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PSYCHOTHERAPY OF POSSIBILITY: BODYWORK AND MEMORY SCRIPT

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Abstract: *Possibility-Focused Psychotherapy (PFP) and the PsM-PM methodology treat trauma as a somatic state, hidden in procedural memory and the autonomic nervous system, requiring bodywork to resolve it. Combining phenomenological principles with interpersonal neurobiology, this approach utilizes techniques such as grounding and functional aggression to overcome dissociation, release stored energy, and restore internal coherence.*

Keywords: *psychotherapy, trauma, capability-focused psychotherapy*

Introduction

This article summarizes current knowledge on psychotherapy, with a focus on somatic healing and restoring homeostasis after trauma. It explores the role of explicit and implicit memory, explaining how painful experiences are encoded in the body as “limiting scripts”. Drawing on neurophysiology, the text highlights the parallels between human instinctive reactions and defense mechanisms found in the animal kingdom. A key part of our discussion focuses on therapeutic methods designed to release energy stored in the nervous system — a process essential for treating post-traumatic stress disorder (PTSD). By combining psychological and biological perspectives, this approach aims for the full integration of consciousness, emotions, and physiological processes

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Methodology and Results

In this article, we employ a methodology rooted in psychotherapy's constructivist and humanistic traditions, where the client is recognized as the expert on their own life. This approach utilizes qualitative methods to explore the client's subjective experiences, focusing on "unlocking" past scenarios by shifting how they are perceived and experienced. Consequently, we will outline the function and significance of this method, known as Possibility Psychotherapy—also referred to as Possibility-Focused Psychotherapy.

Psychotherapeutic Approach—Fundamental Assumptions

Possibility-Focused Psychotherapy PsM-PM (PFP), also known as Possibility Psychotherapy, is an eclectic therapeutic approach. Albert Ellis, the father of Rational Emotive Behavior Therapy, described such integrations as effective eclecticism (Ellis 1999). Our model synthesizes insights from neuropsychology, neurophysiology, clinical psychology, psychopathology, sociology, and philosophy. The core assumptions of this approach are rooted in the work of the Italian existentialist Nicola Abbagnano, the "philosopher of possibility", who argued that the human being is defined by their possibilities (Abbagnano 1952). While grounded in philosophy, the model also incorporates biological perspectives, as discussed by LeDoux (2020). Consequently, PsM-PM PFP rests on a dual foundation: the philosophy of possibility and nature (Bartoszewski 2011, 2018), and the recognition of humans as corporeal beings driven by the same evolutionary instincts as the animal world (involving the reptilian, affective, and rational brain). This leads to the "triple movement of transcendence", the foundational principle of PFP, which requires the interaction of three factors in the therapeutic process: cognitive (thought), affective (emotion), and somatic (body). Achieving coherence between these spheres is essential for healthy functioning. Central to our framework is the "Script Concept", which addresses affective and behavioral issues rooted in scripts—persistent psychological dispositions shaped by socialization or trauma (Bartoszewski et al. 2026a, 2026b). These scripts act as a "sieve" for external information, often distorting the perception of reality and hindering an individual's potential. Furthermore, PsM-PM (PFP) emphasizes the distinction between explicit memory (declarative, episodic) and implicit memory (affective, procedural). Because the body stores traumatic reactions within procedural memory, recovery requires somatic work to release accumulated energy (Levine 2015/2017, 2023). Overcoming trauma thus necessitates restoring homeostasis—the internal-external balance disrupted by stress. Trauma is understood as an overwhelming event whose traces reside in the body rather than the rational brain (van der Kolk 2018). Clinical practice is guided by four essential principles:

A. Diagnosis: Focusing on the dynamics of intrapsychic, interpersonal, and environmental relationships rather than a deficit-based approach.

B. Needs: Analyzing the compatibility and fulfilment of core needs.

C. Past: Examining the origins of psychological scripts while simultaneously affirming the individual's innate potential.

D. Solutions: Collaboratively identifying a trajectory for clinical resolution.

In practice, this modality emphasizes somatic mindfulness, resource identification, and the consolidation of boundaries to help patients recover from trauma-induced "freezing" or dissociation.

Principles of Body Functioning

The method of Possibility-Focused Psychotherapy (PFP) is based on the axiom that trauma and stress are not located in the rational part of the brain, but in the body itself, especially in procedural and affective memory, and that they affect the whole person, their existence, and their essence. Therefore, we must return to "things in themselves"—that is, to the reality that actually exists (Husserl 1931; Krąpiec 1974). In other words, bodywork involves conscious action, attention to somatic and affective states, and the interpretation of what determines the "here and now". The main principles of this method are therefore as follows:

a. The principle of triple transcendence: The therapeutic process must integrate three spheres: cognitive (reason), affective (mental movements), and somatic (body). Lack of coherence between these elements leads to dysfunction; therefore, recovery requires simultaneous healing at all these levels.

b. Release of stored energy: When threatened, the body generates enormous amounts of energy to

fight or flee. If this energy is not used or released, it remains "trapped" in the nervous system, causing traumatic symptoms (van der Kolk 2018; Bartoszewski et al. 2025b). Therapy teaches how to safely release this energy, mimicking natural mechanisms observed in animals (Kropotkin 1902/2012).

c. Grounding and contact with the earth: The foundation is a sense of stability through physical contact between the feet and the ground. These exercises aim to restore a sense of security and the center of gravity, which are often lost as a result of trauma (Levine 1997).

d. Boundaries: Trauma often involves the violation of physical and psychological boundaries. Physical exercises help the patient re-experience the boundaries of their own physicality and distinguish them from the outside world, which is essential for building resources and restoring a sense of safety.

e. Somatic tracking: The patient learns to localize feelings and tensions in specific parts of the body. Instead of simply talking about difficulties, the therapist encourages verbalization of what is happening in the body "here and now" (e.g., a knot in the stomach or muscle tension).

f. Functional aggression: Aggression is understood here as a natural biological force necessary for survival (fight instinct). Therapy distinguishes it from violence and utilizes this force to free the patient from a state of "frozen" (dissociation), for example, through physical exercises that allow the patient to feel their own power and agency.

g. Building sensory awareness: Patient education involves reconnecting with their own physicality through conscious daily activities (e.g., mindfulness while walking), which contributes to the closure of physiological processes and the restoration of homeostasis.

