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"Good Spiraling:" The Phenomenology of Healing and the Engendering of Secure Attachment in AEDP

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Introduction

In this second part of a two-part article on transformation and AEDP, I want to zoom in on the healing process itself and take a look, up close and personal, at the phenomena that mark its gorgeous unfolding. I also want to talk about the double helix of attachment and transformation: how, through tracking the moment-to-moment unfolding of transformational processes in the context of a dyadic relationship where the individual feels safe and known, security of attachment is engendered. So this is all about how, in adult treatment, transformation and attachment go hand in hand.

In the last decade, I have been interested in exploring the process of change and the motivation for change, healing, self-regulation, and self-correction, all those forces that are always there for the entraining in adult treatment, even with the most recalcitrant of patients. Another way of saying this is that I have been interested in exploring the motivational forces that are the counterparts of the forces that drive resistance, i.e., in the forces driving/motivating/informing healing tendencies in the patient. I have coined the term "transformance" for those forces (Fosha, in press; see also the Winter 2006 edition of the GAINS Quarterly).

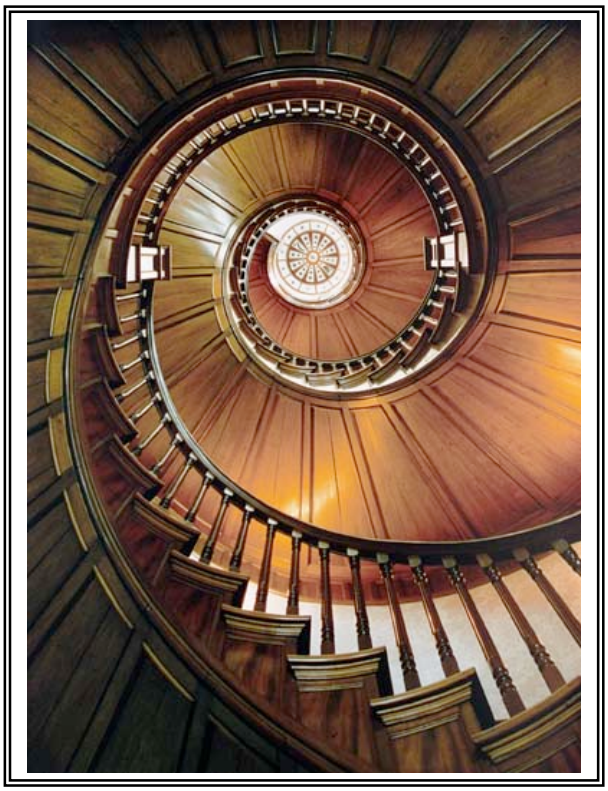
In the first part of this article, which was titled *AEDP: Transformance in Action*, I defined *transformance* as an overarching motivational force, operating both in development and therapy, that strives toward maximally adaptive organization, coherence, vitality, authenticity, and connection, and that drives processes that, in the right environment, eventuate in healing and thriving. Transformance is driven by hope, while its motivational counterpart, resistance, is driven by dread. A felt sense of vitality and energy characterizes transformance-based emergent phenomena. Vitalizing positive affective experiences are fundamentally linked with transformance and its moment-to-moment operation in therapy: they mark it (somatic markers), accompany it (vitality affects), and are the result of it (transformational affects). Moreover, these positive vitalizing experiences are the *affective* correlates of a neurochemical environment in the brain that is most conducive to optimal learning, development, and brain growth (Schore, 2001), and that are at the core of health, well-being, resilience, and flourishing (Frederickson & Losada, 2005; Sander, 2002).

In this piece, I want to share with you something about the trajectory of my own journey, which led to the development of the concept of transformance, and the growing appreciation of the affective experiences that invariably signal its operation. I will describe some of the specific processes and affects that made themselves known to me, once this interest declared itself. I will then show how these phenomena and processes are part and parcel of the processing of difficult, painful, and heretofore too frightening emotional experiences to completion in the context of a safe, affect-facilitating dyad. Finally, I also want to show you how AEDP and the dyadic, experiential work with intense emotion and transformation become a very specific methodology for the engendering of security of attachment and its ultimate internalization in a vital and resilient self.

