

THE EFFECTS OF PRE- AND PERINATAL TRAUMA

By Albert Pessa, June 1990

Al, together with his wife Diane Pessa, are the creators of Pessa System/Psychomotor. Al is a master therapist/teacher who was influential in Ron Kurtz's development of Hakomi. This article provides an introduction into his work as well as information about pre- and perinatal issues. Information about Pessa books, articles, and trainings are available through writing him at Strolling Woods on Webster Lake, Lake Shore Drive, Franklin, NH 03235, or calling (603) 934-5548/9809.

In this talk I shall address the topic of the effects of pre and perinatal trauma on adult life and how it is recognized and attended to according to the theories and techniques of Pessa System/Psychomotor.

I will give you a brief history and description of Pessa System/Psychomotor Therapy. Following that I shall explain how we look at the effects of pre- and perinatal trauma and finally I shall describe how we treat adults who have that history. I will include one case.

I

But, I would like to describe a way of looking at the issues of having a place in the world and the transition from conception to conscious living, using metaphors and images that include those based on religious and mythological literature. I find these metaphors and ideas helpful in that they evoke ways to understand and treat the problems of early loss.

We do not only live in our bodies, we also live in our minds. Thus, we must find a place in two universes, the physical world and the world of the mind. To have a place in the physical world, we must first be permitted to remain inside something larger than ourselves that willingly gives us the space and conditions needed for life. We are given the right to exist only by something other than ourselves - we do not attain a place in the world simply by our own command and efforts.

To have a place in the world of the mind, we must first exist as an image in the mind of another. That is, we must first be given a place in

the mind of another, then we can have a place for our own image in our own mind. The quality of our own image in our own minds, is based on two factors:

- 1) It is based on the quality of the images of us that exist in the minds of those who give us our physical place in the world, and
- 2) It is based on how we are physically treated by those people.

So, to be able to have a satisfying and contented life, we must first be given a place in the life and mind of that all important other. From the loving treatment at the hands of that other and from the loved image in the mind of that other, we can create a place for the loved image of our own self in our own mind. Only then can we live in both the physical and psychological worlds in a satisfying way.

Before we are born, before we exist on the physical plane, when we are pre-existent and not yet alive, we can be described as having a place in the arms of God, the creator. In that heavenly place we are immersed and embedded in bliss and oneness that provides us with total pleasure and security. There, we cannot die, for we are not yet alive; we cannot be hurt, for we are surrounded by safety and power; we cannot be lost, for we are not separate beings. There we have the ultimate experience of place.

To be drawn willingly away from that heavenly fusion, to be born into the world of flesh and reality, we must be led with sweetness and good tasting things, like those found in the creator's presence: unending love, warmth, security and blissful feelings. Why else should a child-soul be willing to come to earth and be

alive, if life will not be as attractive as being in heaven?

The uterus presents the foetus with the earthly equivalent of that godly place and is thus perfect as the heaven-earth bridging vessel. Embedded in the warmth and closeness of a fleshly, child-longing, mother, the soul of the foetus hardly notices the transition from union with the creator in heaven to symbiosis with the mother.

If the experience in the uterus is negative or damaging and further, if the arms, hearts and minds of the parents are rejecting, infants long to go home again - to where things were right and good tasting. In their emotional center, they know when they are not in the right place. They know what it is they deserve - they expect the comfort that they remembered before in heaven to be fulfilled and they seek ways to find it. Or to say it in another, less spiritual way, they expect the promise of earthly satisfaction of basic needs that is implied and embedded in their genes to be fulfilled, and they seek ways to find it.

After the child is born, the arms, hearts and fond gazes of the parents have to sustain the effect of the sweet, loving embrace of the uterus. Parents must let their children know that the spirit of the creator also lives in their hearts, their arms and their gazes - for what else have young souls known but that. If it is not found and experienced on the living plane, they will miss it and long to return to the heaven they knew before life.

Such rejected infants grow up to be children and then adults looking to the sky, to faraway places, the void or even to death as the place where such peace can be found again. As therapists we must find the symbols and images of what it is that has been turned to, and help them create a believable emotionally meaningful dialogue and connection with those symbols. For there, in the symbols they project the hope of final homecoming, peace and connectedness, where they will find a livable place. When those symbols are brought to life in the therapy, the client can finally make intimate contact with them and through them to others and finally experience that they have a right to a place in the living world.

