resort to psychologically distorting defenses to accomplish that end.
5) Traumatic memories disturb all aspects of present consciousness
   a) Present Consciousness Constituents
      i) Sensory Perception
      ii) Emotional Affect
      iii) Behavior – Motor Activity
      iv) Cognition – Thought Patterns
6) Brain Scan Comment
   a) We offer the following clinical descriptions of traumatic disturbance on the various aspects of client's consciousness as evidence of the expression of the over-activity of the posterior cingulated cortex.
7) Sensory Perception Disturbance
   a) The shock of trauma negatively skews victims' sensory systems, causing them to become intensely attuned to external and internal indicators of threat and less likely to attend to

positive indicators. This condition diminishes their ability to interact effectively with the outside world, and makes them less able to calmly oversee their internal world.

8) Defenses
   a) Limitation of Experience - Victims limit their contact with the outside world in an attempt to reduce the possibility of encountering threatening, stimuli.
      (1) ii. Reinterpretation - Trauma victims, who have suffered a deficit of nurture, sometimes re-interpret the heated, intense feelings associated with trauma as an indirect form of love and nurture. Never being sufficiently satisfied by that indirect form, they endlessly seek more.
9) Affect Disturbance
   a) Trauma conditions victims to be chronically alert and prone to be consciously flooded with feelings of fear and apprehension and unconsciously roiled with feelings of rage and sexuality
      i) Conversion -- surges of unbound, but deeply unconscious emotions of rage and sexuality are converted to *sensations,* which victims can register as unemotional, physical *symptoms.*
      ii) Dissociation -- Feeling nothing, by separating sense of self from the body, its emotions and impulses.
10) Motor Disturbance
   a) Victims, having learned to fear and distrust the powerful, explosive, action-potentials rising from their *internal* world tend to repress those and all other strong, physical impulses. They come to regard their internal forces to be as dangerous, threatening and uncontrollable as they have found *external* forces to be in the traumatic event.
11) Defenses
   a) Retroflection - The redirection of victims' own unconscious aggressive and sexual impulses toward themselves. In that defense, their own forces are experienced as if they were sensory input, coming *at* them from the outside. This, in preference to the reality that they are the owners of unbound aggressive and sexual forces arising from their inside. They may even attribute their chronic feelings of threat as a reaction to some invisible, external demonic figure. By virtue of the defense of retroflection, victims can safely avoid the problem of dealing with the unhandleable and unpalatable reality of their own potentially dangerous affect and behavior.
   b) Depression - An affective condition in and of itself but also a defense in that it provides a way to turn down the "thermostat" of all emotional expression
   c) Obsessive Compulsion - Endless repetition of mundane, tasks and simple behaviors coupled with the avoidance of completing other simple acts which might awaken feelings of disgust and horror as they may have become unconsciously tagged as the completion of forbidden, tabooed actions of murder and unbound sexuality.
   d) Cognitive Distortion
      i) No longer able to defend their boundaries, victims lose their sense of humanity, dignity and self-respect. They develop ideation that they are helpless creatures without value in a meaningless, unjust world. Thoroughly pessimistic, they become less able to complete tasks and project a future with little hope of achieving life-goals.
12) Grandiose Ideation - Although it can have other origins, grandiose ideation of self is often constructed to offset self-images of inferiority and meaninglessness.
   a) Some trauma victims who have not had the privilege of experiencing the basic maturational need of having a place in the world, may translate the intense experience of trauma as indicative of their having a special sense of place in the world – as a specially-selected victim – that suffices to paradoxically fulfill the longing to have a normal sense of place. In those cases,

there is no end to the tendency to become re-traumatized, for if they are not a specially-selected victim, then who in the world are they?

