CURRENT EVENT	PAST EVENT
I am so angry! My roommate is getting married! She's only trying to get someone to take care of her, and *she* calls herself a feminist! What a hypocrite!	When I think about that kind of rage, I realize that it really has more to do with my jealous feelings of never having been taken care of myself. I guess my roommate has a right to live her life the way she wants to. I can see that I am still angry with my mother for leaving.
Total Impact: 10	
Impact of Current Event: 2	Impact of past event: 8

The point of this, of course, is to guide the client into the realization that he brings a great deal of the past into the present — that the past, in fact, determines how he will react to the present.

[1] Covert Bailey, *Fit or Fat? A New Way to Health and Fitness Through Nutrition and Aerobic Exercise* (Boston: Houghton-Mifflin Company, 1977).
[2] E. Cheraskin and W.M. Ringsdorf, Jr. with Arlene Brecher, *Psychodietetics, Food as the Key to Emotional Health* (New York: Stein & Day, 1974), 103.
[3] Cheraskin and Ringsdorf, *Psychodietetics*, 104.
[4] Bailey, *Fit or Fat?*

Chapter 3

The Source: The Primary Scenario

The Primary Scenario is both the beginning and the end of therapy. The process of therapy is an adventure, an exciting search for the source of the personality, the Self, the very beginnings of a person's behavior patterns — and the Primary Scenario is this source.

We call it a scenario — originally the outline of a play and, more recently, a screenplay — because of the many analogies between our lives and the world of the theater. "All the world's a stage, and all the men and women merely players," Shakespeare said. We speak of roles that we assume at different times and in different situations, and we occasionally have flashes of insight in which we speak of performing our lives instead of living them, of doing things in ways that seem foreordained. "Where is it written that I must always pick up after you?" questions the irate wife. Most of us recognize that we have a great deal of pattern in our lives — we are reliable, flaky, depressing, lots of fun, fussy, easy-going, or productive. When we do things the way our parents and our grandparents did them, we call it tradition. The only time we bemoan this consistency and predictability is when things go wrong — again! "Why does this always happen to me?" we ask. "Why does she always drag home the same kind of man?" "Why can't I ever get a decent boss?"

Good or bad, such consistency comes from the same source, the period of our lives in which the stage is set, our lifelong patterns established, and our traditions reaffirmed. This is the period we call the Primary Scenario. It is essentially completed for most of us by the time we are about six years old, but the first three years are the most important.

During this time the first bonding takes place, as a person's first relationship develops with the mother (or other significant person who takes care of him all the time). The Primary Scenario is the history of that first relationship as well as the blueprint for all relationships to come. Ideally, during this time a person develops an increasing confidence in himself and learns to have warm, fulfilling relationships with his parents, siblings, and eventually, the outside world.

As therapists, however, we usually see less ideal versions of the Primary Scenario and know that it's just as apt to lead to a lifetime of compulsive behavior patterns adopted by the baby as protection against the pain of having his needs unmet. It can be the scene in which the Self, unable to develop fully, withdraws, puts up barriers, and remains inside, stunted and fearful of annihilation.

The paradoxical thing is that, while it takes place over a relatively short period, it affects a person's entire life. *Most of us continue to unconsciously and compulsively reenact our Primary Scenario all of our lives in an attempt to meet the needs that weren't met at the time, to complete the task of the time — the development of the Self.*

The Primary Scenario is the sum of emotional and physiological experiences of a person's earliest months and years. It is the cultural, social, political, and family setting into which he is born and by which his character will be molded. A newborn baby is a mass of neurological responses and is almost infinitely malleable. He has no language or culture to help him analyze the situation he is born into, nor has he the experience with which to resist or exploit it. Thus a child raised from infancy in an urban New York environment is largely a product of his environment, and is a very different product than a child raised in an aboriginal Australian culture.

In a less global sense, the Primary Scenario is nothing more than the family system a person is born into: mother and father, grandparents and great-grandparents. It includes the family wisdom and folly, its prejudices and its values. It includes all its personal tragedies as well as its reactions to global ones. It includes, especially, its reactions to the new baby. Everything a baby learns about relationships, love and hate, pain and pleasure, and fear and security comes from the people of his Primary Scenario. His character structure grows in direct response to it.

So powerful is the Primary Scenario that everybody carries its lessons around forevermore, inextricably locked in the body and manifested in patterns of behavior. The child whose physiological and emotional needs aren't satisfied in timely and loving ways learns

to tighten his muscles to seal off the pain of hunger and neglect. He "steels himself against it" because it is intolerable.

The process is simple, whether it's the sealing off of physical pains such as hunger or emotional pains. A baby, bonding to its mother, is very sensitive to her feelings, which she expresses in her body just as he does. If she is nervous about feeding or holding him, that nervousness is transmitted by body contact and the energy he receives from her is not the warm, satisfying energy he needs. If she doesn't pick him up much just to cuddle him, or if she feeds him efficiently and puts him back down quickly, then he doesn't get the loving he needs. The pain of the insufficient loving is too much to bear and he seals it off the same way he seals off the pain of hunger. He might not cry much and might appear to be a "good" baby, but his silence is a defeated silence. His body has encapsulated the pain to prevent his feeling it, and, after a while, not many feelings penetrate at all, for the muscular blocks don't discriminate between positive and negative feelings.