Something About How All This Came to Be

A number of years ago, I became very interested in a particular clinical phenomenon: whenever I spoke with patients about how they felt about something positive that had happened in treatment, or as a result of treatment, they would invariably start to cry. I became intrigued. I began to pursue this more systematically. Whenever patients had a positive, transforming, therapeutic experience, I

started to inquire into, and engage them in an experiential exploration of their *experience* of this change. I started to ask questions such as: "What is it like for you to feel understood?" "How do you experience this feeling of safety?" What does *that* feel like in your body as you tell me about it?" "What is it like for you to be able to share this with me?" "What is it like for you to feel assertive and not afraid?" "What does the experience of liberation feel like?" "What does the feeling of love feel like in your body?" "How does seeing me so moved by your feelings/actions/what have you make you feel about me? About you? What is it like for you to have done this with me?"



As I got emotionally-based answers, I kept exploring the experience of those experiences. I simply kept asking "And what does *that* feel like?" and then once I got an answer, "And what does *that* feel like?" And there would always be another round. I felt like we had uncovered this spiral down which we could keep traveling, as if *ad infinitum* (the process made finite only by the pragmatics of finite sessions, and other reality constraints). Thus the "good spiraling" of the title. I will say more about it later.

As I did this, and as I kept doing it, I started to observe uncanny regularities in the phenomena associated with these processes, remarkable invariants amidst the infinite variety of response. In response to the exploration of patients' experience of change for the better (in the context of a safe dyadic connection), a very specific set of affective experiences would come to the fore: patients would report an upward feeling ("a rush," " a surge"), their eyes would go up, and then their eyes would invariably fill with tears. However, these were not tears of sadness or grief; rather, they were tears of happiness or joy, or poignant tears. Patients would explicitly say that they were not feeling sad or pained; rather, they would speak of feeling moved, and being filled with feelings of appreciation, love, and gratitude toward me, in my role as their dyadic other, witness, and companion on their journey. Subsequent to these tears, which my then three year old daughter dubbed "happy tears," as we kept processing, there would be all sorts of deepenings. More often than not, a state I came to call "core state" came to the fore. In this state of calm, everything fell into place: patients effortlessly gained access to experiences of wisdom, generosity, ease, clarity, and, more generally, compassion and bigness of heart and mind toward self and other. They also became able to tell their story and make sense of their life.

It seemed that we had tapped into a powerful healing mechanism. These affects, expressed through soft, open tears, seemed to affectively/somatically mark the very process of healing transformation. It also seemed that the process unleashed by exploring the experience of transformation, was itself a transformational process, a vehicle of therapeutic healing. It seemed to be the mirror image of the process of mourning, another essential process of therapeutic resolution. In mourning, resolution comes about through the psyche's coming to terms with *not having*, i.e., through processing painful experiences of loss and deprivation. Instead, in this new process, it seemed like resolution came about through the psyche coming to terms with *having*, i.e., through processing positive experiences (which disconfirmed negative expectations and answered hopes that people dared not have, but had anyway). In trying to find a name for the therapeutic process that is the opposite of mourning, I came up with "*the affirming recognition process*" or, "*the process of the affirming recognition of the transformation of the self*" (a mouthful, I admit). I

came up with the name "*the healing affects*" for the positive affective experiences—tears, gaze up—that marked the process of affirming recognition, and the name "*metatherapeutic processing*" for the therapeutic activity of exploring the patient's *experience* of what is therapeutic in therapy. This is all described in my book, *The Transforming Power of Affect* (Fosha, 2000).

I continued to delve into the process of experientially exploring the patient's experience of transformation as a transformational process (the redundancy in the language is intentional). However, in continuing to focus on patients' experience of therapeutic transformation, additional metatherapeutic processes, with their respective affective phenomena that I named "*transformational affects*"—the invariably positive affects that mark these transformational processes and are signposts along the road to healing—came to the fore to make themselves known. To date, other types of transformational affects accompanying other metatherapeutic processes have been identified. All six are listed below:

1. The completion of emotional processing and the post-breakthrough affects. Its transformational affects are the post-breakthrough affects of *relief, hope, feeling lighter, cleaner, stronger*.