PBSP Method

13) Treatment Elements and Steps
    a) The Setting
    b) The Contract and Relationship
    c) Micro-tracking
        i) Witness Figure
        ii) Voice Figure
    d) Staging the Historical Scene
    e) Staging the Antidote Scene
    f) Internalization process
14) The Setting
    a) The quality of the therapeutic setting in a PBSP session is crucial to the success of the work. It has to be as clean and free of contamination as a surgical theater, as it is in fact the psychological equivalent of a surgical theater.
    b) The PBSP setting (called the Possibility Sphere) provides clients with a safe, psychological space that is respectful, accepting, non-judgmental and non-threatening. In that clean setting we can begin to micro-track the client's consciousness, that is, to carefully open, precisely examine and then highlight elements of the client's consciousness with the client's conscious agreement, awareness and participation.
    c) No element felt, imagined, or dramatically constructed in this setting is trivialized, thoughtlessly discarded or demeaned. It is a place where all things said and done by the client and said and done, by the role-players the clients choose and control, are considered significant.
        i) Therapeutic value – The setting by itself is healing. For in real-time the client can experience being open and vulnerable without being wounded, demeaned and humiliated. This, in direct contrast to having lived though situations in other settings, utterly without control or any option other than surrender.
15) The PBSP Contract and Relationship
    a) The therapeutic work is entered into with the clear understanding and agreement that it is the client's responsibility to bring the work "to a good end."
        i) Therapeutic value
            (1) It underlines the fact that the client's "pilot," -- the sovereign, executive, evaluative, overseeing part of the personality – is expected to be in charge of the therapeutic process.
            (2) The insistence on a "good end" avoids clients' tendency for endless negative repetition. It also helps clients become accustomed to anticipate a future with good feelings.
    b) The contract includes the understanding that the therapist accepts the responsibility to be an ally and resource to the client in the task of bringing the work to a "good end."
        i) Therapeutic value

(1) The client, in real time feels cared for, knowing that the therapist is prepared to use all his/her resources in their shared endeavor.

c) Further, it is their mutually agreed upon goal to review the past negative history with the primary intention of creating a new, more positive outcome and therefore more positive memory.
   (1) Therapeutic value
      (a) This sidesteps the tendency of negative reinforcement that might be the result of frequent review of the past in the interest of gaining insight.

16) The PBSP Micro-tracking Process
   a) The client begins by speaking about whatever comes to mind on whatever topic or theme that rises to conscious attention. They are not expected to arrive at the session with a theme or a topic. The therapist listens carefully not only to what the client is saying but also the implications in the words and the tonality with which they are spoken. The therapist is alert to the client's gestures, shifts in posture, muscle tonus, and links all that information with what is being said.
   b) In micro-tracking, the therapist's main focus is on the face of the client, which -- moment-to-moment -- expresses different emotions in direct relationship to what is being said and what is flashing across the client's mind's eye (and therefore rising up from visual memory)as they speak.
   c) The gaze of the client is indicative of whether the client is seeing in the here and now, or "seeing" what is going on in their mind, i.e. literally recalling the event they are describing. As mentioned earlier, whatever is seen with the actual eye or the mind's eye is responded to motorically either with reactions in the "real body" or reactions in the mind's body (they might experience virtual motion that is felt or reacted to without the actual body moving). That means their language, their visual processes and their motor processes are all linked and in an integrated synchrony, based on having lived through an event which is now re-lived in a virtual way in the mind's eye and in the mind's body.
      i) Therapeutic value
         (1) The client is in the pilot seat able to experience emotionally and cognitively everything that is going on internally while in a safe interaction with an observer who is carefully viewing, acknowledging and confirming, precisely what they are feeling and thinking moment to moment.
         (2) The micro-tracking procedure provides the client with an opportunity to both simultaneously experience and overview both their emotional and cognitive states
         (3) This is an important first step leading toward a more positive and stable organization of their consciousness.

17) The use of the Witness Figure
   a) The witness figure is a hypothetical construct, posited and offered as a benign, caring person who sees/attends to the emotions showing on a client's face and body, gives those emotions a fitting and accurate name and places that emotion in the client's spoken context – using the client's own words -- that has produced that emotion.
   b) For instance if a client is obviously sad – tears welling up in their eyes – as they speak about some situation, perhaps recalling the death of a relative, the therapist can compose a witness statement such as, "If a witness were present, the witness would say, "I see how much grief you feel as you remember the death of that relative."
   c) In that way, the client becomes more conscious of the exact nature of their emotion, it having been accurately named, and the cause of that emotion, it being reported by the witness figure using the words of the client.

i) Therapeutic value
(1) The witness figure becomes an external model or template for the client's own, self-observing process enhancing and reinforcing the awakening of the Anterior Cingulate

d) On the emotional side, the witness figure gives instant verbal feed-back to the client that enhances their consciousness of their rapidly changing emotional states, by discerning each affective state and its context as it arises and making a witness statement using the precise affective term (which the client can instantly recognize is accurate or not by their internally felt, visceral reaction on hearing it) that correctly defines/describes the emotion that they just experienced.
i) Therapeutic value
(1) The client's own visceral response, indicative of the rightness of the affective term and its context gives the client a felt response and reassurance that they are being accurately objectively perceived while they are simultaneously subjectively perceiving/experiencing their own state.

