Transformational Affects and Core State in AEDP:

The Emergence and Consolidation of Joy, Hope, Gratitude and Confidence in (the Solid Goodness) of the Self

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Abstract. Positive affects in the context of positive dyadic interactions are fundamental to mental health and the development of the self, and are here considered from within the vantage point of Accelerated Experiential Dynamic Psychotherapy (AEDP), an attachment and emotion model of psychotherapy. We explore three phenomenological/affective/behavioral sets of positive affects –mastery affects, healing affects, and core state--in the context of positive dyadic interactions and understand their adaptive values by referencing the realms of attachment, intersubjectivity and affective neuroscience. We detail an experiential process in which the regulation of painful emotion in the context of a positive dyadic therapeutic relationship naturally culminates in the emergence of positive affects and positive emotional states, which in turn are vehicles for accessing emotional resources and resilience associated with resilient functioning and emotional flourishing. Detailed transcripts from two videotaped sessions are microanalyzed so as to delineate the moment-to-moment phenomenology and dynamics of the AEDP therapeutic process and to document the spontaneous emergence of these positive affective phenomena in a therapeutic context designed to make the most of their therapeutic effectiveness.

Key words: positive affect, AEDP, healing, mastery, transformation, attachment, resilience

> *"...affect regulation is not just* the reduction of affective intensity, the dampening of negative emotion; it also involves an amplification, an intensification of positive emotion, a condition necessary for more complex self-organization. Attachment is not just the re-establishment of security after a dysregulating experience and a stressful negative state; it is also the interactive amplification of positive affects*, as in play states*" (Schore, 2003, pp. 143-144).

Positive affective interactions and the positive emotions they evoke are the stuff of which a healthy self is built (Damasio, 2003; Keltner & Haidt, 1999; Panksepp, 2001; Schore, 2001; Shiota et al., 2004; Seligman, 2002; Trevarthen, 2001).Yet negative emotions have long had the lion's share of clinical attention. With treatments focused on the alleviation of suffering and symptoms, the exploration of patients' strengths, accomplishments, and joys have received short shrift. Viewed as end products of successful therapy, positive emotions have rarely been the objects of process-oriented clinical interest; as a result, a major therapeutic resource has gone untapped. In this paper, we argue that relieving suffering through transforming the negative affects associated with it is essential but not sufficient. To maximize its effectiveness, the therapeutic enterprise must also deal, with equal rigor, with the positive affects associated with experiences of transformation, growth and connection. Thus, the current focus on positive emotions in clinical practice is welcome and overdue.

Work with positive affects has been central to the theory, techniques and practice of AEDP (Accelerated Experiential Dynamic Psychotherapy: Fosha, 2000b; Fosha & Yeung, 2006; Lamagna & Gleiser, *in press*; Tunnell, *in press*). In AEDP, therapeutic work with positive affects (a) is part and parcel of day-in, day-out, moment-to-moment psychotherapy; (b) is deemed necessary, in that positive emotions also need to be regulated and experientially processed; and (c) has been shown to make a substantial

contribution to improving the individual's functioning, resilience, relatedness, and *joie de vivre*.

In this paper, we discuss and illustrate three types of positive affective experiences-- *mastery affects, healing affects* (both examples of the *transformational affects),* and *core state*-- each of which has the potential to promote the development of different aspects of adaptive self and emotional experience. In Part 1, we briefly describe AEDP, focusing on (a) the role of positive emotions in its metapsychology; (b) its understanding of the separate mechanisms involved in undoing pathology and in healing; and on (c) the three phases of the process involved in working with intense emotional experiences to completion, focusing on somatic markers, invariably positive affects, moment-to-moment marking the process of transformation. In Part 2, we use conceptual and empirical advances in developmental studies, attachment theory and affective neuroscience to formulate our understanding of the role that positive emotions play in optimal development and therapeutic healing. Part 3 will show AEDP in action. We microanalyze therapeutic transactions from two videotaped sessions and illustrate how the three types of positive emotions under consideration here organically emerge from therapeutic work aimed at helping patients process heretofore difficult emotions to completion, working together with a sympathetic, helpful, emotionally engaged other.

AEDP: Theory and Practice

The concepts of the transformational affects and core state were developed in the context of the clinical practice of AEDP. While its technical origins are in the world of the experiential Short-Term Dynamic Psychotherapies (STDPs), AEDP's attachment- and emotion-based metapsychology, its healing orientation and, interestingly enough, its

explicit focus on positive emotions and positive dyadic interaction is precisely what distinguishes AEDP from the other experiential STDPs (e.g., Coughlin Della Selva, 1996; Davanloo, 1990).

Working in an experiential dynamic therapy characterized by an affirming, explicitly empathic, emotionally engaged stance (Tunnel, *in press*) and focused on the dyadic regulation of intense emotional experiences (Fosha, 2001, 2003) has led to us to a phase-specific phenomenology (Fosha, 2002; Fosha & Young, 2006) and phase-specific interventions. We have identified what we call the *transformational affects*, a subgroup of positive affective experiences which emerge from and mark different healing transformational moments in the experiential processing of intense and difficult emotions, both negative and positive (Fosha, 2000a, 2005, 2006). We have also developed a set of interventions for working with them: through *metatherapeutic processing* --a process involving alternating waves of experience and reflection--the positive affective experiences that arise as an integral part of the healing process become the sustained focus of experiential exploration, leading to a *cascade of transformations*. This cascade in turn culminates in *core state*, a positive affective state of calm and centeredness in which integration and consolidation of changes takes place, and a coherent self comes to the fore (Fosha, 2000, 2005; Fosha & Yeung, 2006). To our knowledge, AEDP is unique in identifying these experiences, understanding their function, and developing specific technical interventions designed to harness their transformational potential in the service of better therapeutic results.

As an adaptation-based psychotherapy, AEDP takes as its premise two critically important assumptions. The first is that psychopathology reflects a person's best efforts

at adapting to an environment that was a poor match for the person's emotional and/or self-expression. Thus, even the most self-destructive or disturbed presentations can be seen as manifesting hope, self-preservation and ingenuity. The second assumption, related to the first, is that positive affects are wired-in (a) agents, (b) markers, and (c) sequelae of transformational affective experiences that are healing. From the beginning, the AEDP therapist aims to build a secure attachment with the patient in which heretofore-believed-to-be-too-dangerous emotions can be experienced, deepened, and reflected upon. She does this through (a) an attachment-based therapeutic stance that is explicitly empathic, affirming, mutual, affect-regulating, and emotionally engaged, and (b) experience-rooted techniques that interweave relational, affective and integrative-reflective elements. The secure attachment creates a space in which previously warded off core affects can be accessed, and processed to completion, thus activating the healing and self-righting tendencies within them.