Since a baby needs a sense of well-being from his mother for his Self to develop properly, the less his positive feelings are hindered, the better. Fortunately, most mothers are capable of giving whatever it takes for adequate bonding, for the bonding phase sets the stage for later developmental phases. It establishes the vulnerability of the child within that relationship, making further growth possible and determining the quality of that growth.

The tension or muscular holding patterns (or *blocks*, as we call them in terms of the energy flow within the body) form the child's structure. We commonly describe character in physical terms:

"She keeps a stiff upper lip."
"He's walking on eggs".
"He's got a chip in his shoulder."
"Butter wouldn't melt in her mouth."

Some people characteristically walk as if they're being chased, look down their noses at other people, and stand rigidly lest they touch those next to them. They are the obvious ones, but everyone has fixed muscular patterns indelibly stamped on his body. They formed initially as protection against pain but they remain, vestigial lines of defense that simultaneously cut off painful feelings and set the person off in predictable behavior patterns.

A sociologist in our ranks did a casual and (she thought at the time) humorous study of cleanliness in the families of her cooperative baby-sitting group.

"From the moment the first mother began feeding her baby semi-solid food, it was obvious there were going to be differences, and I was curious how they would show up as the children grew.

"I studied only the extremes — the Cleans and the Messies. The Clean mothers always had an extra diaper handy to wipe vigorously at their babies' cheeks whenever a drop of pureed prune went astray. It made me marvel at the resiliency of babies' skins.

"I surreptitiously placed myself behind high chairs and was soon able to predict that the diaper would be applied immediately after the mother's face changed from pride to disgust.

"The Messy moms gave their kids spoons early and only interfered with the feeding process when the babies got frustrated and hungry. Watching from behind, I could predict only one thing: when Mom's expression showed amusement or fond resignation, I could be sure that Baby's face was smeared to the eyebrows with Gerbers!

"I was able to follow many of these children through kindergarten. The Cleans stayed clean, but it seemed hard on them. It was on me, certainly, to watch a three year old trying to eat a tangerine without dripping on her dress, then crying because she had. Of course, one had to be careful making physical contact with a Messy because you'd likely stick to him, but they were a joy to watch at fingerpainting. They literally threw themselves into it.

"Even when new kids came into the groups I could tell whether they were Cleans or Messies by the way they approached the paints. The Cleans were tied up in knots, their little shoulders raised and their arms folded across their fronts, one hand holding the other arm. They really *finger*-painted, too, extending one thin finger as far out as possible, inscribing neat, clean lines. You know what the Messies did — you've seen kids like that.

"After a painting session I'd wait at the door with kids and watch the mothers come to collect them. I could always tell when a Clean mother caught sight of her kid by the way her face changed, and I'd swear there wasn't ever a drop of paint on him. And the child's little shoulders would shoot up again when he saw his mom and his arms wrap in front of him. Messy moms either didn't notice anything or they would laugh and ask if they could see the paintings. The kids never caught on. They always asked 'How did you know we painted today?' convinced their mothers were magic."

Other vignettes from the Primary Scenario that emerge in therapy testify to the body's retention of its early physical reactions:

"My husband can't hear requests made by women in the same pitch as his mother's voice," said one woman. "If I want something, I have to speak much higher or lower than my normal voice, which is much like hers."

"I know it's impossible, but I have this feeling that I never really digested a meal until I left home."

Just as the family transmits culture and language, it transmits the compound neuroses of past generations, passing on all the gaps in learning and feeling it has accumulated. It's no accident that a sour person has a sour family in his background while a happy person has a jolly one. Whatever bit of loving was left out of our parents, whatever bit of hatred was instilled in our grandparents, you can be sure of finding it somewhere down the line in our own behavior.

In gathering the Primary Scenario, therefore, the therapist must watch for the family process through several generations. It is a history of relationships that he is gathering, patterns of relationships impressed upon a child that he will probably follow unquestioningly throughout his life. We may resist the idea that a grandparent's childhood could determine what we do with our lives, but the evidence that it does is compelling.

It is the consistency in a relationship that affects a child. Occasional bursts of anger or expressions of disgust from his mother won't have a permanent effect on a child, but regular ones will provoke patterns of reacting or coping. As the sociologist noted with the Clean and Messy families, the children were responding to consistent, predictable early training. Unless something happens to break the individual patterns, the children will raise their children the same way. As one mother said, "I thought I'd learned so much and come such a long way from my mother, but when my son emptied the cupboard yesterday, the shriek I emitted was precisely the same as the one I used to hear from *my* mom."

A dentist named Alan jokingly tells a story that illustrates the multi-generational quality of the Primary Scenario. He states, "I hate the Sioux Indians," then waits for someone to call him a bigot so he can explain: "They made me what I am today, eternally seeking strong women who become helpless and then despise me."