18) The Use of the Voice Figure
a) Voice figures are used to track the thoughts of the client and to present those thoughts back to them as if they were commands. For indeed such thoughts and ideas, stored in memory, are reacted to by people as if they were hypnotic suggestions on how to survive in the world they have found. Which indeed is how they arose in the first place – out of interactions that taught people those unhappy truths as they went about the task of learning how to live in that world.
b) For instance, after a client is witnessed having grief, they may begin to cry even more, and then suddenly stop their feelings to say, "It's no use to cry I should stop this foolishness." That would be a moment for the therapist to offer the possibility of imagining a Voice Figure who would say to him/her in the imperative, as an order, "It's no use to cry, you should stop this foolishness."

19) Micro-tracking Transition into the Historical Scene
a) The combination of witnessing strong affect and the use of a voice figure who makes judgments about that affect, places the client in a position where they are more fully aware of their moment to moment consciousness -- sensations, emotions and thoughts -- in a way that awakens and surfaces the memories of significant events that are the life-shaping basis for that way of being in the world.
b) At such a juncture the client might suddenly recall his father telling him that if he didn't stop crying he would really give him something to cry about. A root memory at the base of this present moment of consciousness has surfaced. The client is seeing and feeling the present moment and simultaneously seeing and feeling the history behind it. He is simultaneously in both the present and past. His consciousness and his real body is adult and in the present. But this memory has awakened images in his mind's eye that he has seen in the past and feelings in his mind's body (his remembered body states and body images) that he has felt in the past, in his childhood home, and right now, he is also feeling all that in the therapy room.

20) Transition into the Historical Scene
a) In the construction of new memories that would address that and other issues we see to it that everything "seen" in the mind's eye is immediately externalized and spatially represented in the room.
b) The therapy room will then stand-in as a virtual stage where a three dimensional replication/externalization of the interior, neurologically, organized, psychologically experienced "views" and "actions" that are taking place in the client's mind can be played out in the room.
c) This process provides the client with a "stereoscopic" view of the event. One supplied by the "inner theater" of the mind's eye and mind's body the other supplied by the therapeutically organized "external theater" of the PBSP session using the real bodies of the role-players who

will be addressing and interacting with his real body "as if" they had all been transported back in time to the location of that original event.

d) In both theaters the client is at the center of the process, not only as actor, and director -- the therapist as the co-director -- but also as audience.

21) Construction of the Historical Scene

a) This is the moment when the therapist can say, "Why don't you pick someone to role-play your image of your father back then?"

b) The client can survey the room and decide whom they would like to play that role. The one chosen can consider if they are willing to take on that role, having been instructed that in doing so, they will not have to either feel or really be like that part of the client's father but only make themselves available to be the screen upon which the client can project their strongly felt, remembered, internal image. That allows the group member to be more comfortable as he makes the contractual statement that he will role-play that part of the client's father.

c) In this construction of the historical scene, the client has the consciousness-overseeing opportunity to stand on the *actual ground* of the clearly-defined present in the therapy room and simultaneously on the *virtual ground* of the clearly-defined internally remembered, now externally represented, past.

d) He also has the opportunity to feel and survey his emotional and bodily feeling state *as an adult* in relationship to the actual people in the room in tandem with the opportunity to feel and survey his emotional body state *as a child* when he was at the age his father made that threat, aroused and awakened by the memory that has come to mind as a consequence of the micro-tracking process.

i) Therapeutic value:

(1) The client reports to the therapist the feelings, thoughts and emotions he has in regard to that figure, in that historical context. He may suddenly remember his father frequently beating him as a child, because he had not stopped crying when his father demanded that he do so or beat him for other infractions of his orders. There are many different ways to therapeutically respond to such an event(s) and I will sketch out a few.

(2) In PBSP the aim is not to "work through" or have a cathartic expression of the emotions stirred by that event by having the client bodily express them. In our view, the experience and expression of the massive fear and vulnerability that had followed that repetition would merely reinforce the strength of that memory and the conditioning that came of it.

(a) However, if the client feels surges of murderous retaliation for the insult of the event, or surges of overwhelming vulnerability and surrender (which are often accompanied by unconscious, uncontrollable feelings of erotic receptivity) the client is permitted to allow those explosive motor impulses to reach his musculature, but with the addition of several limiting figures. The client chooses those role-players from the group and they duly make enrolling contracts as limiting figures to take on that function.