When most patients present for psychotherapy, their "best effort" adaptations, forged in earlier adverse circumstances, have become unwittingly self-destructive in their current life. The *triangle of experience* captures this phenomenon and what may be driving it. At the bottom

Insert Figure 1 – The Triangle of Experience

the triangle we find (a) core affects, (b) pathogenic affects, and (c) unbearable emotional states of aloneness (see Figure 1a). *Core affects* include categorical emotions such as grief, anger, joy, surprise, disgust, and fear, those wired-in complex phenomena identified by Darwin and others (1872/1965) as the "primary" colors of our emotional lives. *Core affective experiences* are adaptive, and, when processed to completion,

invariably yield beneficial consequences for the individual. *Pathogenic affects* include experiences of fear, shame or intense distress that continue to be warded off. *Unbearable states of aloneness* include experiences that some patients have described as a "black hole," i.e., the deep loneliness, despair, helplessness, and emptiness, which compound the original trauma.

Often, in explicitly traumatizing or ill-matched environments, the "stuff" at the bottom of the triangle does not get fully processed to resolution and healed. The experience of these things being touched elicits anxiety, traces of fear, or shame, which we see as "red signal affects." They alert the person to danger and are sufficiently aversive in and of themselves to trigger the person's characteristic defenses against emotional and/ or relational experience.

What we just described is the operation of the *self-at-worst*. However, under conditions that are self-friendly, sympathetic and affect-facilitating, a very different organization of self, *the self-at-best*, is activated (see Figure 1b). When it is somehow safe to experience and process core affective experience, there is a drop in inhibitory anxiety and there are few, if any, defenses. Instead of being threatening, situations that are potentially affectively charged can elicit interest and curiosity, maybe even glimmers of hope or excitement. The ethos of AEDP is to attempt to work with the self-at-worst from under the aegis of the self-at-best (Fosha, 2000b), and thus evoke the natural spontaneous strategies of resilient individuals (Tugade & Fredrickson, 2004).

In a safe and affect-facilitating environment, the process of working with emotion to completion is characterized by 3 states and 2 state transformations (see Figure 2), culminating in states marked by the positive affects that mark both self-at-best

functioning and flourishing (Frederickson & Losada, 2005). Aiming for state transformations, our technical interventions --which due to space limitations, we cannot elaborate-- are determined by where we are and where

Inset Figure 2 here – 3 States and 2 State Transformations

we want to go. State 1 interventions aim to minimize the impact of defenses, alleviate the inhibiting affects of shame and fear, and facilitate the 1st state transformation. State 2 interventions focus on regulating the core affective experiences the patient is now accessing and processing them through to completion. The 2nd state transformation –from State 2 to State 3-- is effected through *metatherapeutic processing* --or metaprocessing-- of the experience the patient has just completed. The process culminates in core state (State 3), a state of calm and perspective, where affect and cognition come together and meaning is created

The directional flow of AEDP treatment is to always be moving down, as does sand through an hourglass. We move from defenses and inhibiting affects, to core affect and from core affect to core state. We invite the patient to experience the emotions that have been held at bay in the context of a dyadically-coordinated relationship so as to access a connection to self that is authentic and felt in the body. Core affect is the emotional-visceral complex associated with past experiences that have not been fully processed. When processed, the integration of previously warded off feelings, insights and associations leads to *core state.* Empathy and self-empathy, wisdom, clarity about one's subjective truth, and generosity are the currency of the realm in core state. Patients talk about feeling open and having a sense of being grounded, solid, in flow, and at ease. They often say, "This feels like the true me." In touch with one's core self, which is

invariably positive, the patient can now generate a coherent and cohesive autobiographical narrative, a capacity highly correlated with resilience and secure attachment (Main, 1999).

What facilitates the emergence of core state? First, the processing of core affective experiences releases adaptive action tendencies; those release valves that appropriately discharge the long held emotions from the body. For example, a person finally cries over the loss of a loved one whose death was never really mourned. Second, we encounter specific *post-affective breakthrough affects* such as relief, hope, and feeling lighter or stronger. Third, metatherapeutic processing of the just completed affective experience leads to the *transformational affects* (see Figure 2), which are another vehicle for the transition from State 2 (core affect) to State 3 (core state). Metaprocessing can lead to a process of *mourning-the-self*, a painful but liberating experience of self-empathy over what the self has lost either due to the limitations of others and/or to one's own chronic defensive functioning. It may open one to the experience of *affective mastery*, the "I did it!" of therapy, which is accompanied by feelings of joy, pride, and confidence. It may be followed by a wave of *healing affects:* being moved, touched and emotional within the self and feeling love and gratitude toward the other. These often arise as result of having worked through some core emotional process, and the recognition and the therapist's affirmation of having done so.

These concepts will come to life in the transcripts of AEDP clinical work. But before we go to the videotape, so to speak, we wish to explore the foundations of these phenomena in the dyadic interactions of early life and in our phylogenetic past.

The Foundational Importance of Positive Affects and Positive Affective Interactions

to the Development of a Secure, Healthy, Joyful and Competent Self.

Positive affective interactions and the positive affects they evoke are foundational to mental health and well being throughout lifespan. As Fredrickson's broaden-and-build theory of postive emotions predicts, in fact, positive emotions widen the scope of attention, broaden behavioral repertoires, and alter people's bodies in a positive direction as they are associated with increased immune function, cardiovascular benefits, lower cortisol, and reduced risk of stroke (Fredrickson & Losada, 2005). Furthermore, they "widen the array of thoughts and actions called forth (e.g., play explore), facilitating generativity and behavioral flexibility …[and] broaden [thought action]repertoires….Broadened mindsets carry indirect and long-term adaptive value because broadening builds enduring personal resources, like social connections, coping strategies and environmental knowledge" (Fredrickson & Losada, 2005, p. 679). The salubrious power of positive affect is potentiated by positive dyadic interactions between individuals in relationship of myriad types (Shiota et al., 2004).

In this section, we discuss three distinct positive affective phenomena and their occurrence in both the natural life cycle and in AEDP's metatherapeutic processing: (1) the zestful pursuit of one's interests and the exuberant exploration of the world; (2) the deep engagement in the pleasures of intersubjective contact; and (3) the calm and "knowing acceptance" of oneself and of one's personal truth. In AEDP language, the first two phenomena are the *mastery affects* (joy and pride) and the *healing affects* (gratitude toward another and feeling moved); both types of *transformational affects*. And the third is *core state*. All three are (i) the result *of*, (ii) marked and mediated *by*, and (iii) result *in* positive affect.

We link these three positive affective phenomena to developmental research (e.g. Trevarthen, 2001; Tronick, 2003), affective neuroscience (e.g., Davidson, 2002; Panksepp, 2001; Porges, 1997), attachment theory (e.g., Schore, 1994, 2003) and research on positive emotion (Dalai Lama & Cutler, 1998; Fredrickson & Losada, 2005; Keltner & Haidt, 1999; Seligman, 2002; Shiota et al., 2004; Tompkins, 1963b; Tugade & Fredrickson, 2004). Particularly relevant to us is the finding that complex positive affects experienced in the aftermath of the processing of intense painful emotion --what we call the transformational affects and core state-- are highly correlated with positive outcome in therapy (Bridges, 2005).