2. Affective mastery and the mastery affects of joy and pride ("I did it. We did it"). The undoing of fear and its processing to completion leads the emergence of *joy, curiosity, confidence, and exuberance*. The undoing of shame and its processing to completion unfolds into emergence of *pride and pleasure in the expansive, competent self.*

3: Mourning-the-self and emotional pain. Its transformational affect is the affect of *emotional pain, a grief about the self.*

4. Affirming recognition of the transformation of the self and the healing affects. There are two types of healing affects: a) *feeling moved, touched, and emotional within the self*; and b) *feeling love, tenderness, and gratitude toward the other*.

5. Traversing the crisis of healing change and the tremulous affects. The tremulous affects (see Fosha, 2006) include: *fear/excitement, shock/surprise, curiosity/interest, exploration, and positive vulnerability*. Which side of the yoked pairs comes to the fore depends on the security of the relationship.

6. The healing vortex and the sensations of quantum transformation. The transformational affects that accompany this metatherapeutic process are bodily sensations of *vibrations, oscillations, reverberations, energy shifts, and other bodily-based sensations that accompany the experience of profound, and somewhat sudden transformation*.

Recognition Processes, Metatherapeutic Processes, and Transformational Affects

The process and *experience* of recognition within the dyad is key in reflecting back to the self something about the self, which can then be owned. Then, that new "knowledge," so to speak, can be entrained, integrated, and harnessed in the process of development, growth, and healing, while also strengthening the attachment bond. When such dyadic experiences occur, not only is the experience of each partner of the dyad enriched and transformed (this is one of the mechanisms by which growth takes place), but there is a very specific identifying experience of vitalization and positive energy that is the fuel for glorious developmnental growth. This is key to understanding the transformational power of metatherapeutic processes.

Metatherapeutic processes, marked by the invariably positive transformational affects, are a particular type of recognition process. They involve the recognition of the experience of transformation of the self in the context of a dyad where the self feels safe, known, helped, and understood. The focus can be on self experience, on dyadic experience, on the self's experience of the other and what that means, or on the very experience of transformation itself. And, of course, the process of recognition is a transformational process in its own right. The transformational affects are emergent phenomena, the positive, vitalizing, energizing experiences, which

themselves in turn, evoke recognition processes, in a seemingly never-ending transformational spiral.

Work with Intense Emotions: The Three States and Two State Transformations of AEDP

The phenomena of transformation, i.e., the metatherapeutic processes, and the emergence of transformational affects, are part and parcel of the process by which AEDP works with intense, previously feared-to-be-unbearable emotions. The processing to completion of difficult, painful, and heretofore-too-frightening emotional experiences in the context of a safe, affect-facilitating dyad is characterized by three states and two state transformations. It is within this overall process that we locate the emergence of metatherapeutic processes and their respective transformational affects.

It is the ethos and goal of AEDP to entrain the forces of transformance. AEDP, an attachment and emotion and transformation model, seeks to do so through facilitating the co-creation of a dyadic relationship, which becomes a safe environment in which the motivation for transformation can come to the fore. Such an environment is then buttressed by therapeutic efforts that help the aforementioned motivation grow stronger than the motivation that fuels resistance.

Abraham Maslow wrote: "...Both [creatureliness and godlikeness] are...defining characteristics of human nature... And any philosophy which leaves out either cannot be considered to be comprehensive" (Maslow, 1968, quoted in Schneider & May, 1995, p. 92).