"In the mid 1800s, my great-great grandmother was born in a covered wagon traveling from Missouri to Montana. In South Dakota the wagon train was attacked by the Sioux, with everyone left for dead. A day or so later another wagon train came by and found my three-month-old great-great-grandmother, hungry and worn

out from crying. Out of pity, they adopted her. Out of necessity, they rotated her amongst the families with nursing mothers, but she seldom had the same "mother" two days in a row. When the wagon train reached Montana, they found someone willing to adopt her, a stern, uncommunicative woman whose idea of raising a baby was no different from her idea of raising livestock. Accordingly, my great-great-grandmother was well fed and kept clean and clothed, but got no unnecessary frivolities, like love and affection. Needless to say, she grew up strange and uncommunicative.

"Oddly enough, she married and had a daughter of her own. Do you think she profited from her experience? Nothing doing! She had learned the mothering act cold (literally!) and repeated it perfectly with her daughter, my grandmother.

"Time came and Granny married. Same thing. She had my mother and kept her at arm's length. We've always been a 'reserved' family," parodies Alan, mimicking the haughty expression and cold demeanor of his mother and grandmother. "Then my mother had me and did it again. Kept me at arm's length while assuring me she was hugging me to her breast.

"Now," he sums up triumphantly, "can't you see why I hate the Sioux?"

Alan uses humor to help him bear the discomfort inherited from his great-great-grandmother's tragedy, but there are family histories about which no one laughs. The horror stories of people who saw the Holocaust and survived concentration camps didn't end when the war was over. The damage done to young people then has been passed onto the second generation who are now coming to therapy in large numbers. Without a great deal of help, this damage will be perpetuated in succeeding generations. The tendency for an abused child to grow up and abuse his own children is a monstrous testimony to our thesis — that we learn our patterns of behavior within our earliest relationships, then compulsively and unconsciously repeat them within all subsequent relationships.

Gathering the Primary Scenario

Because of the importance of the Primary Scenario, the IBP therapist begins gathering it as soon as the medical and nutritional intake are complete. We say "gathering it," but we could as well say "pursuing it" or "ferreting it out" or even call the process "the quest for the Primary Scenario," because all these fit as well. Gathering implies the simplicity of picking berries, but also the painstaking

collection of discrete bits and pieces over a period of time, which is exactly what happens. Although we get the major outline of the Primary Scenario in one or two sessions, we continue to gather essential bits — forgotten, repressed, or considered irrelevant at the time — throughout the process of therapy.

The idea of "ferreting it out" and "pursuing it" fit all the detective work involved in finding the source of a person's identity and character structure. We find clues where we can: in his peculiar body characteristics, muscular holding patterns, his physiological problems, his patterns of relationships, his anecdotes about his family, his prejudices, his passions, and even the old family picture album.

And sometimes we like the phrase "the quest for the Primary Scenario," for it is no less an adventure story than that of an explorer braving jungles, precipices, and hostile savages to find the source of a major river. The trickle of water seeping from a rift in a stone and hidden by a fern may seem anticlimactic, but the explorer isn't disappointed. On the contrary, he feels the thrill of discovery and a respect for the humble origins of his mighty river.

Similarly, a client going through the process of therapy, closing in on *his* sources — his Primary Scenario — has the same thrill of discovery. An early image of his mother glowering at his dirty face, grim though it may be, can provide the same thrill the explorer felt finding his ferny seep.

There are many ways to gather the Primary Scenario. The best method will depend on the preferences of the therapist and the different ways each client sees and remembers his past. We usually use a white board or chalk board to make a rough family tree as the client talks, filling it in with brief comments or notes. Diagramming the Primary Scenario is of particular importance because the visual aspect seems to make a much stronger impression on the client than merely talking about his history. On the diagram, we indicate the most relevant relationships. We take notes about details to explore later on. An example of Alan's family tree copied from the white board and a brief account of his Primary Scenario are on pages 84 and 85.

One good method uses as a guideline a list of questions compiled by IBP therapist Jodi T. Samuels, Ph.D. We don't ask *all* clients *all* the questions. We ask the basic questions and then, if offered any clues in the answer, we'll delve a little further. For instance, if we ask, "Were there any problems when you were born?" and the client says, "Yes, I had jaundice," we ask about things such as the length of his hospital stay.

The answers to many of the questions aren't especially important in content but they are important in how they reflect the quality of the person's early relationships. That is, we are not interested in the fact that someone had jaundice at birth so much as that he was left in the hospital for a week without his mother at a critical time in the bonding of mother and baby.

This is similar to our nutritional intake in that we care about a person's eating habits only insofar as they affect his emotional health.

Questions 1 through 19 look for any injuries done to the child; the rest look for the repetitive patterns determined by those injuries.

1. Imagine your early life as a movie.

This is a useful technique in several ways. So many patterns of behavior are set up in the Primary Scenario that we sometimes see a person's life as a one-reel movie, playing over and over again. He projects this movie onto the world and then participates in it. In projecting his expectations onto the world, he generally makes the people in his relationships conform to the patterns established when the movie was first filmed. He acts out his roles, they act out theirs. Another reason this works is that many of us have old family photographs depicting our parents and grandparents as children and as young married people. This helps us imagine more what they were like at ages significant to the Scenario, rather than going by our personal memories of them as much older people.