Positive Affects and the Exploration of the World: The Mastery Affects of Joy, Play, Interest-Excitement, and Delight.

> "Regulated affective interactions with a familiar, predictable, primary caregiver create not only the sense of safety, but also a positively charged curiosity that fuels the burgeoning self's exploration of novel socioemotional and physical environments…. This ability is a marker of adaptive infant mental health" (Schore, 2003, p. 144).

We propose that this "positively charged curiosity" is a marker of mental health across the lifespan. For adults, as well as children, the amplification and regulation of these positive states by a caring other is critically important to the self's ongoing development, the discovery of new capacities, and the healing of old losses and personal deficits.

Allan Schore (1994, 2001, 2003), writing extensively about neuropsychological development and attachment, describes the "practicing" period in infancy. Occuring somewhere between 10 and 16 months, it is characterized by high levels of positive hedonic affect (Schore, 1994). He notes its temporal concordance with the cognitive

ability to represent the self, the physical ability to stand and walk, and the maturation of the prefrontal cortex, an area of the brain critically involved in mediating social and emotional behavior.

Caregiver behavior during the practicing phase is overwhelmingly characterized by affection, play, and caregiving. The mother delights in the baby's discoveries and emergent new capacities and this is fundamental to their amplification and regulation. The child's behavior is exploratory and assertive, his orientation is toward the world, and the characteristic affective tone is joyful, exuberant and expansive. Such interactions, characterized by playfulness, and delight, have an enormously salutary impact on brain development and new learning, and are critical to the formation of healthy attachment bonds to the caregiver, which, in turn, affect functioning and resilience (Panksepp, 2001; Schore, 1994, 2001, 2003).

We observe a similar "practicing" period for adults in psychotherapy, particularly evident in the process of healing and the nascent discovery of new capacities within the self. In this practicing period, as patient and therapist focus on the experience of healing , the therapist has a unique window of opportunity to amplify positive feelings and positive self states, by mirroring, affirming, valuing, being playful, praising, and, *a fortiori*, explicitly sharing her own positive feelings. This is especially important for patients who have learned to repress or mitigate positive feelings (as well as negative feelings) about the world and the self. Experiences of joy, pride, and excitement (i.e., the *mastery affects*) are also often repressed, discouraged, or shamed in less than optimal family environments. Helping patients feel these feelings and share them with another provides them greater access to all emotional states and increases their willingness to expose these

states to others with whom they are in relationship. It contributes to the development of their resilience, as having easy access to experiences of interest, eagerness, and excitement – what we call the mastery affects—distinguishes naturally resilient people from those low in the trait (Tugade & Fredrickson, 2004).

Positive Affects and Intersubjective Contact: The Healing Affects of Gratitude, Tenderness, and Feeling Moved.

The *healing affects* are the second type of *transformational affects* we examine. They arise especially in interpersonal contexts of pleasure and intimacy where, in addition, there is the unexpected healing of old wounds. These include experiences of feeling moved within the self and of gratitude, love and tenderness toward another. Developmental researcher Colwyn Trevarthen focuses similarly on the positive affects associated with pleasurable intersubjective contact and *their* importance to mental health. While contributing to the establishment of attachments, intersubjective motives are not subsumed under the rubric of attachment, in that they are not fueled by the need for safety and protection. Instead, they reflect the inborn need for human relatedness in and of itself, as evidenced by the wired in pleasure in response to simply knowing and being known. Trevarthen (2001) posits an inborn "need for joyful dialogic companionship, over and above any need for physical support, affectionate care and protection," (p. 99-101).

AEDP's *healing affects* are transformative precisely because such positive intersubjective meeting was inconsistent or absent in the past (Fosha, 2000a, b; Fosha, 2005; Fosha & Yeung 2006). While phenomenologically and experientially pure (i.e., no

anxiety or defense), the healing affects have contrast embedded in them. They arise in response to experiences that disconfirm expectations, i.e., experiences of contact where isolation was before, of kindness when indifference or malice were expected, of being taken seriously rather than being dismissed. What we call the *healing affects*, along with compassion, awe, and empathy, are being called *the quintessentially human affects* not only by Trevarthen, but also by Damasio (1999), Emde (1988), Tronick (2003), and others.

In AEDP, reparative experiences are intrasubjective, intersubjective or both. In the former, the focus is to process emotion to completion. In the latter, the goal is to have the therapist and patient connect in such a way that the previously unbearable can be born; that the abyss of aloneness is bridged. Through dyadic regulation, what could not be processed in the past, can finally be processed in the here-and-now. This process simultaneously releases the adaptive action tendencies of the previously repressed emotions and restores intersubjectivity. Shame turns into vitality, fear into excitement, and withdrawal into grateful, tender contact. Isolation undone, the thirst for human contact and engagement can once again motivate behavior. Explicitly processing these newly restored reparative intersubjective moments accesses resources and resilience, and releases the cascade of transformations, eventuating in *core state.*

Positive Affects and Core State: Calm, Confidence, Knowing Acceptance and Personal Truth

The transformational affects are marked by a sense of movement: something is changing, something new is emerging. In contrast, *core state* is marked by calm stillness: there is a sense is of having arrived. In this state of calm, there is a sense of personal

truth, the capacity to deeply engage the world, and a confidence that one can act on behalf of the self or seek help when the limits of one's own resources have been reached. Seeking to understand the adaptive origins of core state takes us to affective neuroscience and the importance of the parasympathetic nervous system in affective regulation. We hypothesize that what is happening during the shift from core affective processing to core state is a shift from sympathetic nervous system dominated high arousal states to parasympathetic nervous system low arousal states. Low arousal states are adaptive because, compared to high arousal states, their cardiovascular toll on the body is low, and thus they are energetically conservative.

We are again struck by a parallel between this kind of shift and what Schore (1994) has observed as a more prolonged development in infancy. Following the early practicing period (10-13 mos.), marked by sympathetic excitatory processes of the autonomic nervous system, low-arousal states become more common (around 14 mos.) and may contribute to the growth of parasympathetic cortical structures. This appears to be due, in part, to the caregiver's increasing behavioral controls in response to the child's increased physical capacities.

Porges (1997), in his work on the evolution of the autonomic nervous system and its adaptive significance for emotion regulation, sees phenomena and interactions involving the ventral vagal complex (the vagus being the primary nerve of the parasympathetic system) as reflecting the most evolved stage of development. In what he calls *the polyvagal theory of emotion*, Porges traces the phylogenetic development of emotional responses to threat from the primitive freezing response, to the fight/flight response, to communicative prosocial expressive strategies. The primitive freezing

response is mediated by the dorsal vagal complex (primitive parasympathetic) and the high arousal fight/flight emotions are mediated by the sympathetic nervous system. The differentiated affective expressive responses that promote social behavior and communication are mediated by the ventral vagal complex, the most evolutionarily advanced branch of the parasympathetic nervous system:

> "The third stage, which is unique to mammals, is characterized by a myelinated vagal system that can rapidly regulate cardiac output to foster engagement and disengagement with the environment. …It is hypothesized that the mammalian vagal system fosters early mother-infant interactions and serves as the substrate for the development of complex social behaviors. In addition, the mammalian vagal system has an inhibitory effect on sympathetic pathways to the heart and thus promotes calm behavior and prosocial behavior" (p. 62). " "…[B]y rapidly reengaging the vagal system, mammals can inhibit sympathetic input to the heart and rapidly decrease metabolic output to self-soothe and calm" (p. 68).