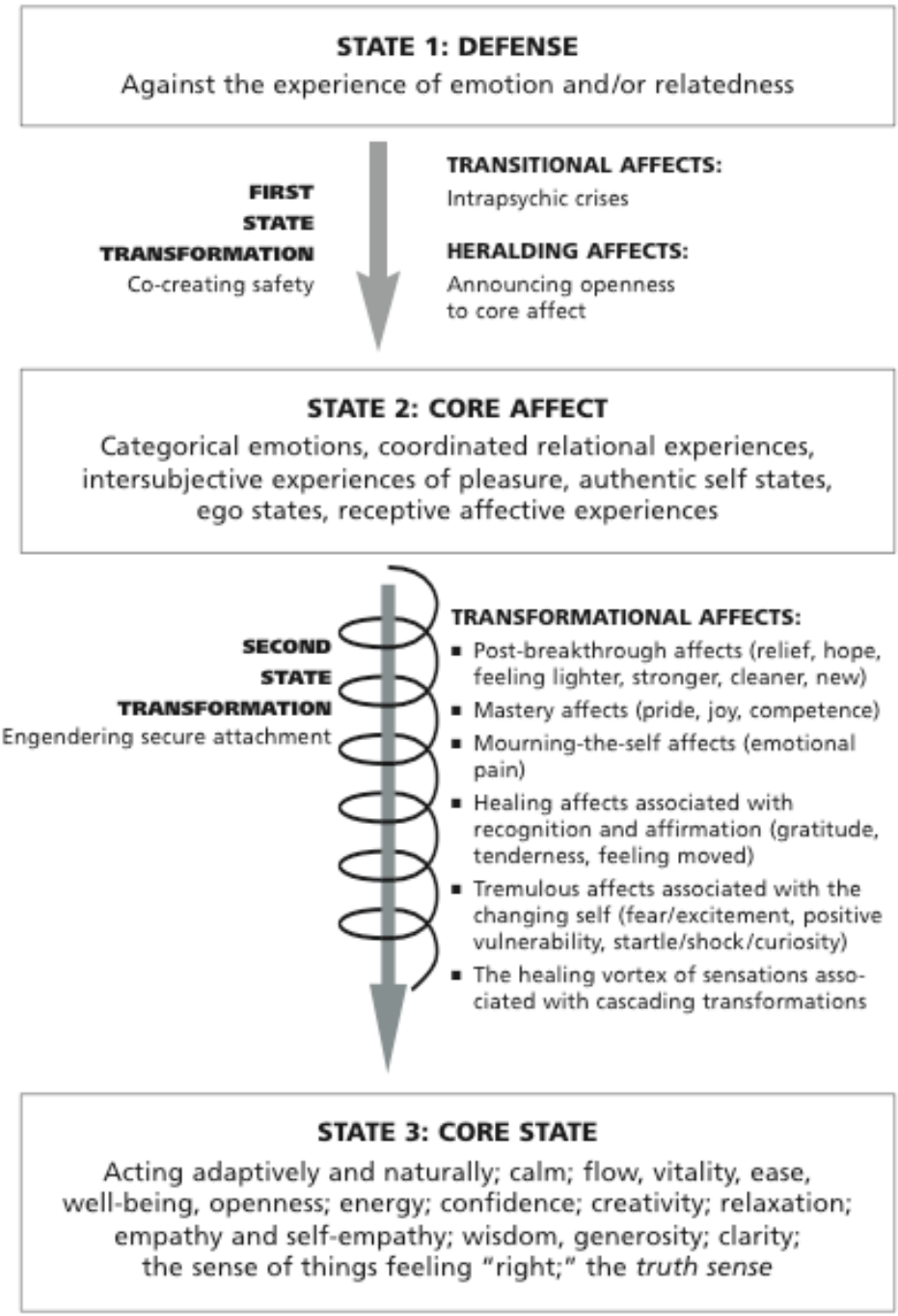
In AEDP, we do not leave out "creatureliness," i.e., biologically-based processes, like emotion and attachment, rooted in our mammalian brains and bodies; and we do not leave out "godlikeness," i.e., the transcendent aspects, equally biologically based, of our selves-at-best. The two are organically and inextricably connected in the transformational process by which emotion, which in the past was too overwhelming to be bearable, much less processed, now in the context of attachment safety can be, and is, experientially processed to completion (Fosha, 2005). Three states bridged by two state transformations (see Figure 1 on the next page) characterize this process of working with emotion to heal suffering and release its transformational potential.

State 1: The dyadic co-creation of safety. State 1 functioning is how the patient comes in. It is functioning that results from attempts to deal with unsafety and aloneness. Defenses and inhibiting affects, such as shame and fear, which block the person's direct contact with his/her own emotional experience are prominent. That is one aspect of State 1. The self always being on the lookout for safe, affect-facilitating environments in which its strivings for self-healing and repair can come to the fore is another. Thus, in the midst of dread, despair, and stuckness, we also invariably see glimmers, however small, of hope and openness. We recognize those glimmers, welcome and validate them, and seek to enlarge them. Interventions here aim at building the experience of safety through establishing relatedness, bypassing defenses, and alleviating fear and shame. We seek to co-create safety, and thus conditions conducive to the activation of the social engagement system, a system mediated by the myelinated ventral vagus (Porges, 2005) maximally suited for dyadic engagement and attuned emotional communication. Its activation signals a readiness for attachment and bonding. This dyadic safety—co-created through the synergistic combination of the therapist's attachment-informed activities, and the patient's transformance-based strivings—obviates the need for defenses through undoing the patient's aloneness. The patient starts to feel willing to take the risk of opening to contacting deep emotion.