This work focuses not only on intellectual understanding but primarily on the experiential and somatic closure of the traumatic response, which allows the body to return to a state of balance.

The Role of Bodywork in Restoring Homeostasis

In Possibility-Focused Psychotherapy (PFP), bodywork constitutes a fundamental clinical component in restoring homeostasis, defined as the organism's capacity to maintain internal stability and psychophysical equilibrium. Academic literature suggests that cognitive insight alone is insufficient for trauma resolution, as traumatic imprints are sequestered within the somatic sphere and procedural memory rather than the rational brain. While positive emotional states enhance neurobiological functioning (Siek 1993), chronic negative affect leads to systemic dysfunction. Bodywork facilitates the re-establishment of balance through the following mechanisms:

a. Restoration of coherence (Triple movement of transcendence): Homeostasis depends on the alignment of the cognitive, affective, and somatic spheres. Somatic interventions facilitate the completion of physiological processes interrupted during traumatic events—a prerequisite for regaining internal coherence.

b. Release of sequestered energy: Under threat, the organism mobilizes significant energetic reserves for the "fight-or-flight" response. If this cycle remains uncompleted, the energy becomes "frozen" within the nervous system, manifesting as post-traumatic symptomatology. Techniques such as controlled tremors or isometric tension (e.g., the clenched fist technique) allow for the safe discharge of this energy, mirroring natural recovery mechanisms observed in animals.

c. Grounding and postural stability: Grounding exercises assist the patient in reclaiming their center of gravity and physical stability. This process fosters a sense of being "anchored" in the here and now, which directly attenuates autonomic arousal and anxiety.

d. Re-establishment of somatopsychic boundaries: Trauma frequently involves a violation of the subject's boundaries. By engaging with their physical self (e.g., through proprioception and tactile awareness), patients redefine the boundaries between the self and the environment, which is essential for developing a sense of agency and security.

e. Autonomic Nervous System Regulation: Conscious somatic work, particularly specialized breathing techniques, stimulates the vagus nerve. This activates the parasympathetic nervous system, facilitating the transition from hyperarousal to a state of physiological calm.

f. Somatic tracking: Localizing affective states within specific bodily regions helps resolve "traumatic constriction". By verbalizing somatic sensations (e.g., epigastric constriction or cervical tension), the patient ceases to perceive the body as a source of threat, thereby promoting the return to homeostasis.

In the PsM-PM (PFP) framework, the body is not merely an object of clinical observation but an active participant in the therapeutic process. Only by integrating instinctual and physiological responses can the tensions stored in procedural memory be resolved, allowing the organism to return to a state of natural harmony.

Discussion and Summary

A fundamental tenet of this methodology is that bodywork facilitates the resolution of trauma and serves as a prophylactic against the codification of psychological scripts. These maladaptive mechanisms often act as "distorted lenses", precluding an objective perception of reality and fostering pathological relational dynamics. Within this framework, the human being is conceptualized through the following dimensions:

a. Biological embeddedness: A core pillar of the PsM-PM (PFP) approach is its grounding in the philosophy of nature, highlighting the structural parity between human and animal defense mechanisms. Research indicates that despite the development of the rational cortex, humans remain subject to the same subcortical and instinctual systems—reptilian and limbic—as other mammals (Porges 2011; van der Kolk 2014). The clinical discussion emphasizes that while animals naturally "complete" the stress response through neurogenic tremors, humans frequently inhibit this discharge due to cortical interference, leading to traumatic sequestration (Levine 1997).

b. The body as an active therapeutic agent: In contrast to purely narrative modalities, PsM-PM posits that trauma is somatically localized rather than confined to the rational brain. Evidence suggests that "top-down" verbal processing alone may be insufficient for clinical resolution, as traumatic memories are stored as procedural and sensorimotor imprints (Ogden et al. 2006). Engaging the somatic system is therefore critical for releasing energy stored within the nervous system. Techniques such as the "wall-push" are designed to mobilize "functional aggression"—an innate biological resource for survival that is typically suppressed by chronic fear.

c. Socialization and the construction of limits: The model elucidates how "toxic pedagogy" (Miller 1980) and dysfunctional caregiving (e.g., shaming or inconsistent signaling) instill negative scripts. These internalizations act as "opportunity inhibitors", often resulting in a state of functional freezing or dissociation. Therapy facilitates a transition from historical determinism toward the affirmation of inherent potential and the discovery of latent resources (Siek 1993).

d. Theoretical integration: PsM-PM is defined by an inclusive, holistic model. While it critiques approaches that prioritize culture or narrative to the exclusion of biology, it actively synthesizes elements of cognitive-behavioral (CBT), integrative, and behavioral therapies. This framework seeks to bridge maieutic dialogue (intellectual insight) with profound experiential somatic processing, aligning with the contemporary shift towards biopsychosocial integration.

PsM-PM (PFP) conceptualizes the individual as an integrated unity of cognition, emotion, and soma. Therapeutic efficacy is defined not merely by symptom reduction, but by the restoration of internal coherence and the re-opening of life trajectories previously obscured by trauma. In this paradigm, the body serves as the primary catalyst for "unblocking" the patient and facilitating a return to a natural state of homeostasis.

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