Any system that links the heart with breathing, crying, sucking, swallowing, vocalizing and the muscles of facial expression, as does the ventral vagal, seems singularly suited to the task of integrated emotional expression and face-to-face dyadic communication. Behavior mediated by the energy-conserving, low-arousal, reduced cardiac output parasympathetic system maximally allows for the rapid moment-to-moment shifts and fluctuations that attuned communication and attuned sequences of engagement and disengagement require. Highly textured and differentiated expressive emotional communication using face, voice, eyes, tears, and breath in a state of calm, with low expenditure of energy, and maximal contingent responsiveness and variability (all mediated by the ventral vagal) is thus maximally adaptive to survival.

While it is something of a jump to go from phylogenetic development to moment-to-moment emotional regulation of dyadic communication in therapy, the parallels hold.

In the state of parasympathetic calm and relaxation that follows in the wake of fully processing high arousal emotions, positive affective phenomena predominate and integration becomes possible. This is borne out in the work of Bridges (2005) who has empirically demonstrated that when the high-arousal intense emotions are processed, there is a sudden drop in the heart rate (signaling the shift to parasympathetic mediation) and a state of peaceful calm ensues in which integration as measured by the Emotional Experiencing Scale (Klein et al., 1969) reaches its highest levels. Furthermore, patients feel good. Their ratings of positive affect experienced in such sessions are correlated with high levels of satisfaction and sense of progress, as well as with high measures of working therapeutic alliance, all of which, in turn are highly linked with positive outcome (Bridges, 2005). In this way, we go from the sympathetic excitement of practicing, mastery, connection and intersubjective meeting, to the attuned parasympathetic calm, curiosity, compassion and meaning-making of core state.

The regulation of high arousal negative states leading to low arousal positive emotional states, marked by low cardiovascular requirements and engagement in meaning making activities, is a strategy that, as Tugade and Fredrickson (2004) rigorously demonstrate, characterizes highly resilient individuals. It is noteworkthy that through AEDP's method of experientially processing intense emotions to completion and metaprocessing the transformational experience involved in reaching core state, we activate the maximally adaptive organismic strategies. We are nurturing resilience where it was previously compromised. A resilient self can more fully participate in the zestful exploration of the world, the intersubjective companionship of self-other, and the calm in which truth, personal meaning and a core sense of self emerge. In turn, these positive

experiences of self and the world strengthen resilience.

AEDP Work with Positive Emotions in Clinical Action: Excerpts from Two Sessions from the Therapy of Responsible Dan

The patient is a 34 year old man whose presenting complaint was extreme anxiety and panic symptoms following his recent engagement. His history was remarkable for the sudden death of his father in an accident when he was 13 years old. His mother never had to work after her husband's death. While loving, she was not a strong guiding force in his life, refraining from giving him advice, as she did not feel qualified due to her own lack of experience. Two months into treatment, Dan ended his engagement, realizing that he had proposed more out of obligation than desire.

The Emergence Session – Session # 17

This session is 4 months into the treatment. Dan's boss, who is leaving, told Dan that he wanted to recommend Dan to replace him. This would be an important promotion for Dan for whom this has been his only job since finishing his graduate degree 7 years earlier. Only recently had he begun thinking about advancing his career. Dan begins the session by explaining that he did not sleep the night before:

Vignette 1: Defenses against and anxiety about core affective experience

Pt: This has been a very tough year for me….I feel like I've got the weight of the world on my shoulders. It's hard to relax. [incongruent reaction to the good news]

The therapist empathizes with his sense of burden, but inquires into the missing positive feeling. He acknowledges that he turns positive experiences into negatives.

Th: … Let me take you back… When your boss told you he was leaving and… expressed clear faith in you… that he was happy to recommend you … In that moment, do you remember how you felt?

Pt: I had a sinking feeling… [patient aware only of anxiety response]

Th: A sinking feeling. What's that like for you? [therapist stays with patient's experience in part because exploring it should serve to diminish the anxiety]

Pt: Tension in here (*points to head*) …it's like I inhale and then I stop it.

Th: You stop breathing.

Pt: Yeah… It's like my brain is starving for air. I just did it right now.

Dan uses the image of being underwater to describe his experience of anxiety and therapist encourages elaboration of the feeling. The therapist expresses curiosity about what is frightening about good things. A few minutes later...

Vignette 2: Beginning of shift toward being more in touch with affective experience

Pt: I don't know.… I am really angry at myself for doing this….I feel like I am on a new threshold [heralding affect announces openness to something positive in himself] … I am afraid to make those leaps… Objectively speaking, I am as good or better than anyone else at this job.

Th: Wow… What's it like for you to say that? [heightened focus on positive self experience]

Pt: It feels good. That energy is dissipating. It's also a little like an out of body experience… like someone else is saying it. [as core affect comes through, anxiety first diminishes, but then returns as patient is aware of a bit of dissociation from what he is saying]

A feeling of shame comes to the fore. The patient describes long held feelings of inferiority in relation to other boys following his father's death. Being fatherless and more artistic than his peers was isolating and lonely. He recognizes these feelings at

work in the current situation. His impending promotion makes him stand out. A few minutes later…

Vignette 3: Experience triggers more anxiety and unbearable states of aloneness

Pt: It's like being even more set aside, set apart. Like being on stage…everything around me is black with a spotlight on me… not knowing what to do, what to say. [unconscious image expressing fear of being alone because of how he is different]

Th: What does it feel like to be on that blackened stage?… What's it like to be there?

Pt: I just want to run away… that classic scene where the performer … can't find the break in the curtain… I just want to find the break in the curtain so I can just disappear and get out of that spotlight. (*pause*) 'cuz all I can focus on is that failure.

Th: What if somebody was in the spotlight with you? [This is a choice point for the therapist and she makes a quintessential AEDP intervention: countering the unbearable state of aloneness before trying to access core affective experiences

Pt: (*long pause*) I don't know… It's hard to imagine vis-à-vis the work situation.

Th: Mm-hmm. Can you imagine people passing in and out of the spotlight?

He is able to imagine specific colleagues being supportive and friendly, and remaining connected to him despite his advance. A minute later.

Vignette 4: Breakthrough of core affect

Pt: (*smile).* I feel good. I feel an upwelling of emotion. *(Pt's eyes become glassy*). [breakthrough of the healing affects: feeling moved and emotional within the self. "Upwelling" is an apt word to describe this experience of strong emotions just coming up. There is little warning and one's sense of control is diminished. It takes a lot of effort to push down or out such emotions]

Th: Mm. What are you feeling? What does it feel like?