2. Start with your mother and father: What actors that remind you of your mother and father would you pick to play them in your movie?

This is your first good clue. Does the client choose Ruth Gordon, Olivia Newton-John, or Cloris Leachman to play his mother? Does he choose Clark Gable, Dustin Hoffman, or Darth Vader to play his father?

It is important that the therapist refrain from interpretation during the gathering, and simply note down information for later reference. For one thing, he doesn't want to get sidetracked. The prime reason though, is that it is only further into therapy that a trusting relationship develops, and only then will a client be able to accept interpretation, to "own" unpleasant connections that the therapist may have guessed immediately.

3. What were your mother and father like when they met? How old were they? What person was your mother closest to? Who was your father closest to? Were they happy? Were they eagerly looking for marriage partners or happily pursuing independence (not necessarily the same for both parents). Were they healthy? What were their values? Their goals? What did they look like?

4. What were they doing at the time? Were they in school? Working? In the Peace Corps? In jail? In the hospital? Were they yachting around the world, ardently pursuing careers, caring for elderly parents, fleeing the draft?

5. Tell me about your grandparents. What were your parents' relationships with them like? What were their relationships like with each other? Tell me also what they were like when they were older, when you knew them, if you did.

The grandparents are very important. If the therapist knows something about the Primary Scenario of his client's mother, for instance, he can get an idea about what injuries she received and, therefore, what injuries she passed on to the client. People tend to raise their children either just as they were raised, or just the opposite, in an effort to make up for what they didn't get.

Thus, there is sometimes an alternation of generations in the family patterns. For instance, one family raised its children in very poor circumstances. The kids all had to work and they had very few comforts. When they grew up they worked very hard and gave their children everything. When those kids grew up, they concluded that they'd had it too easy and proceeded to raise their children in a spartan manner, insisting that they work for their allowances and get summer jobs.

People often identify more with their grandparents than with their parents. Maybe the relationship is more pleasant and easier. Maybe family stories excite the child's imagination or his sympathies, making him want to be like a grandparent rather than like a parent. Whatever the dynamics in any particular family, the grandparents are influential characters in the Primary Scenario.

6. Who is the father to the mother and vice versa?

This is one of the questions that may be modified and augmented as therapy goes on. At the first gathering of the Primary Scenario, it may be pretty much of a guess. On the other hand, it may be clear immediately. Lots of families have stories about this, often unflattering. "He thought he was marrying somebody just like his mother,"

said one woman frequently. "Was he ever surprised when he found out that I expected to *get* breakfast in bed instead of *serving* it." Often they're in the form of family jokes, like the one man who always told his children with rueful pride, "I thought your mom was a sweet little lamb like my mother, but she turned out to be a tiger!"

The client may be encouraged to guess at the possible relationships if he doesn't know right off. Their relative ages may be a clue, with a wide difference suggesting a search for another parent, perhaps. Their jobs might suggest whether one was obviously more dominant or successful or stable than the other. Such clues might also be misleading so, again, the therapist should only try to jostle the client's memory and imagination, not interpret.

7. What did they bring to the relationship?

Had they been married or deeply involved before? Did they already have children? Had they lost loved ones or had severe illnesses? Were they very religious? Did they get along with parents? What were their expectations of marriage?

8. How long were they together before they married? Did they live together? Had they known each other long?

9. Did they have money problems in the beginning?

Did either of them have to make any job or school changes because of the financial impact of their marriage? How did they feel about that?

A lot of people in therapy now and in the last twenty years were born of parents married during the Depression. One such man grew up poor, with everything bought at thrift shops or scavenged. Even thinking of spending money on nonessentials was frowned upon. It was a great shock for him when his parents visited him at college, took him out to dinner, and ordered steak and lobster tails. "I felt betrayed," he said, "and began questioning everything they'd taught me." He had grown up knowing that he must be exceedingly careful about how he spent money but he had learned this morality and made it a part of his character structure from parents who'd learned it as young adults. To them it was a survival technique and not part of their character structures, so, when times were better, they were able to spend money comfortably. Not so their son who, to this day, has stomach cramps when paying his bills.

10. How long was it until they had their first child?

Why so soon or why did they wait so long? Did your mother have any difficulty getting pregnant? Did pregnancy precipitate their marriage? What kind of lifestyle did they have and how did having a child affect it?

11. Were you a wanted child?

Who wanted you and why or what for; that is, were you to provide meaning in life for mother? To carry on your father's name? What kind of messages do you think you got being born into this family?

12. If you had to do it all over again and you couldn't change anything, would you want to be born?

In continuing the movie metaphor, we ask the client to picture the scene of his birth and then ask him this question. People who answer "no" often show chronic depression or psychosomatic illness. Those who hesitate and then say "Oh well, I might as well be born," have never quite decided to live, to embrace life fully. They hover in a victimized role throughout their lives, never taking responsibility for what happens to them. Many people were angry at having to be born, to be thrust from the warmth of the womb, and they spend their lives in a continual tantrum protesting the fact. And, a lot of people answer "Yes, of course!" and they're the eager ones who embrace life enthusiastically.