The first state transformation. The first state transformation reflects the disruption of old and dysfunctional patterns as a result of the new

THE STRUCTURE OF EMOTIONAL EXPERIENCE PROCESSED TO COMPLETION:

The 3 States and 2 State Transformations of AEDP



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experiences being generated within the therapeutic dyad. Staying with the patient, so that he/she does not feel alone, we seek to amplify the glimmers of affect that herald the stirring of previously warded off intense, painful emotional experiences. We are also on the lookout for the glimmers of transformational affects and positive vitality affects. Here, dyadic affect regulation is achieved through right-brain-to-right-brain communication: through eye contact, tone of voice, gaze, tone, rhythm etc., and the use of simple, evocative, sensory-laden, imagistic language, we seek to entrain (and facilitate non-traumatic access to) right-brain-mediated, somatically-rooted emotional experience, all the while seeking to bypass defenses and entrain transformance-activated pathways. The secure base is being co-constructed as old patterns are being de-constructed.

The transition to the next state, where the intense emotions that could not previously be processed can now be engaged, is often signaled by the patient's *experience* of safety. Taking a deep breath and exhaling with some relief, a patient whose deep relational anxieties were honored and addressed (Fosha, in press), volunteered: "This is safe or something." I took that as a clear, green light that we could now move to explore the disturbing emotional experiences, the avoidance of which played a major role in his sexual addiction and self-destructive patterns. Safety detectors satisfied, the social engagement system (Porges, 2005) is now online, mediating experience and interaction. A now more resourced individual (see Fosha [2000] for how AEDP seeks to work with the self-at-best from under the aegis of the self-at-best) is now better able to make use of connection and accept help. Aloneness undone, the dyadic regulation and processing of primary core emotions can now be undertaken in the context of engagement.

State 2. The dyadic regulation of the "vehement" emotions. With the social engagement system on line, the experience of safety entrained, and with defenses and inhibiting affects out of the way, the patient becomes in touch with bodily-rooted emotional experience, most notably, the categorical emotions. The categorical emotions, or to use Jaak Panksepp's term (Panksepp, 2005), the primary core emotional systems—fear, anger, joy, grief, separation distress, disgust–are emotions wired into our brains and bodies that play a powerful role in survival. The categorical emotions are universal (Darwin, 1872): each has a specific identifying brain landscape, bodily signature, and characteristic arrangement of facial musculature. Their full expression bestows access to broadened thought-action repertoires and adaptive tendencies (Damasio, 2001; Darwin, 1872; Fosha, 2000; Frederickson & Losada, 2005; van der Kolk, in press).

However, these categorical emotions are intense and, as Pierre Janet said, "vehement," and potentially overwhelming. They are desperately in need of dyadic regulation when they prove to be "too much" for the individual to deal with alone. The failure of the dyadic relationship to provide that regulatory help and support for these emotions is at the heart of what constitutes attachment trauma: the individual is left alone with feared-to-be-unbearable emotions, which are disengaged—via defense mechanisms—as they cannot be borne and processed alone. Defenses pick up what dyadic regulatory failure has dropped. The result is safety through disconnection from vital affective experience.

With safety established, and with the patient's aloneness counteracted through the therapeutic relationship, these vehement emotions—be they grief, or rage, or fear, or even joy—can now not only be engaged and accessed, but as a result of the dyadic affect regulation available through the therapeutic relationship, these emotions can now

be processed and worked through to completion. Emotions associated with experiences of rejection, loss, abandonment, abuse, and humiliation, can be borne, and these experiences, as well as their implications, processed. Patients' bodies also no longer need to hold the somatic consequences of all the interrupted emotion sequences. Again, the key here is AEDP's attachment-informed therapeutic stance: once that attachment bond is in place, State 2 somatically-rooted emotional processing work can be launched.