Pt: Almost feel like I want to cry.

Th: Mm-hmm. It's just so much what you need…

Pt: (*tearful*) Yeah. Yeah.

The patient then describes a calming feeling. The therapist shares her own sadness over his loneliness and her hopefulness about the depth of his desire to connect.

Th: What is your reaction to what I am saying? [metatherapeutic processing]

Pt: I feel pretty good about it… my life has been a search for connection; sometimes a desperate search. [The patient very open. No defenses here. The strong dyadic connection facilitates honest and emotionally engaged exploration]

Th: Mmmmm

Pt: I just had that feeling again. [anxiety returns]

Th: You stopped breathing?… Just stay with it… something about this desperate search for connection… something about wanting it so much?

Pt: Yeah, 'cuz in some ways it feels like I might be close to it. I've been making some strides, but it's scary 'cuz I am afraid of losing it too. [patient is only partly right. He is not only "close to it", he is doing it, he has it, with the therapist. A likely unconscious awareness of the connectedness between the two may have elicited the anxiety]

Th: It's like stopping breathing lets you take it in only so much.

Pt: It's like I am saying, 'the amount of air I get is just fine, thank you.' It's enough to live on; to literally exist. [patient slightly impatient, signaling readiness for something different]

Th: To survive, but not to thrive.

Pt: No. Right. That's it. That's been my attitude: 'I'm just fine existing thank you very much'… It sucks. I am pissed off at myself… shortchanging myself… [patient exhibiting more energy; slight anger at himself is part of his realizing the cost of his over reliance on defenses. It is activating and suggests motivation to push past defenses and have a different reaction to good things in his life] I deserve so much more. [breakthrough of positive motivation]

Th: (*almost surprised, emphatic)* Yes! You do. What if you breathe that in? Breathe that in. [sensing patient is ready to take this in at a deeper level, therapist is very directive]

Pt: (*breathing deeply*).

Th: You deserve so much more; at least you and I agree (*therapist smiling*).

Here is an example of "pressuring with empathy" (Russell, 2004). "Pressure" is a term first used by Davanloo (1990) to refer to a technique aimed at helping patients to feel. It is often written about in conjunction with "challenge," a more direct confrontation with a patient's defenses against feeling. *Pressuring with empathy* involves the explicit use of the therapist's emotional reaction to help the patient feel at a deeper level, more specifically the explicit self-disclosure of her own feelings of compassion, warmth, or appreciation. It is a highly intimate moment in which the therapist *makes herself vulnerable* for the sake of the patient and the patient's truth. The patient has to choose between accepting his positive impact on another, seeing himself through her compassion, and relying on old defenses that deny that impact.

Pt: (*nervous smile*). It's weird. I'm smiling out of discomfort, like I need to laugh it off. …. I feel shy (*raising hands)* … I feel like saying, 'No, I don't deserve it. Stop saying that.' [heralding readiness to take in the therapist's empathy and affirmation]

Th: So, it's hard for you to take it in from me.

Pt: Yeah. But it makes me smile right away. It makes me feel good. [Gold! First acknowledgment that his interior response to praise and affirmation is a "good" feeling]

Th: (*lower voice tone*) Right. That's your first instinct.

Pt: That's my first instinct…it feels good. (*Patient's body is calm, soft smile, more relaxed in the chair*)

Vignette 5: Metatherapeutic processing of the "good" feeling

Pt: I kind of feel lighter… feel a little stronger… don't feel all that energy in my forehead [post- breakthrough transformational affects]

Th: Energy, meaning tension?

Pt: Yeah (*making faces*) You want to just take your eyebrows and do things you do when you're upset (*therapist laughs at his faces*; *patient smiling*) or tense. It's weird. I don't take compliments well. [shared exploration of affect allows for moments of playfulness between therapist and patient, making the "good" feeling dyadic]

Th: But if you just stay with it… stay with the feeling, with my affirmation, my agreement, encouraging you that you do deserve these good things, with our connection… it feels good…. [bypassing defenses by keeping focus on the emerging transformational affect]

Pt: Yeah, (*deep breath*) it does. [reconnects with deep good experience]

Th: (*softly and with smile*) And you're breathing.

Pt: Yeah. (*tears welling in eyes*) and I'm suddenly feeling like crying again. [healing affects: feeling moved/ emotional within the self]

Th: Mm-hmm. (*Softly with encouragement)* Let yourself cry.

Pt: (*smile*) Yeah. It's very powerful (*pause)* and unexpected.

Th: Yeah. Don't hold it back…There's a lot that comes up around taking in good feelings.

Pt: Mm-hmm. Yeah. (*Deep breath*)

Th: Deep breath. Wow. That's so much better than being at the bottom of the pool.

Pt: (*tears)* Yeah. It's very strong.

Th: What are you feeling?

Pt: I am remembering my uncle … (*the feeling of*) a hand on my shoulder or head…like somebody really cares (*patient crying*)… It's something I am not told often and its something I think I need to hear more often (*reaching for tissue*).

In the context of the healing experiences with the therapist, there is an unlocking of heretofore unconscious experiences of being cared for explicitly. The patient remembers a moment at his confirmation at age 14 when his uncle put his hands on his shoulder and head, giving him his blessing. At the time, Dan was too embarrassed to take in this loving and intimate gesture. Now moved, and fully taking it in, it helps him acknowledge his need for active caring.

Th: (*softly, warmly)* Yes. I think you do.

Pt: And uh, I feel embarrassed to ask for it.

Th: Mm-hmm.

Pt: Yeah. It feels really good because I feel like I don't need to be perfect. [<u>a transformational marker: the consequence of the healing affects is deeper self compassion and acceptance, especially important for an overuser of self-reliant defenses</u>]…. It's okay to just be…. Okay to be this guy who doesn't really know what's going on…. Who's

doing his best… I don't know. I am trying my best.

Th: It's really delightful. I feel like giggling myself. [therapist self-disclosing her own very deep and genuine feeling of joy in response to his self compassion and acceptance and his greater sense of freedom].. It's delightful to see you take this in… [an instance of joyful dialogic companionship]

Pt: Yeah (*deep breath*). It's really a battle to stop trying to be so perfect all the time.

Th: Mm-hmm. But you just won it. And it only took a few minutes. [continued affirmation]

Pt: (*big smile*) Yeah (*deep breath*).

Th: You just found the courage to let yourself take in something good from me, from somebody else, and to see yourself through the discomfort of that … (*patient nodding*)… and to let yourself feel that first instinct, which is 'Wow! This feels really good.' (*patient nodding*). It feels good to be connected, affirmed… to know you don't need to be perfect.

Pt: *(patient closes eyes; breathes deeply*) Yeah. (*pause*). It's just what I needed. (*Looking at therapist)* [no defenses against his own or therapist's feelings now]

Th: Mm-hmm. I'm glad.

Pt: Thanks. [the healing affect of gratitude]

Th: You're welcome. You're very welcome.