13. Were you premature?

Did anything in particular precipitate it, like premature separation of the placenta or maternal illness or a car accident?

14. Were you in an incubator?

Why? For how long? Could your mother come and hold you? Was there any one person who was able to give you consistent care?

15. Were there any problems when you were born?

Was your mother healthy during her pregnancy? Were there any fears that you'd have inherited or developed drug-induced defects? Was it a normal or Caesarian delivery? If a person was adopted, he probably only knows the details of his birth if they were highly unusual. He may know any problems connected with his adoption. Was he adopted immediately or did he spend time in the hospital, an orphanage, or with foster parents? It's important to know how old he was when he was adopted. If he was adopted at birth, all the

rest of the questions about his parents and grandparents (the adoptive ones) are as significant as they are for children raised by natural parents.

16. Was it a difficult labor?

Was it natural or induced? Did your mother have any medication for pain or any anesthetic for the delivery? Was your father with her during labor and/or delivery? Where were you born?

17. Were there any feeding problems? Were you breast or bottle fed? If bottle fed, did you have any trouble tolerating formulas? Did your mother have any fears about not having enough milk for you? Were your father's mother and your mother's mother supportive of her way of feeding you?

It's often surprising what people know about their early eating habits, when they know almost nothing about any other details of their lives. It's symptomatic of the importance we attach to food. As providers, we are concerned that we won't do well, and new mothers are vulnerable to fears that are ridiculous in light of the mammalian success story. Ridiculous or not, the fears are transmitted to the infant, and he may react in such a way as to make his mother's fears worse. Imagine a scared mother, nervously holding her newborn, so tense that her milk won't let down. The baby sucks at the nipple, gets nothing, tries again, then cries. The grandmother says "Last time I heard a baby cry like that, he didn't live through the night." This happened to one lady we know. "My mother's milk dried up on the spot and she started giving me formula, but she never got over her guilt and resentment at not being able to feed me herself."

18. Do you have brothers and sisters? Who was born after you and how did the birth of a younger sibling affect you? What was his/her relationship with you? With your mother? With your father? How long was your mother away having the baby and where were you? Who was taking care of you?

The birth of a younger brother or sister can be one of the major emotional traumas to a child. For a year or so, at least, he has enjoyed the single-minded attention of the parents, especially the mother. Even when there are older children, the youngest necessarily gets the most constant attention. When this attention is suddenly withdrawn the child loses his sense of total importance, his place in the sun, his eminence. The quality of the relationship with his parents and the way in which they help him minimize his loss affect

his developing sense of Self and the formation of his character. The father's support at this time is important in helping him bridge the transition between being Number One and *not* being Number One. Alan, the man who hates the Sioux, described the birth of his sister: "I was the first child, the apple of my mother's eye. I conducted my little family like a symphony orchestra — I told my mother what to do; I told my father what to do. The whole world was at my command. Things burst into motion at the flick of a finger. Then my sister was born and I couldn't even play the radio."

Children react in different ways to their loss of the limelight. Some will rebel and do anything to get the parents' attention. Some will become extra good little boys and girls and help take care of the infant in an attempt to get the love of the mother back. There is a magical (and generally erroneous) belief that, if you take care of someone, you yourself will be taken care of.

Sometimes children are sent away to friends or relatives while the new baby is born. This may be more or less traumatic depending, as always, on the developing Self of the child, on his relationship with his mother and father, and on the person who takes care of him.

For example, one woman was sent away to her stern grandmother for six weeks. She was only two years old and felt not only abandoned but punished, as well. This may be the first real separation issue, although most of the related questions are asked under the question about how the child did in school.

19. How many years apart are the siblings?

Were the intervals planned or accidental? Strange logics are reflected in birth patterns and may reveal a lot about the family dynamics. A common one is two children close together, a gap of six or seven years, then two more children close together. Often the third child was an accident and the fourth planned as a companion as well as to get the family's money's worth out of the new stroller and crib. An unusual spacing was in Siegfried's family. The custom in his native Germany was to send kids away to boarding school when they were six. He was born eleven months after his brother left for boarding school, and his sister was born ten months after *he* went away. When she went to school, the youngest brother was born within the year. "My father never wanted any children," said Siegfried, "then agreed to let Mother have one. When she felt she'd lost that one, he let her have another, and so on." Although he told the story as an amusing anecdote, he speculated during therapy about what it meant in a relationship when a man "let" his wife have a

child. Also, what must those children have meant to the mother that she needed to replace them, and what did that imply about her relationship with her husband?

20. Tell me about going to school. Starting with your first school experience (nursery school, day care, or kindergarten) what was it like leaving your mother?

Now answer the same questions for other separations. Did you go to boarding school, to camp, or to visit relatives for fun or while a younger sibling was being born? How did you and your mother handle that separation? How did you handle the separations when you went to high school? To college? To the Army? When you got married?

Separations are important. A child with a well-developing sense of Self, who is confident that his mother is always available to him, will be less affected than a child who feels his mother is only "there" part-time, an unpredictable presence at best. Sandy, for example, went to kindergarten but couldn't stop crying long enough to enjoy it, she was so afraid that her mother would die while she was gone. Such an unreasonable fear shows a lack of healthy narcissism; that is, the mother isn't sufficiently real to the child that he can "take her with him" when he goes away. He needs to check on her presence constantly to make sure she is there.