II

Now I shall tell you about the work of Pesso System/Psychomotor. This method of psychotherapy, PS/P for short, was founded by my wife, Diane Boyden Pesso, and myself in 1961. Since that time we have developed it into its present complex form which is applied by many therapists in private practice and in many clinical centers throughout the U.S. and Europe.

PS/P is based on the understanding that all life affecting events including conception and pregnancy during wars or during other traumatic social and environmental disasters not only leave records in the mind, but make an imprint on the very fabric of nerves and tissues. The memory and impact of those events affect how people think and move as adults and also how they experience themselves in the world. Negative histories critically distort individuals' image of the world as well as severely diminish their own sense of identity and value.

Using PS/P processes, we have learned how to access the information contained in the physiological imprints left by traumas, enabling clients to emotionally reconnect with the psychic states of their early, wounding histories. There are techniques which help clients bring to experiential consciousness those unintegrated, emotional reactions stored in the body as symptoms of pain, tension, stress, etc. Those previously unintegrated, unconscious reactions, are processed during the symbolic reconstruction of those events in the therapy sessions in the group. Then, through the creation of symbolic, healing, antidote-providing (gegengift geben) counter-events, we can offset and neutralize the negative effect of those damaging situations. This healing experience leaves clients with a more satisfying and benign picture of the world, and a higher sense of self esteem, as well as a body relatively free of pain and tension.

The work occurs in groups of between 6 to 12 participants. During each session one or more group members are individually given the time to do a piece of therapeutic work, called a structure, which can last between 40 to 60 minutes. During the structure other group members are called upon to role-play harmful aspects of significant, real figures or healing, ideal symbolic

figures. The structure takes place in the safe, accepting, psychological atmosphere, initiated by the therapist and supported by the group members, called the "possibility sphere".

Although the work of PS/P is not only focused on pre- or perinatal topics, the quality of the possibility sphere is purposefully and distinctly uterine, in that it provides an accepting, nourishing, life-supporting arena in which to work. The possibility sphere, unlike the literal space of the uterus, is also a psychological space which is conducive to the birthing of the unborn parts of the self into reality and consciousness. In this way it is somewhat akin to the notion of the "holding environment" of the Winnicott school. The possibility sphere offers a safe, literal as well as metaphorical space where the client can:

- 1) become conscious of how they actually experience their lives at the present moment;
- 2) explore and integrate the painful, submerged parts of their personalities;
- 3) experience the symbolic satisfaction of previously unmet basic needs.

Like the uterus, the possibility sphere says "yes" to life. Although it is empty and non-demanding, it nonetheless contains the promise of the provision of those necessary elements, caring, time, space, energy, satisfying loving contact, consciousness and understanding that will satisfy basic developmental needs.

Those healing elements are furnished by the therapist in his/her function as leader and by the role-playing group members, so that whatever may be needed for this particular psychological birthing will be provided - just as the literal uterus and reproductive system of the mother provides the conditions and nurturing elements necessary for the literal development of the foetus.

The role-playing group members - verbally and non-verbally - symbolically supply the necessary and longed for interactions that satisfy all expressions of emotion and affect as well as gratifying the unmet needs of the past using the technique of negative and positive accommodation. The role-playing accommodators do not improvise or invent their roles but specifically adapt their behaviour, under the direction of the client and the therapist, so that they respond precisely as the situation requires, based on the

notion of "shape/countershape."

For example, if the shape of the emotion being expressed is anger at the frustration of needs, then the countershape provided by the negative accommodators is their reaction as if struck or painfully affected by the anger. If the shape of the need being expressed is a longing for nurture, contact or support, then the countershape by the positive accommodators is the loving, bodily contact, words and behaviours that would satisfy those needs.

"Negative accommodators" are enrolled to represent fragments of the damaging or frustrating original figures and "positive accommodators" are enrolled to represent the wished for, and symbolically provided, "ideal figures" who, had they been there in the past, would have responded more appropriately and satisfyingly to the needs of their child. These ideal figures are not made up of parts of the original historic figures, but are therapeutic healing, archetypical, inventions created to symbolically satisfy unmet childhood needs based on the human capacity to offer love, respect and care.