Pt: (*few tears; deep breath*)

Th: Is there more?

Pt: (*wiping tears*) Yeah. There is (*deep breath*).

Th: Just let yourself be with it.

Pt: (*long pause. Deep breath. Closes eyes, opens eyes with smile*). It's good. It's a nice feeling. [soaking in positive affects. There are no defenses. Everything is open and flowing]

The therapist expresses her own positive feelings about the patient's access to good, healing affects and his capacity and willingness to share it with her. This actively counters the patient's concern that his emotional expression or needs are a burden.

Pt: (*Deep breath*) Yeah. It feels really good. (*deep breath*).

The Consolidation Session – 6 months later- Session # 39

Shortly after the session just described, the patient was named "acting" director. Then things began to change: he recognized that he was perceived as the "nice, dependable guy" who demanded little and therefore, could be exploited (family and friends had long ago nicknamed him "Responsible Dan"); he was offered an exciting, but temporary opportunity at another company; and he was approached by senior colleagues from other companies who expressed appreciation for his work and an interest in where he was taking his career.

After much processing, Dan decided to leave his job for the temporary position. Some of the panic symptoms that initially brought him into therapy returned, and he wavered between asking to be reinstated and determining to leave. Work during this period focused heavily on his feelings of fear/ terror and the dread of utter aloneness. The vignettes that follow are from a session purposely scheduled for the day after his last day on the old job.

Vignette 1: Mastery affects, healing affects, core state, and the good core self

Pt: (*start of session; pt. sits, says enthusiastically*:) I did it. [mastery affect]

Th: (*claps hands*). You did it? Good for you! How are you feeling? [psychobiological state attunement; mirroring, amplifying and exploring the patient's sense of mastery]

Pt: I feel strangely good. I've just done something really important for myself.

Th: (*appreciative*) Wow.

Pt: It was just so touching. [healing affect: feeling moved.] I just felt so appreciated. I am really proud of myself [mastery affect: pride] (*Pt. then goes on to explain how he handled a complicated situation with former boss*). You know, I feel like a man. [emergence of the core self in the wake of healing; elaboration of the sense of mastery]

Th: Yeah, there's so much integrity. [explicitly affirming/ validating the patient's transformation]

Pt: I was really proud and I feel like my Dad would have been proud of me (*arms folded*). [when one is feeling good, images and memories of "good enough" others are facilitated and come in to reinforce this working model of the self; joy and pride also love company]

A few minutes later…

Pt: There was true genuine sadness on people's faces. (*He then mentions a compliment from coworker*) … and I'm getting choked up just thinking about it [healing affects; feeling moved/ emotional within the self]

Th: What are you feeling? [focus on feeling/ experience]

Pt: (*emphatically*) Loved [receptive affective experience]

Th: Mm-hmm. Mm-hmm. (*Pt. leaning forward, sigh, then looking away*) What does that feel like? [experiential, body-centered focus on feeling of being loved]

Pt: I feel really weak and defenseless, but in a really good way. …. Like all of my guard

is down….My pores are opened up and I'm actually really breathing air. [experience of transformation has simultaneous qualities of surrender and safety]

Th: Wow!

Pt: And the world is coming in. [this easily flowing description of openness as well as the patient's access to images that describe his feelings are typical of *core state experience*]

Th: Mm-hmm. That's wonderful.

Throughout most of this dialogue the therapist takes the stance of witnessing, affirming, and following the patient's lead because he is very much in touch with what is happening deep inside. There is no need for her to be directive. A few minutes later.

Pt: I am excited about doing new things. [mastery affects: a sense of exuberance and expansiveness of self]…. And I feel really confident that everything's going to work out. [emerging experience of confidence, and strength]

Th: Good. What does that feel like right now? [body focus; therapist's intention is to maximize experience of the positive affect]

Pt: Relaxing. I feel relaxed and I feel that heavy-browed anxiety is (*pause*) I feel a huge weight lifted. (*Pt. contrasts this relief to tension he has been feeling in his stomach as pain and tightness for the last couple months*)….I feel very clean today….I am just so relieved [core state phenomena]

Th: Mm-hmm. What's the clean feeling like?

Pt: (*deep sigh*) I feel like I've been born… so many possibilities ahead for me now, and good possibilities not bad ones. [core state: patient's experience of hope strengthens resilience] And I know, you know, the last time I saw you we talked about that fear of

being really alone.

Th: Mm-hmm.

Pt: And it's not like I've conquered it or that it can't come back in a couple days or later today. But right now, at least, I just feel very optimistic and I haven't felt that way in a while. I've just been walking around in a cloud. I really feel like the cloud is lifting and I can really see clearly now [subjective experience of quantum transformation]

As joy follows the conquering of fear, core state follows. This is the integrative capacity of core state. A coherent narrative of his own experience is emerging. Clarity marks experiences of the authentic self. In his accepting his own humanity and limitations all the while relishing his new state, the patient manifests deep self-empathy and also, a realistic perspective.

Vignette 2: The cascade of transformations

Th: What's it like to share this with me, this clean, clear feeling, being born? [metatherapeutic reflection on the coordinated state of the attachment relationship]

The therapist's introduction of the dyadic focus when the patient is in core state initiates yet another round of transformational affects. In AEDP, we refer to this as a *cascade of transformation*. The next section of the dialogue illustrates the limitations of approaching positive affect as the simple absence of negative affects or the byproduct of having processed them. There is as much depth and complexity, both intrapersonal and interpersonal, to positive affects as there are to negative affects. This kind of focus on positive affects, self states, and coordinated dyadic states within the attachment relationship moves the aim of psychotherapy beyond the credo of "if it ain't broke, don't

fix it." The aim is to facilitate an integrated sense of one's wholeness and freedom and a familiarity with and regular connection to one's true self.

Pt: (*shaking head, smiling*). It's so great….I just feel really proud of myself…. This is something really deep and fundamental for me. [reflective self function of core state; self empathy, self-affirmation and recognizing the impact on his life of this experience and of this self-made choice]

Th: (*emphatically*) Mm-hmm. Tell me more.

Pt: I feel like I've taken a big step toward conquering that fear. And I've taken a big step toward being more confident in myself… (*very direct eye contact*) I feel so much stronger and better equipped to be good to myself and to have a good life and to be happy. [Release of the adaptive action tendencies associated with transformational and healing affects: sense of mastery and increased efficacy and strength, as well as enhanced compassion for the self. Patient feeling ready to take on new challenges rather than being frightened by them and "stuck"]….I feel very relaxed, but also very excited and strong, and um (*pause*) I feel full of energy. [core state; the paradoxical co-existence of calm relaxation and action-oriented energy]

Th: Where's the energy? [grounding the core state in body focused experience]

Pt: It's in my heart. So instead of someone grabbing me (*referring to image associated with paralyzing fear*) it's like a radiating energy penetrating outward… I can't help but to smile (*soft smile*). [visceral and imagistic experience of profound difference between this transformed state and the prior fear-based state]

Th: (*smiling, playful*) Well, don't stop yourself [intersubective delight, encouragement]

A few minutes later. He mentions having "watery eyes" in photos taken at his

party.