21. How did you do in school?

What was your socialization like? What were your grades like? Who were your friends? Did you belong to clubs? Participate in school activities? Go to dances?

22. Tell me about important relationships, both male and female, that you have had up to the present.

Here the therapist can often begin to see the repetitions as the client describes relationships in which he was seeking to satisfy needs that weren't met earlier.

23. Have there been any divorces in your family? Any suicides?

Both are important. They set patterns to follow and give tacit permission for problems to be solved in the same ways.

24. Tell me about your current relationship(s). How is this like any of your past relationships? (Include your family relationships — parents and grandparents — as well as your own same-sex relationships.)

The repetitive patterns are often quite obvious here.

For one last question, ask the client what title he would like to give his movie. Peyton Place? Ship of Fools? Fantasy Island? The Decline and Fall of the Roman Empire? War and Peace?

The first three years are the most important in the Primary Scenario because it is during that time that the sense of Self and the character structure undergo most of their development. The rest of the history usually illustrates repetitions of the first three years.

We continue gathering the Primary Scenario up to about age six, then jump to the first long-term adult relationship to look for repeating patterns of the Primary Scenario. The period of development not covered here (adolescence and teen years) will be discussed in chapter 8.

The following is an excerpt from the journal of a client who is just beginning to discover the relationship between her current life and her Primary Scenario.

> The level of hurt and anger I was experiencing before my session was very intense and I was dealing with it by avoidance; ignoring it and at the same time holding on to it.
>
> Much to my surprise, in the therapy session, the focus was on the anger I felt towards my father, which I have paid no attention to in the past ten years. I'm thirty-two now, but when I was seventeen years old, I hated my father intensely — this feeling continued for about five years.
>
> What I just realized is that I was married that fifth year at twenty-two. It was then that my anger at my father seemed to subside.
>
> A couple of days following the session I wrote in my journal my negative feelings regarding my lover. Comparing the two entries was very shocking — my feelings toward my father and my lover are the same!"

This is a realization of the relationship with her father when she was seventeen, but the relationship had started much earlier. People commonly make connections between their adult patterns and adolescent events, but the adolescent ones are themselves repetitions of early life events. This young woman is returning, in memory, to a period of life that is actually a reenactment of an earlier period.

Alan's Primary Scenario

Alan's parents met when David was twenty-two and Grace was twenty-one. He would choose Robert Young to play David and Marilyn Monroe to play Grace. David managed a movie theatre and Grace was an usherette at the same theatre. They didn't have much money then nor did they ever. Grace's mother had been stern and uncaring and her father left when she was four; thus Grace never had much of a relationship with either parent. When she married David, she was looking for someone to take care of her, especially a substitute father. David, reared by a strong, domineering mother, was a "good boy," really looking for another mother in his wife. Naturally he didn't acknowledge this and strove to be the hero that Grace wanted to take care of her. Grace, however, was third-generation strange and uncommunicative and was eternally critical of David's good intentions, even though he managed to support her and their children and his mother, who lived with them.

Alan's earliest memories of his father were warm and happy, but David was away from home a lot, trying in vain to earn enough money to please Grace. Grace had had an earlier, brief marriage in which she had a miscarriage. This made her anxious about having Alan. Even when she had a perfect baby boy, her anxiety and a profound sense of inadequacy made her certain that she would lose him by not being able to feed him. This insecurity communicated itself to Alan, who made her more nervous by crying, with the result that she switched to a formula. When he proved allergic to cow's milk, her fears ran rampant till she found that he could tolerate goat's milk.

Her fears caused her to overprotect Alan but, at the same time, she was split off, never being truly available for him. Returning sporadically to her concerns, she would overnurture him for a while before splitting-off again. Realizing in the uncanny way of children, her sense of inadequacy, Alan began early to feel responsible for it and to try to take care of his mother. (This is another magical belief of children — that they are to blame for a parent's inadequacy. They respond by taking care of the parent so *they* can get taken care of. Later they respond by *remembering* the parent as ideal as if, by re-writing their histories, they can retroactively be taken care of.)

Alan went through an overextended bonding period with his mother. She assured him always that she loved him. After his sister was born when he was four, she said she loved him the best, but he never did feel secure. Because his father was traveling so much and his grandmother lived with them, Alan learned to relate to women but not to men.