State 2 dyadic affect regulation engages the orbitofrontal cortex (Schore, 2001, 2003) and has patient and therapist working together to help the patient access, deepen, regulate, and work through subcortically-initiated and right-brain-mediated emotional experiences, so that what was previously overwhelming can be borne and shared. The goal is the processing of each emotion to completion so that the seeds of healing, transformation, and repair contained in such emotional experiences can be released. With grief processed, clarity can come; with anger processed, the body's tension can relax and the individual's strength and power can be engaged. The release of adaptive action tendencies is evidence of the completion of a particular round of emotional processing. In most therapies, that release marks and is the culmination of the work. In AEDP, it does mark the end of State 2 work; but it also ushers in the next phase of work, i.e. the metatherapeutic work with respect to the patient's experience of transformation that has just taken place through the emotional work. We are now in a position to locate metatherapeutic processing and work with the transformational affects that I spoke about earlier in the article in the context of work with painful emotions involved in trauma and suffering.

<u>The second state transformation</u>: What in most therapies is often seen as a natural endpoint of experiential work, i.e., the completion of a round of processing of emotion, is for AEDP the herald of the beginning of another round of work. In *metatherapeutic processing*, the focus shifts to the patient's *experience* of transformation. Using alternating waves of (right-brain-mediated) *experience* and (left-brain-mediated) *reflection*, the goal now becomes to integrate the fruits of intense emotional experience into the personality organization via dyadic processing. The focus on the experience of healing transformation evokes and crystallizes one or more of the six types of phenomenologically distinct transformational affects associated with the six metatherapeutic processes. Through these processes and affective experiences, patients can open up into areas that were previously not accessible to them. Through the processing of this transformational experience, we thus help patients process positive affects, and not only negative affects. Experience with this kind of work has taught those of us who do it that sometimes, given people's relational histories, work with positive affects and positive affective experiences can be just as challenging, if not more so, than work processing negative emotions, and that it presents with its own troubled waters, which patients need help and support traversing (Russell & Fosha, in press).

The *post breakthrough affects*, such as feeling relief, lightness, clarity, and strength, emerging after the breakthrough of an intense emotional experience processed to completion, allow the exploration of the new self, unburdened and unencumbered. It is important for patients to register how good they feel in the aftermath of deep and painful work. Doing so will help next time in overcoming resistance to touching and working with what has so long been avoided.

The *mastery affects*, evident in feelings of joy and pride, come to the fore when fear and shame respectively are transformed, allowing the individual, within the dyad, to access, process, and

internalize experiences that are at the heart of efficacy, effectiveness, and agency. The *emotional pain*, the transformational affect associated with the process of mourning-the-self, is a way into empathy and compassion for the self, and for the processing of difficult past experiences from a place of safety and support of self for self.

The *healing affects*, gratitude and tenderness toward the other, and feeling moved within oneself in response to affirming recognition of the self and its transformation, allow a deeper processing of the therapeutic experiences. They are a way of changing self and other schemas, as well as self-other schemas, so as to integrate within them the new relational/affective experiences of the therapeutic work. Through processing together the good, transforming dyadic experiences, and the comparison between then-and-there and here-and-now from the vantage point of the here-and-now, the patient registers more deeply the disconfirmation of old pathological beliefs. This leads to the capacity to further solidify an acceptance toward the self, which goes hand in hand with a willingness to open to relational experiences.

The *tremulous affects*, fear/excitement, shock/startle/surprise, curiosity/interest, and a feeling of positive vulnerability, register the disorganization associated with traversing the crisis of healing change, particularly when the change is big and occurred rapidly. Such a disorganization of old patterns is a profound source of transformation, *if and only if*, it is held and supported within the safety, security, and steadiness of the attachment bond. It is that which allows excitement rather than fear, and curiosity rather than withdrawal to come to the fore in response to the new experience.

Finally, *the healing vortex*, somatically-experienced oscillating and vibrating sensations, are associated with how the body proper processes quantum transformation (Fosha, 2006), especially when it happens rapidly. By making these sensations the focus of metatherapeutic processing, we allow a place and space for those somatic responses to become regulated as well (Levine, 1997; Ogden et al, 2006), and for them to release resources held in the body.