Th: What's that like for you to be so emotional with other people?

Pt: Really good. It means that I've spent my life well (*voice becoming choked up*) and I've made good choices. I treated people right… I forged good friendships…

Th: What's coming up right now? What's this feeling?

Pt: (*sigh*) Just, uh, like a gratitude. It's like an immense happiness that's so overwhelming that I have to cry. [healing affects of feeling grateful toward another and feeling moved and emotional within the self]

Th: (*empathic, tender*) Mm-hmm. It just bubbles up.

Pt: Mm-hmm. Yeah. Like the end of *It's a Wonderful Life* when he realizes that he really does matter. (*tearful, but holding back slightly)*

Th: (*gentle*, *encouraging*) Don't stop this. This is so important that you stay with this and take it in. This is such the antidote to that deep terrifying aloneness.

Pt: Yeah. I know (*sighs, pauses, sits back then leans forward. He describes receiving a gift certificate from colleagues and how it was addressed to him*)… They wrote (*pausing, crying*). This is really hard. It really got me (*pausing, trying to speak*) [intense healing affects]

Th: (*softly, slowly*) Wow. Mm-hmm. Don't rush yourself. You'll tell me. Stay with it. This is so deeply touching. [dyadic regulation of intense affect]

Pt: (*wiping tears)* Yeah. Deeply touching. Everybody at the office calls me Dooley (*last name*)… People just like saying "Dooley". The gift certificate said "this entitles blank to…" And someone had written in, "our beloved Dooley."

Th: (*soft, low, warm tone*) Wow.

Pt: (*deep sigh*) Yeah. It really got me.

Th: (*smiling)* It's still getting you. (*pause*) It feels so good to be a part of. [reflecting back to dynamic piece of what is so moving and healing for him, i.e., aloneness counteracted]

Pt: (*tears and sighs*). Yeah. Yeah. It feels really good (*sigh, relaxing into chair*).

Th: You've just had this experience of being in that spotlight and of being so connected, so embraced and so beloved. [link with previous session; uses patient's imagery of then and now]

Pt: Yeah (*sigh; smiles*) Oh boy (*wipes tears*)…. I really think it's been a life changing experience (*sigh*). [awareness of quantum nature of transformation]

Th: What's happening when you're sighing like that right there? [exploring body experience]

Pt: It feels the opposite of holding my breath in; like I'm finally letting out all that air that I've been holding in. Like I can finally relax and feel really good… [implicitly comparing openness and access to breath to experience of holding his breath or "being under water"]

The patient then reflects on starting new temporary job next week.

Pt: I think I'll be nervous but I think I'll feel like, "bring it on."

Th: (*laughing, delighted*)

Pt: "I am beloved Dooley. You have no idea who you're dealing with." [after another round of deeply processing healing affects, the patient returns to confidence and ease of core state] ….

Yeah. I feel like having let some emotion out (*mimics by blowing out through mouth and*

lowering head) my defenses are down and I can let the good things in. [beautiful description of the transition from the active processing of core emotion to the open *being* in core state]

Th: Wow

Pt: Because when I feel like my defenses are up, they keep a lot of good things out (*gaze up to left*) and the good things can't get in (*motioning with hands toward chest*) because there's a barrier that's preventing things from coming in. And now I feel (*sigh*) as though I am allowing some new things to come in. Like that river is running again (*reference to an earlier image; soft smile*). [clarity of core state allows patient to reflect on his defenses and their multiple consequences.]

Th: Mm-hmm…. This is such a new you. It's been there… latent, but strangled. And you're taking this step opens up… so many opportunities to experience a new self. This kind of prideful… clean, clear [empathic reflection]

Pt: (*interrupting)* Yeah.

Th: Open, confident guy who knows he is loved and is capable of loving. There's no arrogance about this. It's just good stuff. [actively affirming transformation and emergence of true self]

Pt: Yeah. (*smile*). I am just so proud of myself.

Th: What is the pride like? Tell me more. When you say that what do you feel?

Pt: I feel very centered, like a strong oak… I can picture my Dad and my uncle. [accessing positive, good enough internal working models reinforce the sense of self as efficacious, worthwhile and, similarly, good enough]…. (*Smile*) That's how I feel right now. "I did it. I did it." (*Pt then recalls vivid feeling of paralysis in legs in anxiety*

dreams)… I feel like something broke (*snaps fingers and lets go of head*) and I can run now. [mastery; transformational affects; integrative work of core state; the creation of meaning] This is really, really, I don't know….

Th: Huge.

Pt: (*Nodding; very calm with/ arms out to side. Solid, soft, clear voice*) It's huge that I stood up for myself. I chose to embrace possibility. [pure core state]

Th: …Not only did you do it, but you handled it so well… it's also about how you did it… [therapist specific in her compliments]… What's it like to come in here and process all of this with me today? [metaprocessing relational intervention: return to dyadic focus]

Pt: Well, I'm really glad I could wake up and come in here and talk about it… It just feels so immensely good. I don't know. Words can't even describe it.

Th: 'Cause I realize we're doing two things, which are that, one, your bringing it here and sharing it with me, you're reliving it… this being so touched by "Our beloved Dooley" and these other moments. And it's not only that you're reliving it yourself. You're also sharing it with me [actively and affectively participates in the integrated construction of meaning]

Pt: Yeah.

Th: Which is another level or layer.

Pt: Well, to use a sports analogy… after a football game, they go back to the game tape… And I feel like we're looking back on the game… and I really beat the crap out of the opponent. And I can look back on it and say, "I did this so well. I did such a great job." [patient's spontaneous sports analogy captures the essence of metatherapeutic processing]

Th: What's it like to have me look back on it with you and say the same thing? [return to metatherapeutic processing and making the dyadic nature of the exchange more explicit]

Pt: It makes me feel much better because it validates it. [defense is gone] We all need that validation… and I do. One of the things I've learned through this experience is just how much I really need people…to validate me and help me appreciate my life. To sit here and tell you about it and have you tell me your thoughts, it doubles my gratitude and it doubles my pride. Um, and that's huge. ….Yeah, it really is. It's the opposite of that horrible feeling of being alone and so scared.

The patient acknowledges his need for intersubjective contact, which involves interdependence. The defensive self-reliance is gone. In the context of his own expansive and successful experiences of mastery, he specifically articulates how true others deepen his connection to his own self, and his own life. In the process, he expresses his feelings of self worth (self-validation) and his appreciation of others (other-validation). Need we say more?

Concluding Remarks and Summary

From its inception, AEDP has been healing oriented, and therefore, interested in factors that promote resilience and in the ingenious adaptations individuals make to aversive life conditions. Working to fully process powerful, often painful and previously overwhelming emotions within the context of a coordinated dyadic therapeutic bond has afforded us the opportunity to witness, share, and more carefully understand a range of positive affective phenomena. Specifically, we have been focused, both in the consulting room and in this paper, on those positive affects that arise in the process of healing and transforming trauma and suffering, and in their wake.

We have provided a summary of the history, metapsychology, and technique of AEDP and in so doing, delineated several types of positive affect that can, and should, be deepened and generalized in psychotherapy. These include the *transformational affects* (including the *mastery* and *healing affects*), and *core state*. Work with each of these requires slightly different therapeutic interventions, which we hope to have demonstrated through the transcript of our clinical work. What ties these together is the basic belief that the emergence of positive affect in psychotherapy is an invitation to deepen the work of healing and help the patient to move beyond freedom from pathology to the zestful enjoyment of one's pursuits and relationships and the "knowing acceptance" of one's personal truth. Moment-to-moment tracking of the experience of healing as well as the coordination of the therapeutic relationship that is focused on the patient's healing can lead to a cascade of transformations.

This is an exciting time in the field, particularly for those interested in the integration of different perspectives and schools of thought, which are converging on the role of positive emotions in people's lives and in our work. It is in this spirit that we have found validation of our clinical observations and theoretical speculations in the work of attachment researchers and affective neuroscientists. More precisely, we have examined the relationship between mastery affects in adulthood and the practicing period of infancy as described by Schore (1994, 2003), the relationship between the healing affects and basic human intersubjective motives as posited by Trevarthen (2001), and the parallel between core state and the role of the ventral vagal system in the parasympathetic regulation of affect as postulated by Porges (1997), and empirically demonstrated by Bridges (2005). Finally, our clinical material has provided a window onto "human

flourishing," as described by Fredrickson and colleagues (Fredrickson & Losada, 2005; Tugade & Fredrickson, 2004) and a foundation for our proposal that more of our therapeutic endeavors should involve strengthening and deepening positive emotion and positive self states. To the extent that clinicians become more agile in working with positive emotion the field will move closer to living up to its name, "mental health." Perhaps this focus has been too long avoided due to clinicians' understandable concern that such focus may be nothing but a small band-aid on a gaping wound and therefore, a reduction of the complexity of the person and the person's suffering. We are hopeful that our theoretical and clinical presentations have communicated a profound appreciation for the necessity of deep work with all affective phenomena. We are continually awed by the core strong and resilient selves that emerge from some of our most traumatized patients. It is this strength and the capacity to find joy and connection in the midst of struggle that deserves not only our respect and appreciation, but also our determination to understand its origins and facilitate its flourishing

Select References and Recommended Readings

Bridges, M. R. (2005). The bruised heart: Musings on optimal emotional arousal and the importance of positive affects in emotion-focused therapy and STDP. *Ad Hoc Bulletin of Short-Term Dynamic Psychotherapy: Practice and Theory*, *9 (1),* 35-52.

Coughlin Della Selva, P. (1996). *Intensive Short-Term Dynamic Psaychotherapy*. New York: Wiley.

Dalai Lama & Cutler, H. C. (1998) *The art of happiness: a handbook for living*. New York: Riverhead Books (a member of Penguin Putnam).

Davidson, R. J. (2002). Toward a biology of positive affect and compassion. In R. j. Davidson & A. Harrington (Eds.,) *Visions of compassion: Western scientists and Tibetan Buddhists examine human nature*. Pp. 107-130. New York: Oxford.

Damasio, A. R. (1999). *The feeling of what happens: Body and emotion in the making of consciousness*. New York: Harcourt Brace.

Damasio, A. R. (2003). Looking for Spinoza: Joy, sorrow, and the feeling brain. Orlando, Fla.: Harcourt Inc.

Darwin, C. (1872/1965). *The expression of emotion in man and animals*. Chicago: University of Chicago Press.

Davanloo, H. (1990). *Unlocking the unconscious: Selected papers of Habib Davanloo.* New York: Wiley.

Emde, R. N. (1988). Development terminable and interminable. *International Journal of Psycho-Analysis, 69,* 23—42.

Fosha, D. (2000a). Meta-therapeutic processes and the affects of transformation: Affirmation and the healing affects. *Journal of Psychotherapy Integration, 10,* 71-97.

Fosha, D. (2000b). *The transforming power of affect: A model for accelerated change*. New York: Basic Books.

Fosha, D. (*2004*). "Nothing that feels bad is ever the last step:" The role of positive emotions in experiential work with difficult emotional experiences. Special issue on *Emotion*, L. Greenberg (Ed.). *Clinical Psychology and Psychotherapy*, 11, 30-43.

Fosha, D. (*2005*). Emotion, true self, true other, core state: toward a clinical theory of affective change process. *Psychoanalytic Review, 92 (4), 513-552.*

Fosha, D. & Yeung, D. (*In press, 2006*). AEDP exemplifies the seamless integration of emotional transformation and dyadic relatedness at work. In G. Stricker & J. Gold (Eds.), *A Casebook of Integrative Psychotherapy*. Washington DC: APA Press.

Frederickson, B. L., & Losada, M. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist*, *60 (7),* 687-686.

Keltner, D., & Haidt, (1999). Social functions of emotions at four levels of analysis. *Cognition and Emotion*, *13*, 505-521.

Lamagna, J. & Gleiser, K. (submitted for publication) Intra-relational AEDP: An extended paradigm for ego strengthening and emotional processing in clients with complex trauma and disorders of the self.

Panksepp, J. (2001). The long-term psychobiological consequences of infant emotions. *Infant Mental Health Journal*, *22*, 132-173.

Porges, S. (1997). Emotion: an evolutionary by-product of the neural regulation of the autonomic nervous system. In C. S. Carter, B. Kirkpatrick, & I. Lenderhendler (Eds.). *The integrative neurobiology of affiliation*. The New York Academy of Sciences. *Volume 87*, pp. 62-77.

Russell, E. (2004). On pressuring with empathy. STDP Listserve.

Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, NJ: Lawrence Erlbaum.

Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation and infant mental health. *Infant Mental Health Journal*, *22*, 7-66.

Schore, A. N. (2003). *Affect regulation and the repair of the self*. New York: Norton.

Seligman, M. E. P. (2002) *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Free Press.

Shiota, M., Keltner, D., Campos, B., & Hertenstein, M. (2004). Positive emotion and the regulation of interpersonal relationships. In P. Phillipot and R. Feldman (Eds.). *Emotion regulation* (pp. 127-156). Mahwah, NJ: Erlbaum.

Stern, D. N. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology.* New York: Basic Books.

Trevarthen, C. (2001). Intrinsic motives for companionship in understanding: their origin, development, and significance for infant mental health. *Infant Mental Health Journal*, *22*, 95-131.

Tronick, E. Z. (2003). "Of course all relationships are unique": How co-creative processes generate unique mother-infant and patient-therapist relationships and change other relationships. *Psychoanalytic Inquiry*, *23*, 473-491.

Tugade, M., & Frederickson, B.L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology*, *86(2)*, 320-333.

Tunnell, G. (*in press*). An affirmational approach to treating gay male couples. *Group*.