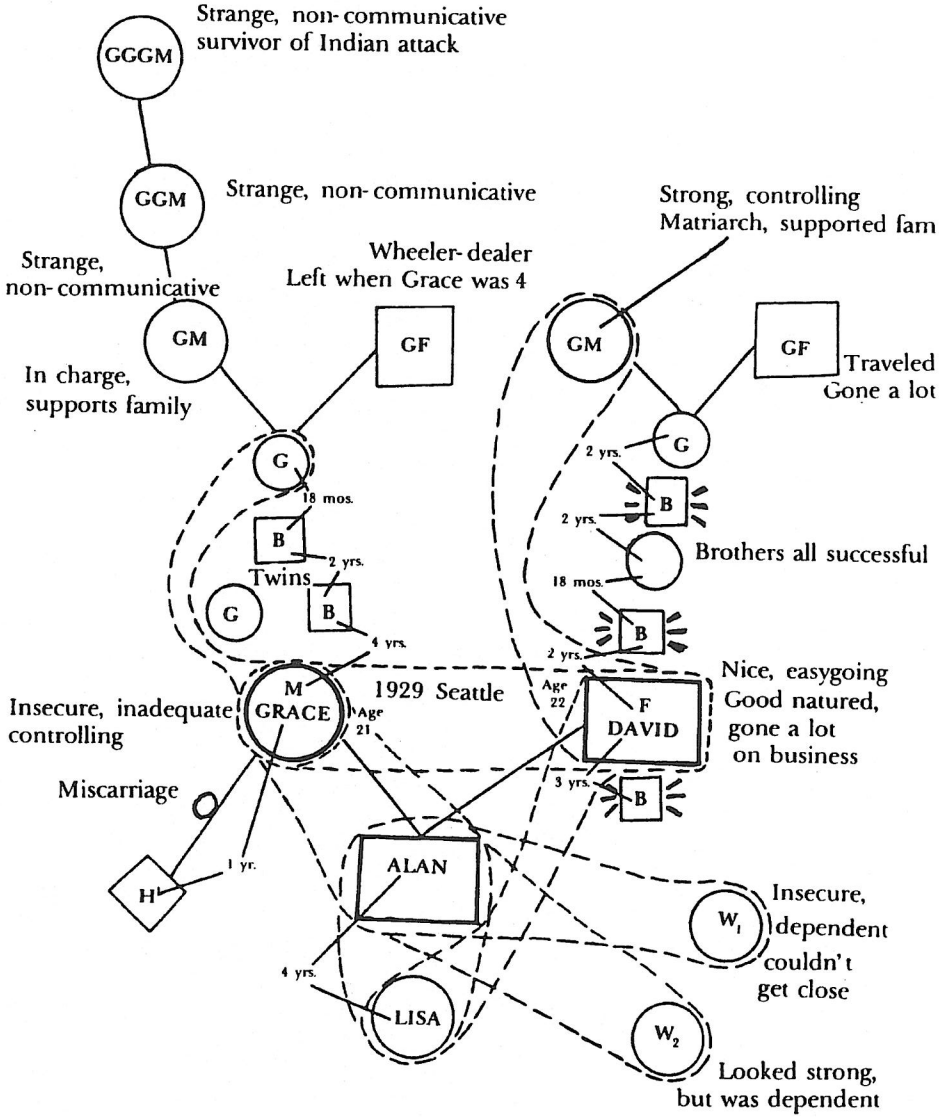
When his sister was born he was horribly conscious of having lost his place in the sun. The sister never formed much of a relationship with her mother but eventually formed one with her father. Alan quickly learned that taking care of his little sister was the best and maybe the only way to get attention and approval from his mother.

Alan never went to nursery school because of the strong attachment between him and his mother. He didn't go to kindergarten, either, not entering school till the first grade. At parting from his mother, he wept and wailed loudly, racing home afterwards to see if she were still home. She wasn't; she was out having lunch with a friend.

In truth, he realized through therapy, Alan never had separated from his mother, even years after she'd died. He simply had replaced her with a series of wives to whom he was attracted because of their strength, then repelled by their sudden dependence, so much like his mother's. He tells a story on himself: "Every day I walk past a dress shop on the way to my office. Every day the same mannequin is out front, dressed in a different dress. Every time I see this mannequin, I have a surge of desire, of love, and only realize as I move in, that she's just a mannequin, hard and cold and unfeeling as my mother always was, and just like all the women I choose as mates."

Alan's injury, as he learned in therapy, was in what is called the "mirroring" stage, the stage in which a child begins to develop a sense of who he is. Alan was unable to see himself except in relationship with women.

Figure 8: Alan's Primary Scenario Diagram



Eventually she will go back further, but as yet, she has no conscious memories of events before she was thirteen. This indicates that she was "split-off" even then, a pattern she continues in therapy today. Tracking her patterns, working with her body, and allowing her unconscious memories to emerge will continue until she detaches from her Primary Scenario. Success in this endeavor will depend on keeping her present in therapy — that is, not allowing her to split off and avoid facing the feelings that her memories evoke.

The Necessity of the Primary Scenario

Before they are aware of the compulsive nature of the Primary Scenario, most people operate under a magical assumptive system. They follow the cliche, "If at first you don't succeed, try, try again," but they pervert it slightly to "If I keep doing the *same thing* over and over again, it will turn out differently." Unfortunately, it doesn't work and all they get for their diligence is despair, discouragement, and feelings of powerlessness. Once a person becomes cognizant of his Scenario, he can stop making this magical assumption. Now he can see the patterns in his own life that haven't worked. He can even go back and see similar patterns in his parents' and grandparents' lives that didn't work either. Seeing this, he can begin to take responsibility for the senseless repetitions.