Working with one set of the transformational affects, and processing them through to completion, can very well lead to another round of processing the affects that emerge in the wake of this processing. Thus, when we stay in the moment, and keep tracking, and moving back and forth between experience and reflection on the experience, and the experience of that, we are involved in a process of cascading transformations. Eventually, the cascade of transformations culminates in the calm, clear pool of core state.

State 3: Core State. The sacred and the effective. The processing of an emotion to completion ushers in a third state. In *core state*, the patient has a subjective sense of "truth" and a heightened sense of authenticity and vitality; almost always, so does the therapist. As in State 2, defenses and anxiety are absent in core state. But whereas the turbulence of intense, vehement emotions defines State 2, calm, clarity, confidence, centeredness, curiosity, compassion, courage, and creativity, Schwartz's (2003) eight Cs, catchily capture the defining qualities of core state.

Work with core state phenomena culminates in the assertion of personal truth and strengthening of the individual's core identity. In this "state of assurance" (James, 1902/1985), the patient contacts a confidence that naturally translates into effective action. The patient's true self declares itself (Osiason, 2006). A strong sense of self and the capacity for effective action on behalf of the self are inextricably intertwined.

In core state, the patient experiences a sense of expansion and liberation of the self, as well as openness to and capacity for deep contact and interrelatedness. Being fully able to move back and forth between compassion and self-compassion, between wisdom and generosity, True-Self and True-Other relating—AEDP's equivalent of I-Thou relating—is a quintessential core state phenomenon. Thus, the transcendent qualities Maslow associates with "godlikeness," are front and center in core state.

Processing intense emotion to completion describes an *arc of transformation* (Fosha, 2005). It goes from (a) building safety and thus no longer needing to rely on defenses against, and anxiety and shame about, both "creatureliness" and "godlikeness," to (b) working with "creatureliness," i.e., the bodily-rooted, subcortically-initiated categorical emotions, to (c) entraining "godlikeness," i.e., core state, where through a sense of the sacred and the effective, we become most deeply human, and most ourselves. The time-honored dichotomy between creatureliness and godlikeness is bridged in a continuous, moment-to-moment, experientially-tracked wave.

Now we are in a place where we can consider how the dyadic regulation of transformational experience is simultaneously a deep methodology for engendering secure attachment. [1]

The Double Helix of Attachment and Transformation

Metatherapeutic processing involves (a) the recognition and affirmation of transformation, then (b) the experiential and dyadic processing of the patient's *experience* of that transformation, and then (c) reflection on the process, followed by experiential exploration of the experience of the felt sense of what the reflection yields. And so on…. The process goes something like this: The patient is invited to first recognize and then focus in and attend to the experiential and somatic correlates of what felt good and therapeutic, whether big or small, and how it felt good. Once the patient is able to hone in and expand into the experiential, somatic correlates of what felt therapeutic about her/his experience, s/he is then asked to find words that capture the quality of that experience. This is a bottom-up, from the inside-out, embodied *par excellence* use of language (Lakeoff & Johnson, 1999). Finding the words that "feel right" to describe the experience—this is what Gendlin (1988) calls finding *a handle*—leads to yet another felt shift: something clicks into place, and another new experience emerges. This new experience itself now becomes the platform for the next round of exploring and reflecting. We can alternate/oscillate between experience and reflection, and the experience of reflection and reflection on experience. The process assumes the dynamic trajectory of a spiral, with *experience* on one side and *reflection* on the other. Phenomenologically speaking, if we just focus on the transformational affects that arise with each new transformational round, what we see is a series of cascading transformations. Carried forward by the momentum of transformance, one affect cascades into another into another, until they all eventually gather in the still deep calm of core state.

There are a lot of back and forths involved in metatherapeutic processing of the patient's e*xperience* of transforming therapeutic experience, which invariably involves contrast and comparisons between what feels good now, which gains meaning from being compared with what

[1] I wish to thank Mark Ludwig for a series of observations and subsequent conversations that led to the development of these ideas.

didn't feel good before. There is the going back and forth between self and other; there is the alternating between experience and reflection on the experience, and the experience of that, and so on; there is the back and forth between here-and-now and there-and-then; and, while holding an openness to future possibility, there is the going back and forth, contrasting past and present, and before and after.

While doing a moment-to-moment analysis of the dynamics of the transformational process involved in the processing of intense overwhelming emotions to completion, we have just named all the elements that are required to be synergistically engaged in the construction of a cohesive and coherent autobiographical narrative, the hallmark of secure attachment: self and other, emotion and reflection, past, present, and future, all considered from a perspective infused with compassion and acceptance. And indeed, as a result of the growing recognition of what is happening and of its import, and as a result of the back-and-forths while moving forward yielding this recognition, once the transformational process cascades into the calm of core state, the patient is now indeed able to tell—to self and other—her/his story in an integrated, mindful manner.

The dyadic affect regulation characteristic of metatherapeutic processing entrains the integrative structures of the brain, i.e., the corpus callosum, the prefrontal cortex—especially the right prefrontal cortex shown to mediate emotionally loaded autobiographical narrative (Siegel, 2003), the insula, and the anterior cingulate (Lanius et al., 2004; van der Kolk, in press). These structures, hypothesized to play a central role in attachment, have been shown to be adversely affected by trauma (Teicher, 2002), and to play a significant role in healing from trauma through the coordination of left brain and right brain aspects of emotional experience, as well as of somatic and perceptual aspects (Lanius et al; van der Kolk). Entraining them through metatherapeutic processing is both a one-brain process and a two-brain process. While the dyad supports the integrative work that takes place within the individual's neural processing (left to right and back, and up and down and up, both ways), it also supports a dyadic brain-to-brain communication process involving the integrative brain structures of the dyadic partners. The result is the patient's nascent capacity to generate a coherent autobiographical narrative, the single best predictor of security of attachment and resilience in the face of trauma, becomes increasingly robust through the alternating rounds of experience and reflection involved in the metatherapeutic processing (Main, 1999; Siegel). Key here is that what is being experientially and dyadically processed are the positive vitalizing experiences and positive dyadic interactions that are the stuff of secure attachment (Schore, 2001), intersubjective flourishing (Trevarthen, 2001), optimal development (Sander, 2002), brain states conducive to optimal growth and learning, and bodily states associated with health and longevity (Fredrickson & Losada, 2005).

Like the security-engendering caregiver, the therapist who is able to receive and engage with all emotional communications (Cassidy, 1994) that the patient brings into the dyad fosters the patient's access to all those experiences in her/himself. Through thus exploring the experience and meaning of what the individual has just gone through, and sharing it with an accepting, affirming other, we not only solidify, deepen and extend the transformational experience; we also further strengthen attachment security which is rooted in difficult experience, successfully traversed together. We become our selves through being together with, truly together with, another. Deep attachment security is engendered through the moment-to-moment of going though this together; feeling safe to be open and transparent, sharing the deepest aspects of oneself with an other; going to places that were too frightening to go to before; all with a sense of being received, accepted, and met. Aloneness undone, we can be separate and together

with. Feeling seen, we can see ourselves. Feeling felt (Siegel, 2003), we can feel, and be. Experiential work with intense emotion and transformation in an attachment context becomes the methodology for the engendering of secure attachment. I wanted to document the unfolding phenomenology of the process of healing, once previously disowned emotion is processed and (re)-owned. However, in so doing, I have also documented the unfolding of a process by which—through sharing and bearing deeply and honestly the traversing of intense emotional experiences, both good and bad—security of attachment is engendered. The two go hand in hand.

Diana Fosha, PhD, is the developer of AEDP (Accelerated Experiential-Dynamic Psychotherapy), and the Director of the AEDP Institute in New York City. She is the author of *The Transforming Power of Affect: A Model for Accelerated Change* (Basic Books, 2000), and of papers on transformational studies, experiential process and trauma treatment. She also contributed a chapter to *Healing Trauma: Attachment, Mind, Body and Brain*, edited by Marion Solomon and Daniel Siegel (Norton, 2003). A dvd of her AEDP work with a patient has just been released by APA, as part of their Systems of Psychotherapy Video Series. Many of her papers are available through the AEDP website at www.aedpinstitute.com.

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