(i) In the intervention to deal with rage, they are instructed to hold his body in a way that would allow his motor impulses the freedom to move his arms and legs but limiting/restraining the kicks, or punches so that they could not fall upon the their target, saying, "It is OK to feel so murderous, but we will not let you kill."

ii) For the intervention to deal with vulnerability and receptivity, they are instructed to hold his trembling thighs together – which we ascribe to the complex interaction between the impulse to open and surrender and the impulse to close and protect the self. With this

intervention they reinforce the protective impulse with their physical restraint of the impulse to open the legs, saying, "We'll help you handle how vulnerable and open you feel." It is striking how much relief such an intervention provides.

(1) Therapeutic value:

(a) This intervention provides a safe arena for the motoric expression of emotions, diverting them from the symptomatic expression they may have taken as a defense against conscious awareness of those forbidden feelings. This assists the client in gaining not only insight regarding those symptoms but gaining psychological and neurological/motor control over those impulse/actions as he internalizes the motor/activity of the limiting figures.

(b) Another therapeutic move would be to provide the client with a wished-for protective figure, who had he or she been in the past, would have protected the client from the father's violence. At such a moment the client may recall that his mother had remained passive and silent during the beatings. One intervention that would deal with that situation would lead to the Healing or Antidote Scene.

22) Construction of the Antidote Scene

i) The purpose of the Historical Scene is now clear. It provides an opportunity to review what was missing in the original event – maturational needs required by the developing nervous system -- so that the opposite or antithesis of those deficit ridden events could be symbolically, virtually constructed as an alternative, supplemental history and internalized in a way that it can offset the negative effects of the original memory.

ii) A first step that could be constructed at this moment is for the therapist to suggest to the client that he could choose someone from the group who could role-play an ideal mother. One who would be in direct contrast to his actual mother. Upon her arrival on the virtual stage she could say, "If I had been your ideal mother back then, and married to your real father, I would not have remained silent and passive, I would have protected you.

(1) The power of words of definition and attribution.

(a) The role-player says "ideal mother" and not merely "a good woman." We believe that there is a category in the mind of what a "mother" is that is different than what a "sister" is or an "aunt" or what a "woman" simply is. The word "mother" carries a different weight and a different set of expectations than any other of those definitions. I highlight this moment because it is necessary not only to place the symbolic situation in the past at the "right" age during childhood but to make the "right" attributions for the category of the care-givers. It would produce an entirely different reaction in the client if the antidote would consist of an "ideal foster mother" or "ideal nurse." We innately want our "mothers" to do the mothering and not some substitute figure.

(b) The group member role-playing ideal mother could be instructed to place herself between the threatening figure of the real father and the client. The visual experience of seeing such a powerful ally physically blocking the line of sight has a strong effect which gives the client a totally different perspective on how it could have been to be a child at that age and yet feel safe.

(i) But that would not be the final healing step. A further one would be to enroll an ideal father who when he arrives on that stage would say to the client, "If I had been your ideal father, I would not have used my strength to hurt you, I would have used my strength to protect you."

(2) Therapeutic value: In such scenes the client can viscerally feel like a protected child and reconstruct a self-image that would include the satisfaction of that need.

23) Construction of Complex Antidote Scenes
    a) Some clients, when viewing the role-player representing the image of the real father who had done the beating, can suddenly shift their attention to the reflection or realization that their real father had been that violent because he himself had been beaten by his own father and had suffered badly during his own childhood. At that moment, the client is no longer in the grip of the image of his father as an adult, but he is interiorly viewing his own, interiorly-constructed image of his father as a boy from hearing stories of how his father had suffered at the hands of his own cruel father.
    b) Then the therapist can suggest that the client choose someone in the group to role-play their image of their father as a boy. When externally confronted by such an internally perceived figure, clients – much to their surprise – often break into tears of compassion, welling up with heart-aching concern for the well-being of that parent. Following the theory of "holes in roles" the therapist can suggest to the client that his "father as a boy" be provided with an ideal father who would not have beaten him, thus giving him the opportunity of being the "audience" to his father's therapeutic antidote.
    c) The client chooses someone in the group to role-play such a figure who says, "I will role-play the ideal father for your image of your real father as a boy." Then in the antidote scene this ideal father is instructed to say to the image of the father as a boy, "If I had been your ideal father, I would not have beaten you, I would have protected you."
        i) Therapeutic value: The relief that clients feel when they see their father as a boy being cared for in contrast to their inner images of their father cruelly treated is quite impressive. It is as if something had fallen from their shoulders, their breathing shifts and they frequently make comments like, "I feel as if a burden has been lifted from me and I feel lighter and can breathe more freely."
        ii) At that moment I believe we are seeing the external evidence of the easing shift on their viscera that had been overloaded with the responsibility of being the ideal father for their own father without them ever being aware of that function and responsibility that the had taken on.
    d) There is a kind of cascade effect that follows the viewing of such a scene. Often clients will exclaim, "If my father had been treated like that when he was a child my whole life and my mother's life would have been different." This attitude reinforces the belief that one could have had an ideal father for one's self that was believable, whereas until such a moment the belief in the possibility of an ideal father might have been impossible to entertain for some clients.
    e) Another step in the holes and roles procedure would be to have the client consider how it would have been for his mother to have had a less threatening husband, for in many cases, the child of such a mother unconsciously places themselves as a much better alternative to their real father. Not in a traditional oedipal sense but in a sense of providing a more just relationship to their harried mother.
    f) That step, in short, would be to provide his internal image of his mother as a young woman with a role-played ideal husband who would say to her, "If I were your ideal husband, I would never have been cruel and threatening to you."
        i) Therapeutic value:
            (1) This image too results in a lifting of burdensome feelings in the client, who perhaps for the first time realizes that he had taken on that role and task for himself.
            (2) It also reduces the sense of messiah-ship in clients, as they no longer have the feeling that they are the only answer. They feel smaller and less powerful. The unbinding of primitive feelings of aggression and sexuality is thus rebound, calming the client's

interior and making the world, internally and externally seem simpler, quieter and less daunting.

(3) It does have a paradoxical diminishing quality, for many clients at this juncture feel a sudden reduction of power and more "like the rest of the world," less important. Thus, their self image is reduced to a more realistic and eventually more comfortable and human level.

24) Return to the Standard Antidote Scene

i) After viewing the healing scenes that fill the "holes in roles" the client is in a much more receptive state to receive and believe the ministrations of the ideal figures that would supplement his maturational history.

ii) In passing I would like to note or highlight the fact/discovery/realization that people who have been unconsciously active and busy caretaking – putting out – for their caretakers and other antecedents too soon in their childhood are paradoxically unable to experience the – taking in – ministrations that they so desperately need for themselves that are necessary to gain a sense of satisfaction and fulfillment that leads to true maturity.

iii) Following those scenes the client can experience the relief of having not only an ideal father but also an ideal mother that holds him and gives him what was so sorely missing in his actual past. This can be constructed with the role-playing figures, interacting with the client by physically holding, or protecting, or supporting – whatever the needs were that were missing – in a way that they wished could have happened.

25) Internalization Process

a) At the end of the session, the client, held (in the manner that he has choreographed and directed) by his role-played ideal parents, falls into a relaxed, safe and satisfied state. Thus, reproducing in the therapy session exactly the state that he had needed to experience, but never had in his actual past as a child.

b) In the reality stage of the present, the client is an adult in interaction with other group members. To make this virtual-reality, staged-event have the lasting power of an actual memory it is necessary to re-awaken those parts of the client's memory where he has stored the image of himself as a child and link it with his actual history so that both are stored in same locations in his brain.

c) Therefore the therapist suggests to the client, "Remember yourself at the age when you were longing for such contact and satisfaction and experience it in your mind's body as if you were that age and held by the "just right" "mother" and "father" you innately expected to find as a child Our belief is that we then awaken the "mind's body" to internalize this experience in association with the actual memories of the body at that age.

i) Therapeutic value. This positive experience is now internalized and installed in conjunction with or linked in association with his actual memories, providing him with a psychological/neurological base that supports him to live successfully in interactions with the outside world.

26) Conclusion

a) The scans prior to the clients therapeutic sessions show an absence of normal emotional increase in the Anterior Cingulate and mediofrontal cortex. We believe that they clearly demonstrate these clients' inability to regulate or inhibit the emotions aroused by their traumatic histories and memories.

b) The over activity in insular regions is evidence that this class of clients have higher emotional stimulation than normal. This is in line with the histories of these clients and with the clinical histories of clients with similar difficulties.

c) The PBSP process works with the awakening of verbal memories and their ability to awaken underlying processes of feeling that affect relationships and consciousness in the present. We assume that this process also puts that area of the mind under greater conscious control of the client.
d) The spatialization process of PBSP therapeutic interventions makes use of the spatial orientation aspect of memory storage and retrieval. Placing those processes under the control of the client enhances their cognitive and executive functioning.
e) Without the clients control of those processes the tendency to be over alert to body reactions to visual stimuli is expected. When the threatening external and internal worlds are attended to in PBSP antidotal interventions, clients anticipate far less dangerous internal and external environments.