Structures do not always begin with the direct exploration of a historical event but frequently start with the process of the client first attending to the "center of their truth". By center of truth, I mean that interior collecting point of attention and awareness where the client has access to affective body states (via emotional/physical signs), and to mental states (via thoughts, values, ideas, injunctions, and resistances) associated with those feeling states. By consciously attending to what is felt in their body and what is going on in their mind, clients become more conscious about what they really feel, and what they really think about things at the present moment.

Thus, the act of getting to the center of truth tends to awaken that part of the personality that can oversee the information coming from the body and mind and is able to make choices, assess reality and carry out decisions from that position. The client is then more in control of the therapeutic work.

The next step in the structure is the creation of the true scene. True scene is the name for the symbolic, role-played event created in a

PS/P session that visually illustrates the information discovered at the center of truth by externalizing and interpersonalizing it.

The true scene is created by having the emotion and meaning in the client's body expression be seen and commented on by a "witness figure"; and the thoughts, values, and injunctions coming into the client's mind spoken aloud by "fragment figures". For instance, if the client discovers feelings in the body that lead toward crying, a witness figure might be enrolled to say, "I see how sad you are". And following the client's spoken aloud thought that crying is for weaklings and girls and not to be done by boys, a fragment figure might be enrolled to say, "Crying is for weaklings and girls and not to be done by boys."

The true scene transposes interior truths into an interpersonal, interactive form and is thus a reminder that all interior states are generated and affected by interactions. With their consciousness made more visible, clients are more likely to comprehend the origin of their feelings and thoughts and therefore better able to control and master emotional and mental states.

"Witness figure" is the name used for the role-played, symbolic figure (a fore-runner of an ideal, need-satisfying, validating figure such as an ideal mother or father) who sees, validates, accepts and gives names to the client's emotions and feeling states as they are revealed by their movements, facial expressions, posture, gestures and words. In so doing, the witness figure helps the client consciously experience and accept repressed parts their own emotional truths.

"Fragment figures" are the names used for the role played symbolic figures (a fore-runner of the negative aspects of real life figures) who represent and announce the client's learned codes of behaviour, values, injunctions and resistances.

The "true scene" places the client at that painful juncture where the experience and consciousness about emotions and impulses are met by opposing thoughts and attitudes. There, the client is made more conscious of the conflicting options available to navigate through life.

Seeing this illuminated model of their consciousness, clients readily associate to memories of similarly charged past events which have supplied the content and foundation for their

present day reality problems. Then the structure can turn to those incidents.

From years of doing historical structure work we have come to understand the basic needs of human beings and are able to recognize and predict the debilitating effects arising from not having important developmental needs met at the appropriate time. The most fundamental of those earliest needs are: place, nurture, protection, support, and limits. As I said at the beginning of my talk, early traumas, especially those around the birthing process, profoundly disturb people's sense of having natural right to the very first basic need, that of having a place in the world. This feeling that one lacks a place can be detected from the way such clients move as well as in the words and metaphors that they frequently use.

III

I will now list some of the pre-natal and perinatal circumstances that I and other therapists believe can disturb the child's natural feeling of having a rightful place in the world. These circumstances also produce other toxic consequences that affect how the infant feels about itself and how it will form its picture of the world, but the primary focus of this talk will be on the issue of place.

A. Conception and pregnancy during great social disasters such as wars, political persecutions, earthquakes, etc. Hearing the sounds of war and calamity not only affects the child's sense of place but profoundly limits its future capacity to screen out and defend against similar future overstimulating, fearful and anxiety producing events. A mother can offer no shield against intruding sounds and intruding dangers and the child's own ego will not be able to do it for itself later. The loss is felt in the basic need of protection.

B. Incomplete embedding of the fertilized egg. This can be brought about because of emotional problems in the mother, over sedation during pregnancy, or the effect on the mother because the child is conceived by rape or incest. Here, a kind of deficit is suffered which I may best be able to describe metaphorically. When the child is first conceived and its early cells make the journey which ends in their being embedded in the

wall of uterus, the placenta (literally a place center) is established. As the tiny organism attaches to the wall of the uterus, it is as if the child is being literally rooted into the very being and fabric of the mother. If the firmness of the embeddedness is seriously disturbed - due to organic or psychological circumstances - it can result in a miscarriage, or natural abortion. However, if the dislodging is not so critical and the foetus is carried to term, it still may seriously impair the infant's normal physical and psychological experience of tranquil trust and security. People who have had such uterine history long for intimate contact and endlessly wish to be enclosed within an accepting space, that would reconstruct or duplicate the uterus of a loving mother. Paradoxically, such adults may shrink from contact fearful that it might be toxic or that they will be overwhelmed by their desperate, infantile wish to fuse and merge with the person they wish to touch. This kind of history contributes to the dread that such adults inexplicably feel that they may momentarily be torn loose from their physical and psychological moorings and roots. It creates anxious individuals who daily fear that they may be at any moment cast loose and set adrift into the void, or the emptiness of death.

C. Frightening and threatening auditory or physical experiences while in the womb that directly communicate the hostile atmosphere in the home of the parents to be. The foetus certainly reacts to the noise of arguments, the screams of the mother, combined with the sound of her pounding heart and distressed breathing, directly telling of her fear and/or fury. The foetus can be literally injured by the slaps or punches of angry or hate-filled fathers and mothers-to-be, etc. One can easily speculate on the extent of damage this inflicts on a child's psyche and image of itself and the world it will enter. Moreover, a child may tend to withdraw from its body and shrink back to a pre-living and non-experiencing state.

D. Hormonal or physiological transmission of the mother's unwillingness or unhappiness about carrying the child. The child feels the "no" to its existence on a chemical level. This toxic experience while in the womb of the mother creates children who feel ungrounded, out of touch with the real world - separated and isolated from others as well as themselves. They tend to

feel unconnected to meaning, the meaning of the world as well as their own and often tend to frequently depersonalize and dissociate. It is as if they do not even have a place in their own psyches for their own experience. Or, that their early experience is so overwhelming that they dissociate from it as there is insufficient place in their egos to contain the full impact of that on their immature nervous systems. This is similar to the circumstances described in B.

E. Foetal development in a uterus of a small mother's insufficient body cavity. The child in the latter part of pregnancy literally experiences too little place to exist. The world is encountered as a suffocating place denying space for the becoming of the self. There is literally not enough space for life.

F. Premature birth. The immature foetus enters a world for which it is not yet completely prepared. Something is missing and the child and future adult often yearn to go to some "longed for home" where it can find the rest of itself. It has not had sufficient experience of the safety of place to create a firm enough memory of it.

G. Being born to a mother who has recently suffered the loss of a child and while pregnant is still mourning the dead one. Such children sometimes feel that they have stolen the right for existence from the one who has been before them and is no longer to be seen. The mother's grief has practically seeped into them through the amniotic fluid. They carry a sadness and a shame about their existence that they cannot shake. In a recent therapy session a client wanted to shrink away from existence and be either in some loving womb, or in the earth - literally the grave of the often visited dead brother who the client felt was still more deeply loved than she ever was.

H. Abandonment after birth. When the mother dies or is critically ill and hospitalized immediately after birth there may not be sufficient care arranged for the infant. In that event the continuity of place is disturbed and the child longs to return to some earlier remembered place.

I. Lengthy hospitalization for a life threatening illness shortly after birth. The pain and trauma of a near-death experience teaches infants to separate from their bodies and keeps them from trusting anything outside themselves. When life is

almost gone from them, when they are struggling to remain alive, they find no familiar face to turn to, only strange nurses and frequently, no one at all. They turn to something within themselves or to something transcending themselves that can sustain them. Their transition from being in the arms of God to being in the arms of their parents has been disturbed and they have landed somewhere in between. They long to feel intimacy, trust and loving-ness with people, but seem never to fully be able to accomplish this step. Coming so close to death, and by implication, God, they become that much less connected to and invested in, earth and living. They tend to lose interest in the real world and as they grow older they might seem far away, often expressing the longing for other places - seeking something more legitimately real than the places they find on earth. They become dreamers of other planes of existence, fascinated with esoteric, other-worldly topics. Alienated from every day experience, not cathected to ordinary living people, but to faraway other things and other places, never feeling at home in their bodies, or in the houses and cities of their upbringing. Those who do not discover or invent sufficient external symbols of God in their struggle for survival may simply succumb to the temptation, and perhaps necessity, of a direct return to God may simply give up and die.

J. A child is given up to adoption immediately after birth. Here there is not a break in attention, but there is a subtle shift in the surroundings which the child can sense. Consider that the child has spent nine months within a body listening to the same voice, heartbeat and breath of a particular mother. In an ordinary birth that child is held in the arms of that selfsame mother. When a child is taken immediately after birth and given up to adoption to another woman, it certainly notes that the voice, the heartbeat, the breathing is different. It must be a shock to the child, just as being transplanted is shock to a young tree. The transplanted tree and child survive, but an effect is certainly registered that will show up in the future.

IV

When these kinds of events are presented in structures, we first help clients to connect consciously to the experiences that are remem-

bered and locked in their body symptoms. In the structures, they can finally feel the dread, the pain, the terror of their damaging foetal and post uterine experiences. With the help of containing figures who hold them and keep them from literally and psychologically falling apart during those emotional and body-wrenching experiences, the client can finally integrate what was un-integratable. In the structure setting, with the physical and emotional safety provided by the possibility sphere, much healing can occur.

Then we provide as an antidote a symbolic experience specifically designed to neutralize and offset the damaging consequences. If the child springs from an unwanted pregnancy occurring during a war, the ideal parents are arranged so that they would have had the child in peacetime when they were perfectly prepared to receive and care for this new soul. If the embeddedness of the foetus was incomplete, the client can organize the symbolic experience of re-embedding in a child-longing ideal mother, etc.

The typical healing procedure creates a physical and psychological counter-event in which the reversal of the toxic history can be symbolically experienced. If the client feels or learns that there were many miscarriages before he/she came along and that he/she barely made it into the world, he/she might construct the foetal experience with a young ideal mother, who never miscarried and who has a perfect lodging place for him/her to be rooted in her body. The client may be held in a foetal position in the arms and laps of group members enrolled as extensions of the ideal mother's uterus, and feel as if they are now provided with all the softness and tenderness that they imagine should have been available there. Attention is paid so that the antidoting is done with all the appropriate figures, words, body surfaces, and when necessary, cushions that will produce the feeling that is necessary to build a new, believable, symbolic experience that will be laid down as a new healing memory with the same value and force as a real literal event.

Thus with all the above mentioned conditions the antidote is similarly constructed.

V

I will now describe a structure from a recent professional workshop with psychothera-

pists. There was some question as to who would have the next structure when one of the women in the group raised her hand to say that she wished a turn. I looked about and saw that no one else had raised their hand and I said to her that it was her turn then. She turned red, looked a bit anxious and smiled with a look of surprise and dismay, saying, "I didn't expect to have a turn or that I would be the one to have a turn. I was sure some one else would get it."

Moving directly toward creating the true scene, I said to her, "If there was a witness here now, he or she would say, 'I see how shocked, surprised and unsettled you are that you were the one to get the turn.'"

"Yes", she said. "Things aren't supposed to come so easy."

"That would be the voice of your truth saying that," I said. "It would say, 'Things don't come so easy.'"

"Yes." she said in agreement. "You have to work for what you get in this world."

At my suggestion she enrolled both the witness and the voice of her truth and the scene was created. The witness saw how surprised she was, and she flushed again remembering that feeling.

She said, "I really didn't expect that I would get it."

"That implied a voice of negative prediction," I reminded her, "that would say, 'you won't get what you want.'"

"That's true," she said. "My sister always got there first. My mother preferred her and she was always the favorite."

She said she was an adopted child and her eyes filled with tears when she said that she was taken from her biological mother on the day she was born and given to her adoptive mother.

I asked her if she wanted to enroll her adoptive mother in the structure, and she asked one of the group members to do so and placed her further away in the room.

"My mother never really wanted me or liked me," she said.

The adoptive mother was instructed to say that.

Hearing that, she looked forlorn and slumped as she sat on the corduroy covered foam couch. I suggested that the witness could see how forlorn or dejected she felt when she remembered

that her mother never really wanted or liked you. She agreed.

"How does that feel in your body to hear that?", I asked.

"It hurts in my chest," she said.

I instructed her to contract the muscles around the feeling and see what movement, sounds, or emotions arose from there. She made a sound that gave me the impression of a wounded animal, or a very small injured child calling weakly and hopelessly for help.

"How does it sound to you, hearing that?", I asked.

"I heard it, but it didn't seem like it was coming from me," she said. "It didn't feel like it came from my body."

I suggested to her that the feeling was split away from her or she was split from her feelings and that this might be the time to enroll a voice of dissociation, which would say "Don't feel what is happening to you."

"Yes," she said, "I often dissociate. It is an old habit and problem of mine."

I suggested to her that it was normal for people to dissociate when encountering too powerful or uncomfortable feelings.

Then she looked at the negative mother and said she was angry, at her for rejecting her and favoring her sister. She spoke forcefully and made gestures emphasizing her aggressive feelings. I asked her if she wanted her negative mother to act as if the anger had struck her. She said yes and the accommodator did so. She was pleased to see the effect of her anger on her and then directed the accommodator to fall as she aimed her blows in her direction. The accommodator fell to the ground.

Seeing that, the client suddenly began to cry. "I feel so alone," she said. "Now I have nobody."

The witness said that she could see how sad she was now that she had nobody. She wrapped her arms around her body and tightly gripped her own shoulder and leg, her fingers digging into her flesh.

I asked her if she wanted to have someone other than herself that she could hold onto like that, as it appeared she was doing so in the absence of having someone to hang onto.

She chose a group member to enroll as a figure she could hold onto. In my mind I was

associating that clutching, finger penetrating, gesture with my understanding of the child wish to be embedded in the flesh of another and was doing it to herself in the absence of having someone to do it with, but at the moment I did not say that to her.

She held on to that figure and began to smile and look happy. The witness duly noted that. Then she began to have motion in her pelvis and I asked her to find a way to move that part of her body in some way that would produce a satisfying interaction with that role figure. She maneuvered her body and the accommodator's body in an interesting fashion. For a moment it even looked like she was about to separate the legs of the accommodator as if she wanted to climb into her. Then she began to rock together with the role player and a look of pleasure and delight came over her face.

"It is as if we are on a boat together and sailing. It feels wonderful." She continued that for some time with a look on her face that was near ecstatic. I saw a combination of infantile feelings and sensual feelings showing on her body. But mostly I imagined that the water metaphor had to do with the wish to be rocked and safely intimate with a female figure.

All at once she stopped and said, "It can't last. Nothing good lasts." She separated from that figure and lay crumpled on the couch. The voice of negative prediction was instructed to say, "Nothing good lasts."

She agreed with that statement and her body got more and more shrunken. She said, "I feel like I want to shrink until I disappear." I said let yourself follow that feeling and give movement to it. She wound up in a little ball.

Once again she said, "I feel a tension in my throat."

"Tighten the muscles around that tension and see what comes of it," I said. "Make the sounds that would seem to come from there." Once more she made those helpless sounds, this time they escalated until she began to cry with bitter desperation.

"Do you want a contact figure to hold you while you cry?" I asked, softly. This is an intervention I often make when there is deep grief that seems unbounded and without sufficient physical support to handle it.

She said, "No, I have to be alone. I have to take care of myself."

This attitude was underlined by the voice of her truth.

She stretched out on the couch. She was limp and looked helplessly upwards as if to an absent God. Once again her pelvic movements began and she reached up helplessly.

I said, "What do you need that would bring some satisfying interaction?" She said, "There is nothing and no one that I can turn to."

When people make that kind of statement I assume that somewhere, they have projected satisfaction and I asked her if she had such thoughts. After some time, she said that in the afterlife she knew she would be happy, but not in this one.

I said, "Create a place in the room where that afterlife condition would be and then place someone there to be the voice or the spokesperson of that place." She chose another woman in the group to enroll as that figure.

She said that there she knew she would find peace. The accommodator was instructed to say, "Here you can find peace."

On hearing that she began to cry, saying, "There I wouldn't have to do anything to get things, I would just have to be myself." The role player said back to her, "Here you wouldn't have to do anything to get things, you would just have to be yourself."

I asked her if she wanted to be in contact with that figure. She said yes, but looked puzzled. She said, "Does this mean that I am suicidal or that I want to be dead?"

I reassured her saying that she could be in contact with that figure knowing that she had projected peace and relief there and that it would be a symbolic process and not an expression of a wish for literal death.

She asked the role player to sit on the couch and then moved her and herself until she found a way to climb into her lap pulling the arms of the accommodator around her.

Being held in that position brought up a great well of sadness, longing and relief and she began to cry deeply in a way that was very moving to the group as several members began to weep.

While sobbing, she began to clutch

desperately at the figure and at an appropriate moment I suggested that perhaps the wish that had shown up before was again being expressed and that she should try to squeeze that figure as tightly as she wished. She said she was afraid to do that thinking it would hurt the role-player. It was not that she wished to hurt her but she felt the wish to clutch was so great she was certain it would be too much to bear.

The voice of her truth could then say, "Your need to clutch someone so tightly is too much for anyone to bear."

She cried desperately at that and buried her head in the shoulder of the accommodator.

I asked her if she wanted that figure to say that she could bear how much she was clutching her. On hearing that she dared to hold her tighter and her crying this time included the relief that bespoke the possibility of having the new license.

Here, I thought it useful to point out to her that this was no longer merely a figure from the next life but was functioning more in the style of an ideal mother. I suggested that we change the enrollment of that figure into an ideal mother category, for that was what was wished for in the first place but had not expected to be experienced until the next life.

She agreed and then began to feel the beginning of pleasure and relief that had surfaced with the earlier figure of contact, but this time she was not holding her in a way to ride on the waves but clearly as a little child holds onto a mother.

After some time she said, "This won't last either."

Here was the latest expression of the pattern established early in her history was that all good things came swiftly to an end. The voice of negative prediction said, "This won't last either.", and she agreed with it.

Now I thought would be the appropriate time to provide an antidote. I felt sure that her life had been one long continuous series of losses after another. The root of which was the first loss of being too early plucked from her biological mother.

Therefore I suggested that she construct this figure as an ideal biological mother who would not have given her up for adoption as her original mother had, but would have raised her herself.

The remembrance of the pleasure of a few moments before, coupled with the possibility that it could last with this ideal mother who would never have given her up, lit up her face. Clearly, this new thought presented hope and she began to return to the peace and satisfaction she had felt when she first contacted that figure as someone representing the next world.

To cement the connection between the two images, I asked her if she would like to hear her ideal mother say, "I would make you feel as wonderful as you expected to feel in the next world." She agreed and thus linked the two experiences.

Now she settled into the embrace of the mother, her breathing got deeper and slower and her body visibly relaxed.

She said, "I could stay here forever."

I asked her if she wanted to hear from her ideal mother that she could stay there forever, meaning that on the feeling level that she need never leave this state of bliss with her mother.

The ideal mother said, "You can stay here forever."

I asked her to make an image of herself at that age, with all the blissful feelings that she was having included in it. And then to make another image of the ideal mother providing those feelings around her. That way, she could internalize that composite image within herself so that when the structure was over it was not as if the ideal mother was leaving. Her adult mind could note that the structure had come to an end.

She stayed some time in the arms of the ideal mother, consciously establishing and recording the feeling of acceptance and bliss. She wanted one more thing, she said. She wanted to hear her ideal mother say that she didn't have to do anything special to have attention or have her needs met but that she would be there for her just as she was. The ideal mother said that and she smiled with her eyes closed nodded her head as if saying yes as she included that feeling in the image she created.

After some moments she opened her eyes, having the look that people have when they are at the end of the structure. I asked her if she had the images firmly in place. She said yes, and I asked her if she was ready to de-role the figures. She said she was. She first de-rolled all the negative

figures and ended with the de-rolling of the ideal mother.

The accommodators returned to their places and thus the structure came to an end.

Afterward the client spoke to me and told me how much she appreciated the work. Although it was only one structure, it did give her new perspective and the healing reconditioning nature of the antidote gave her some of the means as well as the hope that she could effect positive changes.

And now I have come to the end of my talk. I have given you an outline of basic PS/P theories and techniques, described how we apply those process to the issues of pre and perinatal trauma and finally given you a description of its application in a recent structure.

I will finish with a plea for the rights of the child. Children deserve to find on earth the warmth and meaning they found before birth figuratively or literally immersed in and surrounded by their creator. They deserve to experience all of their developmental needs, but more importantly, they deserve to enjoy the gratification of those needs, for why else were they born with them? They deserve to have a place on earth where they can grow and become the adults that it is possible for them to become. It is an important task to help those who have been denied those rights. It is an important task to teach would be parents how to be respectful of the souls they have brought to life. Damaged children can be handled and given hope with this kind of work. Symbolic reconstruction can heal deep emotional and psychological wounds.

To all involved in this life giving work, I wish you success.

Thank you.