Once the Scenario becomes conscious, the therapist and his client work to make connections between the Scenario, the holding patterns in the body, and the current life situation of the client. Gradually he may consider the possibility of making changes.

Before the client's awareness there is no choice about his behavior, and after awareness there is, but change does not occur with insight alone. There may be a considerable length of time in which a person is aware of what he is doing and still doesn't change it. This is a crucial time in the growing process and the therapist must allow the client to remain just as he is, assimiliating his awareness at his own pace. It mustn't become another source of guilt or discomfort, self-abnegation or despair for those who already tend to castigate themselves for running their lives badly. They shouldn't use their awareness to punish themselves for not changing immediately. Rather, they should direct their energies toward deeper understanding of the needs that weren't satisfied when they were children, how to break the defensive habits they developed, and how to satisfy their needs in productive, adult ways.

This is the phase in therapy when a person observes himself for a

while in the Scenario before choosing to detach himself from it. Taking time for reflection fosters the development of the observing ego. While awareness is the key ingredient in a person's being able to decide to change, it can take time — sometimes years — for him to actually change. To borrow an illustration from a later chapter: "The process of change is like being on a great ocean liner in which the captain is standing at the helm and changes course very quickly with a flick of a switch, a spin of the wheel. The ocean liner doesn't appear to move at all; it does not, cannot whip through the water to point in a new direction. It takes a long time for it to move to the new setting, and when it does, the horizon may appear as before. It takes a very seasoned captain to feel that the course is correct."

The therapist's acceptance can help the client understand that it's all right for him to wait and to accept his own reasons for staying where he is. He must realize that, while he may have some bad patterns running his life, he may have other patterns and values that he cherishes and that do consistently bring him satisfaction. He must time his change to bring his life into a happy balance, and not risk losing the good for the sake of exorcising the bad. As Perls said, "Right now, I can be no other than I am right now."

Marilyn, for example, was the first child of alcoholic parents. She spent her youth excelling at everything her parents expected of her. She took care of her younger brothers, the house, and when necessary, her parents, She did well in school and got a teaching credential. When she was twenty-five she married a handsome paraplegic veteran. They bought a house, adopted two children, and lived happily until the pain of his old wounds forced him to quit work. Marilyn went back to teaching while he babysat and began drinking. The sicker he got, the more he drank and the more he complained about her being away from home. In her sorrow and her love for him, she curtailed her outside activities in an effort to make him happy. When she finally entered therapy, she was gaunt and pale, unable to eat or sleep, and miserably torn.

When she saw how she had become a caretaker of her husband as a repetition of her childhood role with her parents, she realized that she *could* break the patterns, divorce her husband, and start a new life.

"But I can't leave him," she cried, "he's dying," and that was that. The best she could do was to understand the mechanisms in her life, take responsibility for what she could control, and reject responsibility for what things she couldn't, such as her husband's pain and his alcoholism. She began seeing friends again, folk dancing, and

skiing occasionally — all things she'd given up because her husband couldn't or wouldn't participate.

For Marilyn, awareness didn't lead to life changes but let her observe herself in action. This helped her make choices within the situation, and these choices saved her from resentment, guilt, anger, and self-pity.

The Primary Scenario is one of the most important things in Integrative Body Psychotherapy. We start here and end here, continually referring back to it throughout therapy. Although we can describe the Scenario in simple terms, any one in particular has many more facets than are first apparent. New subtleties of the relationships unfold as the Scenario is repeated over and over in life and again when it is reenacted in the therapeutic process. New clues emerge in the body work that expand our knowledge of the Primary Scenario. The more we know about the source of the holding patterns in a person's body, the more able we are to help him give them up.

The work goes on, always playing the patterns in a person's current life against the source of those patterns. Therapy is a healing process, but healing is easier and quicker when we know what is to be healed and how. Knowing a client's Primary Scenario and his character structure, we can diagnose what type of body work would be most effective for him and how best to proceed. The Primary Scenario is a powerful diagnostic tool, one that is continually validated by our work with clients.

Chapter 4

Looking In: Contraction and Expansion

We described the Primary Scenario as, among other things, a diagnostic map that guides us in the therapeutic process. From it we have some clues as to the sorts of injuries a person may have suffered in his childhood. By putting these clues together with what he tells us about his current relationships, we can make a preliminary diagnosis about the type of body work that will be the most effective and acceptable. Then we go to the body to learn more and to begin to heal the old injuries.

To illustrate how we use the materials from the Primary Scenario to get the most out of the body work and how we use the body work to alleviate problems that arose in the Primary Scenario, we start with Sara's description.

Sara was an agreeable free-lance artist in her forties. She was strong, healthy, cheerful, capable, motherly, and above all, agreeable. In fact, it was her very agreeableness that brought her into therapy.

"First I agreed to do this little task," she said, "and then I agreed to do that. Then I admitted I might have time for the third job, and finally, just before I collapsed, I sandwiched in a three-week vacation with my boyfriend. All I need is a three-ply week and I'll do fine. Imagine — three days running simultaneously. I ought to be able to take care of everybody then."

She went through the beginning sessions of therapy doing the nutritional intake, physical history, and gathering the Primary Scenario. Then she had her first body session and described it thusly: