

Emotion and Recognition at Work

*Energy, Vitality, Pleasure, Truth, Desire
& The Emergent Phenomenology of
Transformational Experience*

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This article is dedicated to Allan Whiteman in recognition of, and gratitude for, his being precisely who he is.

“When the mind regards itself and its own power of activity, it feels *pleasure*: and that *pleasure* is greater in proportion to the distinctness wherewith it conceives itself and its own power of activity.”

—de Spinoza (1677/2005, Part 3, Proposition LIII; emphasis added)

“One [sculpture] drew her more than the others. It didn’t mean it was better made; only that it had *something special about it that worked particularly well for her*. . . . The sense that came through of the author. Wasn’t that what made any work of art effective? You got little sidelong glimpses of a soul, and, if it resonated in a certain way with your own, you wanted more.”

—Block (2003, pp. 223, 228–229; emphasis added)

Along with suffering, psychopathology brings with it an energy crisis: There is a shrinking of the sphere of life lived with zest, a depletion of resourcefulness, and a growing restriction of the inner and outer lives of the individuals so afflicted (all of us at moments, some of us when moments develop into patterns and grooves). That is why a fundamental goal of the experiential therapies, along with ameliorating symptoms and relieving suffering, is to restore vitality and energy—the fuel for life.

This chapter is devoted to something as basic to the therapeutic process as the air we breathe: the process of transformation. It explores how, through a transformational process rooted in emotional experience, suffering can morph into flourishing, contraction can be motivationally reversed, and a reorientation toward growth can be achieved.

Emotions are, par excellence, vehicles of change; when regulated and processed to completion, they can bring about healing and lasting transformations. The experiential therapies, or the ABTs (affective balance therapies), as Panksepp (in chapter 1 of *The Healing Power of Emotion - Affective Neuroscience, Development & Clinical Practice*) calls them, make active use of emotions to that end. Accelerated experiential dynamic psychotherapy (AEDP; Fosha, 2000, 2002, 2003, 2005) is one such ABT.

The phenomenology of the transformational process that is unfolded here declared itself in the course of AEDP work with emotion in the context of an emotionally engaged therapeutic relationship. We discovered that not only does the processing of emotions release the adaptational resources contained within them, but also that the

exploration of the *experience* of transformation activates a nonlinear, nonfinite *transformational spiral* (Fosha, in press). Elucidating the phenomenology of emotion-based transformational experience is the unifying thread of this chapter and its first theme.

The second theme involves the discovery that positive affects, positive interactions, and the process of healing transformation are organically intertwined. Positive, attuned, dyadic interactions are the constituents of healthy, secure attachments and the correlates of neurochemical environments conducive to optimal brain growth (Panksepp, 2001; Schore, 2001; Trevarthen, 2001a). Positive affects are the constituent phenomena of physical health, mental health, resilience, and well-being (Fosha, in press; Fredrickson & Losada, 2005). And AEDP work has revealed that the transformational process—when moving in the direction of healing—is accompanied moment to moment, by positive somatic/affective markers (Fosha, 2004; Fosha & Yeung, 2006; Russell & Fosha, 2008; Yeung & Cheung, 2008).

And yet change, even healing change, however much desired and sought, poses a challenge. For it to be palatable, change must be balanced with identity, adaptation with homeostasis. Emotions bring a piece of the world to us and into us, providing unprecedented opportunities for growth. But emotions must be regulated so that their yield can be woven into the fabric of the self. Lest we provoke an affective autoimmune response, the “new” that emotions bring must, in one way or another, acquire some flavoring of the familiar that will make them recognizable to the self as self. This is where the *recognition process* comes in (Sander, 2002). If emotion is our way into difference,



The emotion-based transformational process, in the context of dyadic safety and recognition, has within it the answer to the energy crisis that psychopathology creates

expansion, and growth, then recognition is our way back into the self. The dialectic of emotion–accommodation and recognition–assimilation in emotion-based healing transformations is the chapter’s third theme.

Transformance, the term for the overarching motivation for transformation that pulses within us (Fosha, 2008), is the fourth. Innate dispositional tendencies toward growth, learning, healing, and self-righting are wired deep within our brains and press toward expression when circumstances are right. Unlike the conservative motivational strivings under the aegis of resistance, which, in the long run, consume and drain psychic energy, transformance-based motivational strivings, when actualized, are energizing and vitalizing. The work on emotion and recognition and their role in transformational work is located within the context of transformance.

One last theme: At the nexus of neuroscience and clinical process lie phenomena. The phenomenological sensibility informs both clinical and conceptual aspects of this work, with the goal of extending the work on the phenomenology of emotion (Darwin, 1872/1965; James, 1890/1950, 1902; Tomkins, 1962) to include the positive affective phenomena associated with the cascading transformational processes. A commitment to descriptive phenomenology can thus substantively contribute to the emergent conversations among clinicians, scientists, developmentalists, and practitioners of Sino-Indo-Tibetan contemplative practices (Bushell, Olivo, & Theise, in press; Davidson & Harrington, 2002; Davidson, Kabat-Zinn, Schumacher, Rosenkrantz, et al., 2003; Fosha, in press), trumping territorial battles fought through different traditions of terminology that impede rather than foster progress.

This chapter builds on previous work on bodily rooted affective change processes and their role in experiential therapy (e.g., Gendlin, 1996; Greenberg & Paivio, 1997; Greenberg, Rice, & Elliott, 1993; Levine, 1997; Mc-Cullough Vaillant, 1997; Ogden et al., 2006), including my own previous writings (Fosha, 2003, 2004, 2005). However, whereas earlier work focused on the processing of overwhelming emotion to completion to resolve trauma and emotional suffering, this chapter focuses on *the processing of transformational experience* to consolidate and enhance therapeutic gains and promote flourishing.

- Part I introduces the constituent elements of the discussion: transformance, emotion, and recognition.
- Part II summarizes key aspects of AEDP, the lens through which the emotion-based transformational process is being viewed.
- Part III is devoted to the dynamics and phenomenology of the emotion-based transformational process.
- Part IV deals with the crisis that healing transformation can engender and its resolution through the metaprocessing of transformational experience.
- Part V is a case example illustrating the crisis that even positive transformations can bring and how it can be resolved.
- The concluding comments explore how the adaptive benefits of the transformational process increase through the energy and vitality associated with the emergent, limitless nature of the positive affective phenomena that characterize it.

Thus we will see how the emotion-based transformational process, in the context of dyadic safety and recognition, has within it the answer to the energy crisis that psychopathology creates.

Part I:

On Transformance, Emotion, and Recognition

In the section that follows, the term *transformance* is introduced to name and honor the powerful motivational thrust that exists within us, a force toward healing that has long been ignored given our field's obsession with psychopathology. Agents of transformance, emotion, and recognition are explored as its agents, intertwined processes, the yin and yang of transformation.

On Transformance

Transformation is fundamental to our natures. Deep in our brains, there for the awakening and activation in facilitating environments, lodge wired-in dispositions for self-healing and self-righting (Doidge, 2007; Emde, 1983; Gendlin, 1996; Sander, 2002; Siegel, 2007) and for resuming impeded growth (Ghent, 1990; Grotstein, 2004; Winnicott, 1960/1965). *Transformance* is my term for the overarching motivational force that strives toward maximal vitality, authenticity, adaptation, and coherence, and thus leads to growth and transformation (Fosha, 2008). Naturally occurring affective change processes, such as emotion, dyadic affect regulation, and the empathic recognition of the self (Fosha, 2002), are manifestations of transformance-driven processes.

Transformance is the motivational counterpart of resistance. Whereas resistance is fueled by dread and the desire to avoid bad feelings, transformance is driven by hope and the search for the vitalizing positive experience. Resistance drives processes that achieve safety in the short run but eventuate in languishing, deterioration, and immobility; transformance drives processes that involve risk taking in the short run but eventuate in flourishing, resilience, health, and longevity (Fredrickson & Losada, 2005; Loizzo, in press). Wired for transformance, we naturally seek contexts in which we can surrender to our transformance strivings.

Key to the notion of transformance is its appetitive nature. "The brain . . . is not an inanimate vessel that we fill; rather it is more like a living creature with an appetite, one that can grow and change itself with proper

nourishment and exercise" (Doidge, 2007, p. 47). We fulfill transformance strivings because we are wired to do so. When we do so, it feels good. And because it feels good, we want to do so more. The brain, motivated to learn from experience, responds plastically, for plasticity and motivation are linked (Doidge, 2007). Positive affects—that is, the reward aspect of enacting transformance strivings—light up the way. Whether we are talking about the secretion of dopamine and acetylcholine, or of oxytocin, or about the down-regulation of the amygdala as states of fear are replaced with exploratory states (Schoore, personal communication, July 23, 2008), the brain registers and marks the positive nature of the experience and seeks to reengage it. In the process, we change and grow.

Finally, crisis and intense emotional suffering, *when experienced in conditions of safety*, can be a great boon to transformance strivings: The alchemy of transformance strivings together with the drive to relieve distress is an unbeatable mix for change.

On Emotion

Emotion theory and affective neuroscience (Damasio, 1994, 1999; Darwin, 1872/1965; Davidson et al., 2000; Panksepp, 1998a, Panksepp, in chapter 1 of *The Healing Power of Emotion - Affective Neuroscience, Development & Clinical Practice*; Tomkins, 1962, 1963) offer an account of change intrinsic to the experience of the *categorical emotions*, universal phenomena generated in the subcortical regions of the brain. Each categorical emotion—fear, anger, joy, sadness, disgust—plays a powerful role in survival. As Schoore (2001, p. 21) says, "emotions [are] the highest order direct expression of bioregulation in complex organisms."

Emotion is fundamentally linked with change (Damasio, 1999). Our psychobiological response to conditions that violate expectations, emotions are the stuff that tells *us about us in relation to that change*. They come on board to register that something has changed, for good or bad, and that it behooves us—if we're interested in survival—to attend to that change and deal with it. In Damasio's words, "For certain

classes of clearly dangerous or clearly valuable stimuli in the internal or external environment, *evolution has assembled a matching answer in the form of emotion*" (1999, p. 55; emphasis added). Motivation is intrinsic to emotion. Each emotion contains within it the pulse toward its own completion. Each categorical emotion is associated with a set of adaptive action tendencies, evolutionarily dedicated to endowing our bodies with the resources to contend with the situation that evoked the emotion to begin with (Frijda, 1986). Emotion is the experiential arc between the problem and its solution: Between the danger and the escape lies fear. Between novelty and its exploration lies joyful curiosity. Between the loss and its eventual acceptance lies the grief and its completion.

In addition to the unlocking of emotion-specific resources, release of the adaptive action tendencies is also accompanied by energy and vitality, which further bestow access to broadened thought–action repertoires and resilience (Fredrickson, 2001). Linked with adaptation, emotions are “ancestral tools for living” (Panksepp, in chapter 1 of *The Healing Power of Emotion - Affective Neuroscience, Development & Clinical Practice*). And, for us humans, they are also beacons of authenticity and organismic truth (Grotstein, 2004). But emotions are forces to contend with, which unless regulated, threaten to overwhelm us (McCullough, Kuhn, Andrews, Kaplan, Wolf et al., 2003; Osimo, 2002). According to Damasio (1999):

A spontaneous smile that comes from genuine delight or the spontaneous sobbing that is caused by grief are [sic] executed by brain structures located deep in the brain stem under the control of the cingulate region. We have no means of exerting direct voluntary control over the neural processes in those regions. . . . We are about as effective at stopping an emotion as we are at preventing a sneeze. (p. 49)

Because of their suddenness, power, and

invulnerability to fakery and voluntary control, we often experience emotions as foreign, as other, as external to us as “a clap of thunder or a hit” (Winnicott, 1960/1965, p. 141). Indeed, aloneness in the face of overwhelming emotions and the resultant need to ward them off for self-protection (with short-term benefits and long-term devastating consequences) and central in AEDP’s conceptualization of how psychopathology develops. The questions become: How can we contend with emotions in a way that is progressive and transference-informed rather than dread-driven and stopgap in its action? How can we make use of the transformational power of emotions and integrate their potentially profound gifts into our repertoires of self and relationships?

Enter recognition. For it is the process of recognition that holds the key to how to keep going forward, riding the river of emotion without needing to apply the damming counterforce of resistance. Recognition, as we are about to see, is the progressive alternative to resistance.

On Recognition

If emotion is what happens when we register a departure from the expected, recognition is the internal experience we have when something clicks into place—not so much “aha!” as “yes.” Hart (1991) writes:

There is an internal landscape, a geography of the soul; we search for its outline all our lives. . . . Those *who are lucky enough to find it* ease into it like water over a stone, onto its fluid contours, and *are home*. . . . We may go through our lives happy or unhappy, successful or unfulfilled, loved or unloved, without ever standing cold with the shock of *recognition*, without ever feeling the agony as the twisted iron in *our soul unlocks itself and we slip at last into place*. (p. 3; emphasis, added)

Recognition, specific and precise, occurs when there is “a moment of fittedness” (Sander, 2002, p. 19).¹ My usage of recogni-

1. By contrast, the moment that evokes emotion is a moment of *nonfittedness*, if you will, when the internal and the external do not match. Emotion arises when there is a violation of expectancy and the self has to reckon with it.

tion includes, but goes beyond, the relational experience of being known: It refers to all experiences that occur whenever there is a match, a “click” between something inside and something outside, however *inside* and *outside* are subjectively defined.

In this chapter I am writing about recognition in two ways: as formal process and as receptive experience. Recognition as a receptive experience—that is, the felt sense of *feeling recognized*, is discussed later in the contexts of the transformational process and the clinical case.

Recognition as a process (Sander, 1995, 2002; see also, Lyons-Ruth, 2000) allows us to connect (1) the basic principles of organismic functioning (how we are wired) with (2) the emotion-based transformational processes through which we move when we self-right, heal, learn, and grow. Moment to moment, recognition is accompanied by and expressed through *vitality affects* (Stern, 2000), “spontaneous physiological rhythms that are manifest in arousal fluctuations, which are in turn expressed in fluctuating psychobiological affective states” (Schor, 2001, p. 21). These vitality affects have *positive somatic/affective markers* (e.g., deep sighs, fleeting smiles, head nods, sideways head tilts); they tell us that the transformational process is on track (Fosha, 2004).

Recognition in the “how we are wired” sense is foundational to experiences that serve transference strivings—that is, *all affective change processes* (Fosha, 2002). The developing self, actualizing its transference strivings through the individual’s engagement with some transformational process, becomes increasingly self-initiating and motivated to continue along this flow of experience. “It is how we feel our

way along in unscripted relational transactions” (Lyons-Ruth, 2000, p. 92). It is this precise experience that guides the moment-to-moment, bottom-up processing of AEDP and other therapies that locate healing within the individual.²

This organismic recognition process occurs in experiential therapy when the moments of fittedness occur between the individual and some process in a dyadically co-constructed environment of safety. Recognition is always “dyadic” in that it involves two things fitting together, but it is not necessarily relational or interpersonal: the fit can be between self and other,³ but it can also be between self and self, or self and process, or self and experience. The “click” occurs between what is felt as “me” and “not me,” in a way that feels right and allows what was felt as “not me” to eventually become integrated into “me.”⁴

A string of such moments of fittedness means that the individual is engaged in a transformational process. The flow of energy and vitality is enhanced, new phenomena and actions emerge, and the experience of what emerges thus becomes further motivating—a source of agency, direction, and self-initiative (Ghent, 2002; Sander, 2002). What Schore (2001) calls the “positively charged curiosity that fuels the burgeoning self’s exploration of novel socioemotional and physical environments” is “*a marker of adaptive . . . mental health*” throughout the lifespan, not only in infancy (p. 21, emphasis added).

Emotion and Recognition in Transformation

“The human mind,” Dan Siegel tells us, “emerges from patterns in the flow of en-

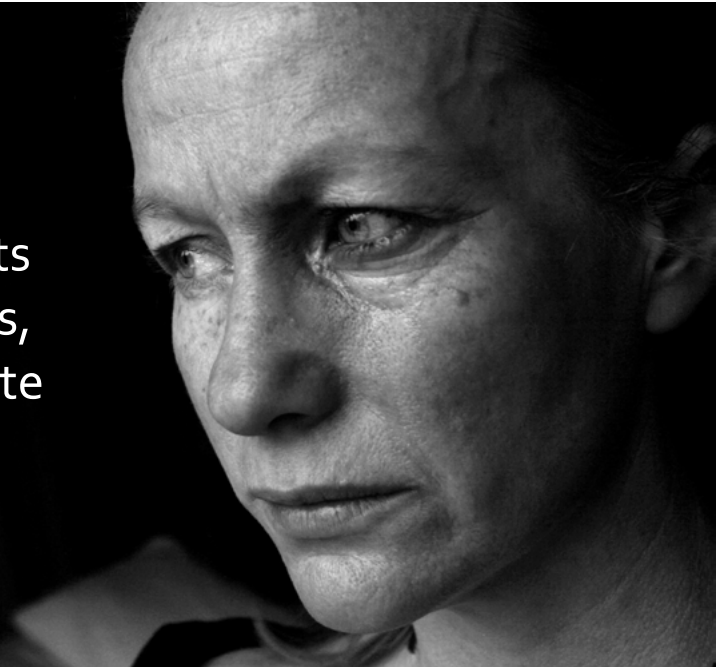
2. The use of recognition to guide the therapeutic process assumes that defensive blocks and inhibitory affects (e.g., anxiety, shame, guilt, fear) that scramble access to somatically based affective experience have been dealt with and that their impact is thus minimized. This is the stuff of technique and accounts for a large part of clinical writing, including my writing (e.g., Fosha, 2000). However, in this chapter, technique is not discussed, just assumed, or as it is said in the law, stipulated.

Nonetheless, it is necessary to make this point because recognition can accompany many phenomena that are the result of defensive and inhibiting affects and thus will not unleash healing transformational processes. Shunning people feels right to a schizoid person, and not getting out of bed can feel right to a depressed person, but recognition experiences that mark, reinforce, and amplify resistance-driven strivings are not the ones under discussion here. Nor are the techniques for transforming such experiences. What is under discussion are recognition experiences that mark, reinforce, and amplify transference-driven strivings, to which the individual already has access.

3. See Fosha (2005) about recognition in the context of an encounter between True Self and True Other.

4. My hypothesis is that my “recognition processes” are similar to, or overlap with, what Panksepp and Northoff (2008) call self-related processing and Trevarthen (Chapter 2, this volume) calls the intrinsic motive formation (IMF).

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ergy and information within the brain and between brains" (1999, p. 2). Emotion and recognition are two mechanisms that bring information and energy into the system. Emotions enlarge us as we face the environmental challenges that give rise to them, and recognition transforms us as we make seemingly foreign experiences our own. Through both moments of recognition and the activation of the adaptive action tendencies of emotion, along with new information, tremendous vitality and energy are released and made available to the organism.

Additionally, the balance of emotion and recognition processes allows the transference strivings to go forward through the dialectical interplay of *emotion as accommodation*, through which we change our schemas to reflect new experiences, and *recognition as assimilation*, through which the new is integrated with already existing schemas. In the process of transformation, it is the psyche's system of checks and balances.

Part II:

On AEDP, Its Healing Orientation, and Dyadic Affect Regulation

AEDP, which I and my colleagues developed and are developing (Fosha, 2000, 2002, 2003, 2004, 2005, 2006b, 2008, in press; Fosha & Yeung, 2006; Frederick, 2009; Gleis-

er et al., 2008; Lamagna & Gleiser, 2007; Prenn, 2009; Russell & Fosha, 2008; Tunnell, 2006; Yeung & Cheung, 2008), is the model and practice that informs these ideas on emotion-based transformation.⁵

Healing from the Get-Go

AEDP understands healing as a biologically wired-in process with its own phenomenology and dynamics, fundamentally different and separate from the process involved in repairing psychopathology (i.e., fixing what is broken). In AEDP, healing is not just the outcome of successful therapy, but rather a process to be activated from the get-go, as demonstrated in a published DVD of an initial session (Fosha, 2006a).

Most systems of psychotherapy regard the resistance-driven repetition of psychopathogenic patterns in the therapeutic situation as inevitable and believe that the corrective emotional experience comes in the scenario having a different ending (Alexander & French, 1946/1980). In AEDP, however, the repetition scenario is not seen as the inevitable shaper of the patient-therapist relationship. Accordingly, we don't just seek a new ending: From the outset we are also seeking a new beginning.

Aiming to lead with a corrective emotional experience (Fosha, 2000), we seek to facilitate conditions conducive for the entrainment of the transference forces that

5. AEDP is a complex theoretical and clinical model of treatment. Only those aspects of the model that are most salient to the matters at hand are discussed here. For a comprehensive account, especially topics related to clinical issues and technique, the interested reader is invited to go to Fosha, 2000, 2003, 2008, and also to the AEDP website at www.aedpinstitute.org.

are always present in people as dispositional tendencies. How we meet the patient, from the first encounter, will constitute the “features of sensitivity to initial conditions” (Sander, 2002, p. 16), and will have a lot to do with whether transference or resistance strivings will be in ascendance. “Attachment decisively tilts whether we respond to life’s challenges as opportunities for learning and expansion of the self or as threats leading to our constriction of activities and withdrawal from the world” (Fosha, 2006b, p. 570).

In AEDP, it is not sufficient that attachment operate implicitly, working as the background hum against which experience takes place. The patient’s experience of the attachment relationship needs to be a major focus of therapeutic work (Fosha, 2006b). Thus, the processing of receptive affective experiences (i.e., experiences of being on the receiving end of what is subjectively felt as care, empathy, affirmation, or recognition) is as assiduously pursued as that of any other class of affective phenomena. Such *receptive affective experiences* are often described in terms of bodily sensations of warmth, melting, tingling, stirring, or relaxing. One patient said that her therapist’s empathy felt like “warm liquid honey down

ties of the self of the patient; the therapist’s delight *in* and *with* the patient is a powerful antidote to his or her shame (Hughes, 2006; Trevarthen, 2001a).

AEDP accomplishes the processing of heretofore unbearable emotion through three characteristic methods, all of which rely on the moment-to-moment tracking of fluctuations in affective experience: *dyadic affect regulation*, which is privileged here, since the rest of the chapter addresses the other two; *processing adaptive emotional experience to completion* (which AEDP shares with other experiential treatments—see Fosha, Paivio, Gleiser, & Ford, 2009; Gleiser et al., 2008; Greenberg & Paivio, 1997; Johnson, Chapter 10, & Ogden, Chapter 8, of *The Healing Power of Emotion - Affective Neuroscience, Development & Clinical Practice*); and the *metatherapeutic processing of transformational experience*. The first and last are among AEDP’s original technical contributions.

Dyadic Affect Regulation

AEDP understands psychopathology as resulting from the individual’s unwilling and unwanted aloneness in the face of overwhelming emotions. The fundamen-

One patient said that her therapist’s empathy felt like “warm liquid honey down her esophagus”

her esophagus” (Osiason, personal communication, May 1, 2004). Receptive affective experiences form the substrate for many of the metatherapeutic processes that are discussed below.

The stance of AEDP is attachment based and sprinkled liberally with intersubjective delight in the patient. Following Lyons-Ruth (2007), Trevarthen (2001a), and Tronick (2003), who regard attachment motives for care and protection as different from intersubjective motives for companionship and pleasure, the stance of AEDP is conceived as having two strands. In the *attachment strand*, we meet all signs of pain, suffering, and fear with empathy and dyadic affect regulation, broadcasting our willingness to help. In the *intersubjective strand*, we focus on, and delight in, the quintessential quali-

ties of the self of the patient; the therapist’s delight *in* and *with* the patient is a powerful antidote to his or her shame (Hughes, 2006; Trevarthen, 2001a).

tal tenet that the patient not be left alone with overwhelming emotions is actualized through the process of dyadic affect regulation, AEDP’s application and extension to the clinical situation of the developmental work of Beebe (Beebe & Lachmann, 1994, 2002) and Tronick (1989, 2003).

The process of dyadic affect regulation of emotion and relatedness proceeds through countless iterations of cycles of attunement, disruption, and repair. By means of the moment-to-moment affective communication that occurs through nonverbal, right-brain-mediated processes, the dyadic partners establish coordinated states, marked by positive affects. Because the experience of attunement is a pleasurable one, the coordinated state becomes a desired goal and is thus motivating.

Resilience-engendering dyads minimize the amount of time spent in negative emotions associated with stress and misattunement, and maximize the time spent in the coordinated states; the positive affects characterizing the latter correlate with neurochemical brain environments most conducive to growth and learning (Lyons-Ruth, 2007; Schore, 2003a, 2003b). In such dyads, the negative affect associated with disrupted attunement is a motivational spur toward repair and the restoration of coordination (Tronick, 1989).

Disruption occurs when one partner's experiences cannot be coordinated by the dyad. If attunement is the state in which self and other naturally resonate, to the delight of both, disruption is the realm of be-

operates in both the *processing of emotional experience* and the *metaprocessing of transformational experience*.

Part III: The Emotion-Based Transformational Process

The notion of state is important here: Each state is characterized by a specific set of phenomena, which can reflect radically different capacities and ways of engaging and processing (cf. Porges, Chapter 2, of *The Healing Power of Emotion - Affective Neuroscience, Development & Clinical Practice*, for the ANS underpinnings for different states and their respective implications for what psychological functions are and are not likely to be entrainable). Crucially for

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ing on disturbingly different wavelengths. All the stuff excluded so as to maintain the previously coordinated state comes roaring back. In the disruption, the separateness and uniqueness of the self declares itself. However, if the disruption is repaired, it then becomes a major source of transformation.

Successful repair results in the establishment of a new, expanded coordinated state wherein differences can be encompassed and integrated; achieving that state is a vitalizing energizing human experience. "The flow of energy expands as states of brain organization in the two partners expand their complexity into new and more inclusive states of coherent organization" (Sander, 2002, p. 38). The achievement gives rise to new emergent phenomena that transform and expand the shared experience as well as the experience of each dyadic partner, reflecting how being together changes each of them (Beebe & Lachmann, 1994, 2002; Fosha, 2001, 2003; Hughes, 2006; Tronick, 2003; see also, Tronick, Chapter 4, of *The Healing Power of Emotion - Affective Neuroscience, Development & Clinical Practice*).

As we see below, dyadic affect regulation

the therapeutic enterprise as Tronick notes, "an individual's state of consciousness generates actions and intentions" (Tronick, in press). Thus the motivational characteristics of each state have very different implications for psychotherapeutic effectiveness.

Four States and Three State Transformations

Four states bridged by three state transformations (see Figure 1) characterize the transformational process.

STATE ONE—PHENOMENA THAT NEED TRANSFORMING: STRESS, DISTRESS, AND SYMPTOMS

Characteristic of the state of affairs that brings the patient to treatment, State One phenomena result from strategies that have long stopped being adaptive and that have instead led either to Axis I problems (e.g., depression, anxiety, posttraumatic stress disorder [PTSD]), or to Axis II patterns and attendant problems in living and functioning. Characterized by the lack of regulated access to bodily based adaptive core affect, State One phenomena also result from the

dominance of defenses and inhibiting affects such as shame and fear, which constitute strategies that block or scramble access to the individual's primary (i.e., core) affective experience. Dysregulation, by being disorganizing, likewise prevents reliable, direct contact with somatically rooted experience.

But also invariably present in State One are glimmers—sometimes significantly more than glimmers—of transference strivings and the patient's self-at-best.

- *The first state transformation.* As the influence of defenses and inhibiting affects diminishes, core affective experience rises. The first state transformation reflects the disruption of old, dysfunctional patterns as a result of the new experiences generated by the therapeutic dyad. We seek to amplify the glimmers of affect that herald previously warded-off intense emotional experiences by staying with the patient, so that he or she does not feel alone. *Green-signal affects, transitional affects, and heralding affects* signal the first state transformation and draw the therapist's attention to a critical window of therapeutic opportunity to facilitate the entrance into core affect (State Two).

Green-signal affects, the manifestation of vitality affects marking the operation of recognition processes, are positive somatic/affective markers of increases in the feeling of safety and willingness to take the next step. This increase can be expressed somatically (e.g., a deep exhale, a head nod) and/or through verbal expressions of readiness, hope, trust, or curiosity. The *heralding affects* evidence lowered defenses and "herald" the coming online of core affective experience; we see affective glimmers—eyes fill with tears, body tone shifts noticeably, breathing deepens or becomes more rapid, language becomes more direct, imagistic, evocative. The patient will say something like "I don't know why, but I keep having an image of this little girl." The therapist seizes on those changes and works with them to *midwife* (Osimo, 2001) the emergence of the next state. The *transitional affects* are a mix of the old and the new: here, right-brain experiencing is ahead of left-brain control,

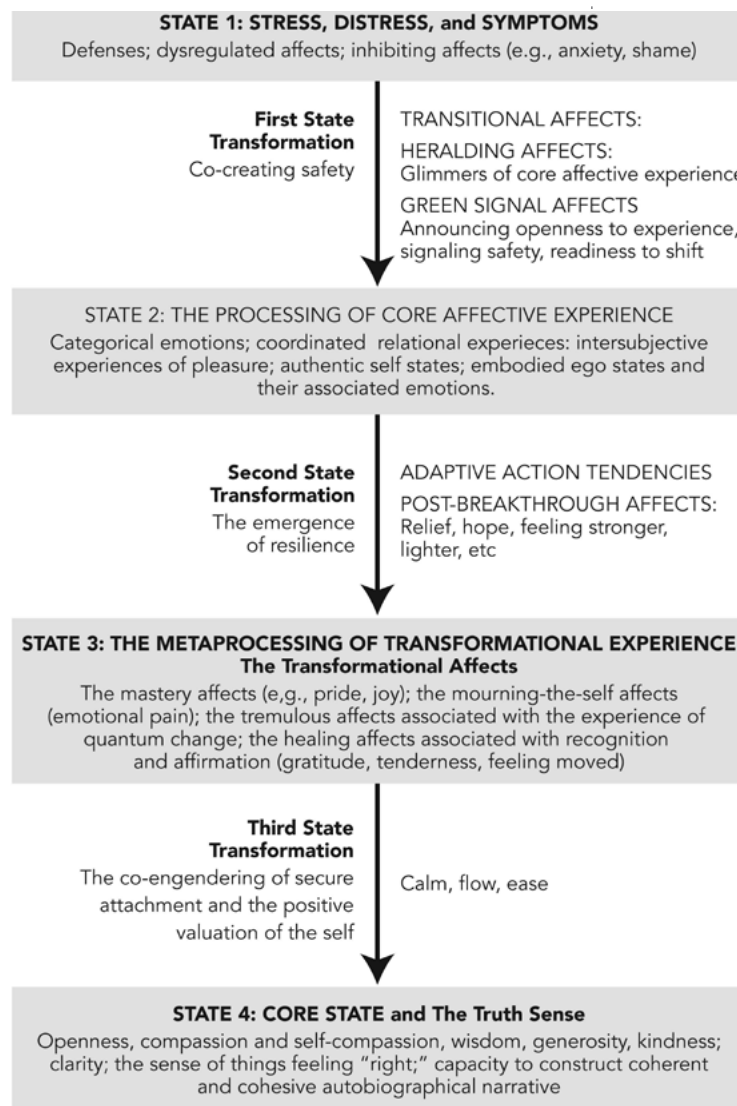


FIGURE 1
The 4 states and 3 state transformations of the transformational process

leading to a sense of destabilization, of being a bit "out of kilter." It is not uncommon to see a mix of some anxiety with some emergent core affective experience, one side of the body expressing defense (left arm holding oneself), the other side expressing the emergent emotion (right hand in a fist).

STATE TWO—CORE AFFECTIVE PHENOMENA: THE PROCESSING OF EMOTIONAL EXPERIENCE

With defenses and inhibiting affects largely out of the way, the patient is in touch with body-rooted emotional experience, most notably, the categorical emotions, which are closely related to Panksepp's (Chapter 1 of *The Healing Power of Emotion - Affective Neuroscience, Development & Clinical Practice*) seven emotional primes. With the sense that even intense



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State Two dyadic affect regulation has patient and therapist working together to help the patient fully experience and process subcortically initiated and right-brain-mediated emotional experiences so that the seeds of healing contained in such experiences can be released.

emotions are welcome and can be dyadically handled, emotional processing work can be launched. The conscious self surrenders to the organismic wisdom of thematically rooted core affective experience pressing for expression.

State Two dyadic affect regulation has patient and therapist working together to help the patient fully experience and process subcortically initiated and right-brain-mediated emotional experiences so that the seeds of healing contained in such experiences can be released. Grief, rage, fear, joy, disgust, and so on, can now come to the fore, and the individual's access to them, once unlocked, is deepened and regulated, using the positive somatic/affective markers of the process of recognition to stay on track, moment to moment. The emergence of *adaptive action tendencies* and the *post-breakthrough affects* (e.g., feeling relieved, lighter, clearer, stronger) mark the end of the wave of processing one categorical emotion to completion.

- *The second state transformation.* The coming up and out of the wave of emotion is invariably positive and indicates the arrival of the second state transformation, where there is authentic relief and clarity. Patients speak of being "soft of heart and open," in the words of one. There is a definite shift in the somatic sensory experience, frequently in the area of the "heart" or as warmth or energy emerging from the "gut level."

By the end of the wave of processing emotional experience to completion, the self is back in the driver's seat: *Vitality affects* come to the fore, releasing enormous energy and thus providing fuel for adaptive action. The very experience of processed emotion activates resources essential to the resolution of the problem requiring the person's heightened attention in the first place—that is, the *adaptive action tendencies* associated with that emotion. The individual's new responses reflect access to new emotional information—about the self, the other, the situation—that was not accessible prior to the full experience of the emo-

tion. Even when the categorical emotion is itself negative and/or painful, as in the case of anger, for example, the affective experience following the release of the adaptive action tendencies (e.g., strength, power, assertiveness) is experientially highly positive and energizing.

STATE THREE—THE PROCESSING OF TRANSFORMATIONAL EXPERIENCE: METATHERAPEUTIC PROCESSING AND THE TRANSFORMATIONAL AFFECTS⁶

What in most therapies is often seen as a natural endpoint marks the entry into another round of experiential work for AEDP. The focus shifts to the *metatherapeutic processing* of the patient's *experience* of transformation. If in State Two we processed emotional experience associated with trauma, loss, disappointment, and other charged disruptions in the patient's world, in State Three we metaprocess transformational experience and the (good) havoc it wreaks in the patient's self. In this way, metaprocessing is mindfulness (Ogden, Chapter 8 of *The Healing Power of Emotion - Affective Neuroscience, Development & Clinical Practice*; Siegel, 2007) applied to transformational experience.

Metatherapeutic processing, or *metaprocessing* for short, is a quintessential contribution of AEDP, stemming from the discovery that focusing on the experience of transformation itself unleashes a transformational process, through which changes are consolidated, deepened and expanded. It is here that we encounter recursive, cascading transformational phenomena.

Both meta-affective and metacognitive, metaprocessing uses alternating waves of (right-brain-mediated) experience and (left-brain-mediated) reflection to integrate the fruits of intense emotional experience into the personality organization; concomitantly, it generates more positive phenomena associated with health, resilience, and expanding well-being, thus enlarging the sphere of transformational experience, all

the while exploring it. That is the nature of the transformational spiral set in motion by the metaprocessing of transformational experience and the expanding energy and vitality it makes available to the individual.

Fundamental to metatherapeutic processing is awareness of how the self registers the transformational experience via *receptive affective experiences*, which usually operate silently and register in terms of sensations (e.g., safety and care as warmth and relaxation). The body's reaction to the experience of quantum change, that is, big, discontinuous and rather sudden and unexpected, change activates "*the healing vortex*" (Fosha, 2006b; Levine, 1997; Yeung, 2003, personal communication, August 4)—for example, oscillations, vibrations, currents, streamings, temperature swings, and other receptive affective experiences associated with the self's experience of the disruption of quantum transformation.

Metatherapeutic processing of the just-completed affective experience evokes phenomenologically distinct *transformational affects* (mastery affects, emotional pain, the healing affects, and the tremulous affects), each associated with a specific metatherapeutic process. The four metatherapeutic processes (underlined) and their respective transformational affects (in italics) are as follows:

1. Mastery evokes the *mastery affects*, the "I did it!" of therapy, the feelings of joy, pride, and confidence that emerge when fear and shame are undone.
2. Mourning the self is accompanied by *emotional pain*, which is grief for the self, a painful but liberating experience of empathy for what one's self lost, either due to the limitations of others and/or to one's own chronic defensive functioning.
3. Traversing the crisis of healing change evokes the *tremulous affects*, as fear/ excitement, startle/surprise, curiosity/interest, even a feeling of positive vulnerability, can be maintained during the emergent explorations with the support

6. John Gottman and his colleagues (Gottman, Katz, & Hooven, 1997) have developed a similar idea of the meta-emotions (i.e., emotions about emotions) but in a different context. They are exploring the problematic aspects of emotion about emotions that cause problems and symptoms, whereas I am exploring the expansive aspects of emotions about emotion in the context of transformational experience.

and holding of the therapeutic relationship.

4. The affirming recognition of the self and its transformation evokes *the healing affects*, which include gratitude and tenderness toward the other, as well as feeling moved, touched, or emotional within oneself.

If State Two processing of emotional experience is like a wave, State Three processing of transformational experience is like a spiral. Each new experience, once explored, becomes the platform for the next round of exploration. Each new attainment becomes a platform for the next reaching. This spiralling enlarges the sphere of experience within the context of a safe attachment, allowing ever-expanding exploration. Through explicitly exploring the experience and meaning of what has just gone on for each partner, and sharing it with one another, we also further strengthen attachment security, which is rooted in the successful traversing of difficult experience together.

- *The third state transformation.* The state-shift markers that signal the completion of State Three and the emergence of core state are calm, clarity, and tremendous openness. The stress of State One and the emotional tumult of States Two and Three are over. The storm has passed. The wind has died down. The sky is clear and the air is fresh. Breathing is deep and slow. Life is good. The metatherapeutic transformational spiralling leads to a profoundly satisfying, deeply felt state of ease, flow, and relaxation. These affects herald the availability of core state, the fourth state of the transformational process, as viewed through the lens of AEDP.

STATE FOUR: CORE STATE AND THE TRUTH SENSE

In the highly integrated *core state*, the patient has a subjective sense of “truth” and a heightened sense of authenticity and vitality; almost always, so does the therapist. The defining qualities of core state overlap with qualities characteristic of resilient individu-

als and also with those cultivated by contemplative and spiritual practices—wisdom, compassion for self and others, generosity, vibrant well-being, equanimity, confidence, creativity, naturalness, enhanced initiative and agency, a sense of the sacred, more.


Core state refers to an altered state of openness and contact wherein individuals are deeply in touch with essential aspects of their own experience. Experience is intense, deeply felt, unequivocal, and declarative; sensation is heightened, imagery is vivid, focus and concentration are effortless. Anxiety, shame, guilt, or defensiveness are absent; there is no pressure to speak, yet the material moves easily. Self-attunement and other-receptivity easily coexist. Mindfulness—the capacity to take one self, one’s world, and one’s own unfolding experience as objects of awareness and reflection—prevails. In this “state of assurance” (James, 1902), the patient contacts a confidence that naturally translates into effective action. The patient’s true self declares itself. In Hart’s (1991) words: “A stillness descended upon me. I sighed a deep sigh, as if I had slipped suddenly out of a skin. I felt old, and content. The shock of recognition had passed through my body like a powerful current” (pp. 26–27).

The affective marker for core state is the *truth sense*. The truth sense is a vitality affect whose felt sense is an aesthetic experience of rightness, the rightness of one’s experience.⁷ The truth sense is the felt manifestation of the internal experience of core state: deep relief at felt correctness, and the calm that settles in when a picture that’s been crooked comes into alignment. There is an internal experience of coherence, cohesion, completion, and essence (Grotstein, 2004).

Through the transformational process we hope to foster the patient’s—and our own—greatest degree of experiential contact with emotional truth. Often, the most powerful work can be done when both patient and therapist are in core state (which is not unusual), and therefore fully able to move back and forth between compassion and self-compassion, wisdom and generosity, and True-Self/True-Other⁸ relating. The result is the patient’s capacity to generate

7. This is not about being right, but about things that *feel* right.

8. True-Self/True-Other relating (Fosha, 2005) is AEDP’s version of Buber’s (1965) I/Thou.



In the highly integrated core state, the patient has a subjective sense of “truth” and a heightened sense of authenticity and vitality; almost always, so does the therapist.

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a coherent and cohesive autobiographical narrative—the single best predictor of security of attachment and resilience in the face of trauma (Main, 1999).

The Arc of Transformation

The emotion-based transformational process, unfolding through the directional thrust of emotion, moment to moment kept on a progressive track by vitality affects signaling the operation of recognition processes, describes an arc: A psychoevolutionary perspective at one end is organically linked with aesthetics, spirituality, and the quest for personal truth at the other. The experiential processing of emotions shaped by eons of evolution naturally culminates in experiences of aliveness, hope, faith, clarity, agency, simplicity, compassion, coherence, and both truth and beauty.

Part IV:

The Crisis of Transformation⁹

We have established that emotion, a powerful agent of change, is synonymous with disruption (Damasio, 1999), but that, when regulated and processed through to completion, bestows great adaptive advan-

tages on the individual. The *experience* of transformation, itself an agent of (further) transformation, when first registered, also represents a disruption, a perturbation of the status quo, and, as such, a challenge to familiar identity. It too is a vehicle for growth, but only if the crisis it engenders is successfully traversed.

Whereas the categorical emotions frequently arise in potentially aversive circumstances, the crisis of transformation always takes place in the context of change for the better, often the fulfillment of changes fervently wished for. But transformation requires letting go of the familiar, which even when painful, is comfortable because known. Here, and in the case that follows, we look at what happens when “the new”—the good “new”—evokes resistance¹⁰ as it presents a threat to established identity.

Although transformation is a psychic crisis, it is not an external crisis. With a certain amount of therapeutic improvement already under one’s belt, further change seems discretionary, not as essential to survival. The motivation of intense psychic distress, which initially brings the patient to treatment and functions as a spur to ex-

9. Mega-thanks to Carrie Ruggieri and her brilliant reporting of my presentation of this material to the NYC AEDP Seminar Series. Witnessing my work transformed through the light of her perception and experience—which momentarily rendered it as other—provided me with the experience of recognition and the ability to fold it back into myself with expanded understanding and all the vitality and energy emergent from such experiences.

10. The interested reader is invited to compare this patient’s reaction to transformation with three other published cases in Fosha (2006, 2008) and Russell & Fosha (2008).

ploration, is absent. If anything, things are good. In these conditions, disruption is not so lightly undertaken. When dread or reticence is palpable, it is important that we acknowledge to the patient that transformation and change are disruptions, which, however desirable, can nevertheless be scary.

Since change can be like trauma (especially for those with a history of trauma—i.e., we do not know what will happen), how then does the new get to have an impact on us so that we can grow? Here we return to the concept of recognition and the dialectic of accommodation and assimilation. To reprise: If emotion is the disruption that forces us accommodate to new aspects of reality, recognition is the process by which

we assimilate the new and fold it back into ourselves. Recognition, and the familiarity it paradoxically marks, is the progressive alternative to the regressive pull of resistance in the face of transforming change.

The patient traverses the arc of crisis and resolution through a dynamic process of emotion/disruption and recognition/reclaiming. Distinct, specific emotions—the *transformational affects*—mark this upheaval. The *tremulous affects* arise in response to the crisis of healing change: They emerge in the wake of receptive affective experiences that register the suddenness and magnitude of the change. The tremulous affects have the self almost literally shaking with vulnerability. The *healing affects*, on the other hand, emerge in the wake of receptive affective experiences of recognition, here recognition in the second sense, as felt experience. The emergence of the healing affects signals that the resolution of the crisis of transformation is on its way. Together, the tremulous affects and the healing affects are examples of what William James phenomenologically described as “the melting emotions and the tumultuous affections associated with the crisis of change” (1902, p. 328).

As we have been discussing, recognition is an intrinsically dyadic process, a moment of meeting between self and something else. In the case that follows, the recognition involves a moment of meeting between self and self, with the therapist as midwife. We now meet Dennis.

Part V.

Clinical Case: The Searing Light of Transformation

Dennis is a divorced, devoted father of four and at the beginning of treatment a highly successful professional in a high-stress occupation. Depressed and anxious, he initially sought treatment because of distress over the disrespect he tolerated in both personal and professional relationships, and for his difficulties standing up for himself in the face of exploitation. At the time of this session, he is in his early 50s, and a year and a half into his second course of treatment, the first having been disrupted by his substance abuse.



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Much of his early trauma (significant neglect and physical, emotional, and occasional sexual abuse) has been processed. No longer depressed and much less anxious, he has made progressive changes in his personal and professional life, and has developed better strategies for regulating stress. Having substantially decreased his drinking and smoking, he is becoming increasingly invested in his self-care.

Dennis is scaffolded by the therapeutic dyad as he moves from his opening struggle with irritation and resistance to the click of recognition and the emergent phenomena it yields—new meanings, wonder, zest in going forward—to avail himself of the full healing embodied in transformational experience. The exchanges transcribed below reveal the microdynamics of the affective change process that emerge when the transformational spiral is set in motion by the metaprocessing of transformational experience,¹¹ which in this particular session, is phenomenologically replete with experiences of intense light.¹²

Note: The italics in parentheses describe the nonverbal aspects of the interaction, and bracketed comments in bold are commentary on the process. The designation [Click] is shorthand for the “click of recognition slipping into place.”

A committed patient captured by the process and enthusiastic by nature, nevertheless, at the beginning of this session, Dennis is feeling otherwise.

Vignette 1: Weariness, Irritation, and Resistance in the Face of Change

PATIENT: I feel sort of spent . . . I’m at a sort of pause in the process . . . like, uh, I’ve sort of had enough . . .

THERAPIST: I’m listening . . .

PATIENT: I have nothing in mind . . . feels

like the work has been done. Now what? . . . I don’t know . . . maybe my feeling of the plateau or pause is a subtle feeling of irritation.

When the session begins, the patient is visibly struggling. A bit fatigued, he feels he has reached a plateau in his therapy. Long, sometimes very long, pauses punctuate his narrative. In the pauses, there is nothing in his “mind,” but plenty in his body. The therapist’s stance is open, interested, patient, calm, and encouraging.

PATIENT: I don’t even know if irritation is the right word . . . but kind of a . . . resistance . . .

THERAPIST: So the resistance, I mean, I want to honor it. It is saying something. I don’t exactly understand it, but I think it has something to do with things being good . . .

PATIENT: Yeah.

THERAPIST: I could be wrong, but . . . something to do with new things . . . **[a platforming statement¹³]** . . . you know what I’m saying?

PATIENT: (*moved, slowing down now*) . . . I do (*long pause*) . . . You know, uh . . . I am really very accustomed to my life’s miseries. **[Click]**

The therapist’s integrative comment re-frames the resistance as a fear of the good and the new. The patient, having done so much in the treatment already, is afraid of what’s next. The reframe allows a dropping down, followed by the click of recognition. The “resistance” starts to part.

Vignette 2: Something Searing; a Sideways Glance

PATIENT: In our work I have had a real feel-

11. The “sort of” and the “I don’t know” from both patient and therapist document the process of emergence and bottom-up language (language whose goal is to capture the felt sense of an experience).

12. William James (1902), in his brilliant disquisition on transformational experience, reported the prevalence of photisms, phenomena having to do with light, in transformational experiences.

13. Platforming statements are verbal attempts to capture the emotional experience that precedes them. The results of a cocreated process, they reflect the therapist’s experience and subjectivity, but whether they are deemed right or wrong depends on whether they feel right to the patient. The proof is in what follows. It appears that the establishment of a platform based on what has already happened becomes the platform for the patient’s recognition experience, which, in turn, becomes the platform for the next round.

ing of a break in the misery and (*moved*) uh . . . it's a bit searing . . . [**Note the pho-**
tism of "searing," a light so intense, it
burns.] . . . a bit too much. It's weird, new
and unsettling . . . I'm accustomed to my
misery (*pause*). . . . I think I switch off the
feeling of hope and joy. I do . . .

THERAPIST: So what is it about hope and
joy and not having misery as a constant
companion . . . what is it about that? You
say "It's searing!" "Searing"— what's that
like?

PATIENT: (*halting, emotional*) You know,
those moments of breakthrough that
we had before felt very full . . . and were
around relationships with my parents
and so on, and my family

THERAPIST: Uh-huh . . .

PATIENT: I had a tremendous feeling of just,
even though Freud said you can't ever
clear out the swamp, I had a feeling of
clearing out the swamp. . . . And it felt
real. . . .

THERAPIST: Uh-huh . . .

PATIENT: (*pause, halting speech*) . . . But yet,
and as I try to respond to "Stay with that
searing feeling" . . . it's almost like I can't
quite look at it squarely. . . . Even when I
tell you that it's searing, I sort of feel like
I'm standing on the edge of something
and I can only look sideways at it [**beau-**
tiful articulation of hard-to-articulate
emergent experience].

THERAPIST: Right . . . and what's that like?
The sense of looking at it sideways?

PATIENT: It's subtle . . .

THERAPIST: I'm thinking that it's meaning-
ful . . . and that there are two parts of the
look away, you know One has to do
with the sideways glance and the sense
that there is something very searing
about all these changes . . . and the other
is a little bit . . . of a sense of a . . . and
again it's subtle, of avoidance, like you're
avoiding me . . . is sort of how it feels [**the**
new platform].

PATIENT: I feel afraid (*voice shaking, tremu-*
lous affects). [**Click**]

THERAPIST: (*soft empathic voice*) I know . . .

PATIENT: (*voice shaking, tremulous affects*) I
feel afraid of what comes next . . . uh
. . . I don't know quite how to start to ex-
plore, so . . . I feel like . . . uh . . . a bunch

of stuff is going to happen to me and I am
afraid of it. [**Click**]

THERAPIST: Yes, yes.

PATIENT: (*tremulous affects*) I can almost
barely not . . . I mean, I want to turn away
from the fear, it doesn't provoke me to
investigate. . . . And yeah, I think do feel a
little bit of avoidance. [**Click**]

The therapist's loving/interested/curi-
ous acceptance of the patient's "resistance"
that is, his inclination toward avoidance,
triggers the forces of transference. The
patient, who had been somatically vibrat-
ing in vagueness, is now able to start to take
hold of his experience. Note how often the
"click" of recognition follows a platforming
statement and rapidly becomes a new plat-
form for the next round of exploration. With
each click of recognition, there is an ener-
getic shift: release of tension, less anxiety,
more access to internal experience. Where
a minute before, "fear" and "avoidance"
were the just-barely-grasped, they are now
the platform for launching the next round of
exploration.

In terms of phenomenology, "searing" is
Dennis's receptive affective experience of
transformation, which tells us how intense
it is, and how disruptive. Once that is ar-
ticulated, the tremulous affects come on-
line. True to their nature, they are poised
between avoidance and exploration in re-
sponse to the novelty of transformational
experience. In the next vignette, the pa-
tient, having experienced and articulated
his fear, says "I don't really want to do some-
thing new . . . I do and I don't."

Vignette 3: **Anxiety**

PATIENT: I don't really want to do some-
thing new . . .

THERAPIST: Right.

PATIENT: I do and I don't . . . yeah.

THERAPIST: And I can almost feel you un-
comfortable.

PATIENT: Yeah, I feel uncomfortable . . .
yeah.

THERAPIST: I see the discomfort in your
shoulders and . . .

PATIENT: Yeah . . . I feel physically uncom-

fortable.

THERAPIST: Where? Where and how?

PATIENT: I get this nervous leg thing. . . . When I was a kid in high school, I had this feeling of nervous legs. You know, anxiety . . . almost wanting to jump out of my skin, literally having to get up and walk and move around because. . . . I'm not feeling it like I did when I was 15, but I feel uncomfortable that way.

I encourage Dennis to stay with his somatic experience. This next portion of the session is quiet, intensely inward, as he reflects on the treatment, held by the therapist's calm, patient waiting.

**Vignette 4:
Surrender—at a Loss, Needing Help**

PATIENT: It was very workmanlike up till now. . . . There were things that I needed to articulate, wanted to articulate, old hurts. . . . We picked up where we left off and really got it done. . . .

THERAPIST: We did it. Right. Right.

PATIENT: We did it. I came to our sessions with feelings and thoughts all mixed together and wanted to talk about them . . . and now, I don't know, I feel a little bit at a loss . . . like I need your help to ask questions . . . like I've sort of run out of my own introspection. . . . I had things to tell you before and I told you (*belly laugh*) . . . and now I don't know what to say.

THERAPIST: Right . . . right, but there is something . . .

PATIENT: I have discomfort . . . and it's not really taken a shape.

The next round of emergent emotional experience is announcing itself. It is hard to capture the fullness of somatic experiencing going back and forth between patient and therapist. Held by the therapeutic dyad, having moved through resistance and avoidance, the patient now surrenders to his experience. No longer fighting it, accepting of his vulnerability, he reaches out: "I need your help to ask questions." And he is met. Together, we are tolerating the discomfort of not knowing and striving to speak the



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bottom-up language of emotional experience (Prenn, 2009). It is that that keeps us on track as we go forward, riding the transformational spiral.

**Vignette 5:
Working with Emergent Experience—
"On the Edge of My Vision Is. . ."**

THERAPIST: Can you let yourself be in this discomfort and be with me? And let me be with you as you feel it? [**Dyadic affect regulation: It is "we" who are on this journey . . . he is not alone.**]

PATIENT: (*open, vulnerable*) Yeah . . . Yeah, I can. THERAPIST: What's that like?

PATIENT: OK . . . (*staying with feeling, long pensive silence, puzzled expression . . . then a big smile*) You know how you sense something in an anticipatory way . . . a coincidence or a sixth sense? . . . That's what's in there with the discomfort. . . As I sit here with the discomfort feeling . . . I also have this feeling of something at the edge of my vision [**emergent phenomenon**].

THERAPIST: Uh-huh . . . [**nonverbally maintaining dyadic connection**]

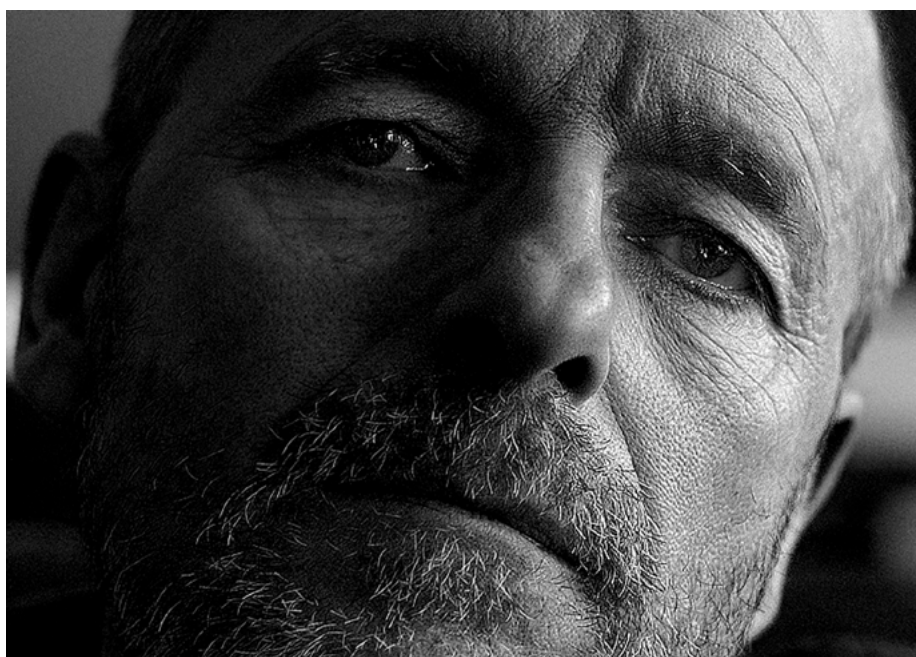
PATIENT: (*said with the wonder of unfolding discovery*) It's not that I don't want to look at it, it's that it's just always just at

THERAPIST: Right.

PATIENT: I've just been sitting here feeling this sort of discomfort and [this] something not seen. But the particular thought that I just had was . . . for a long time now, I am doing a bunch of stuff so that I don't attend to this, to this thing that's outside the edge of my vision. . . . I don't know, it's a very weird feeling that going out drinking, and smoking cigarettes, and watching a lot of television are all things that in and of themselves are not particularly appealing, but that I do them to fill time or to avoid . . . or not to see what is on the edge of my vision. [**Click**]

The breakthrough brings in an extraordinarily coherent and poignant recognition:

"What's on the edge of my vision is. . . the person who I was always meant to be, who I just can't seem to get to."



the edge of my vision . . . [**Click! Something inchoate can now be articulated.**]
THERAPIST: It's like even if you turn your head, it's just at the edge of your vision, that's the nature of it . . . Stay with me . . . (*moves forward, leaning close to the patient*)

PATIENT: I have the sense that there's something there . . . I don't know what to do next . . .

THERAPIST: (*said tenderly*) But it touches something in you.

PATIENT: Yeah (*very tender, deep feeling, tears in his eyes; a pause . . . dyadic head nodding*).

THERAPIST: Just notice what's happening.

PATIENT: I was actually thinking something very particular. In the last 10 or 15 minutes I've just not even had many words . . .

THERAPIST: Right . . . Right . . . Wow!!

PATIENT: (*long pause, pensive tone when he speaks*) Hmm. I don't know.

THERAPIST: I don't know either, and again, and we're sort of like dealing in intangibles, but I am . . . I am physically or emotionally getting something about how much trepidation you have. . . . And really really appreciating your awareness. . . . Something came in a particular way, a sense of all of these activities as filler . . . and in a way (*smiles*), it occurs to me that you're . . . you're in big trouble.

PATIENT: (*rueful, light laughter*) I know.

THERAPIST: We've resolved all this stuff that's been very much part and parcel of your experience, you've gotten rid of your job with its insane pressures. You're starting to do more and more healthy

things for yourself, you're getting rid of the drinking, and of the bad eating, and the smoking. . . . So, it's like "Oh! Oh!" . . . I'm joking a little, but you know, I'm actually not primarily joking . . .

PATIENT: I like the expression "and now I'm in bigggg trouble" (*laughing*). . . . It reminded me of that Far Side cartoon with the dog on a unicycle, on a high wire, doing a juggling act, saying, "I just realized something; this is fun but I'm an old dog and this is a new trick" (*both patient and therapist laugh*).

THERAPIST: What happened when I said "You're in trouble!"?

PATIENT: (*speaks in halting, moved voice, tears breaking through*) I thought that what's on the edge of my vision is . . . the person who I am supposed to be, the person who I was always meant to be (*healing affects*), who I just can't seem to get to. Which is a strange feeling for a middle-aged man to feel [**Big click! Wow!**].

The breakthrough brings in an extraordinarily coherent and poignant recognition: "What's on the edge of my vision is . . . the person who I was always meant to be, who I just can't seem to get to."

We're in a new place, the tremulous affects successfully tilted toward exploration. From this point forward, the patient is in a heightened state of emotional experience, in direct contact with deep transformational experience, against which he is no longer defending. Surrendering to his experience, he is carried along by the power of the new emotional understanding and the emergent transformational emotions that vitalize it—no fatigue in sight.

Vignette 6: First Happiness, Then Insight

PATIENT: (*moved, speaking haltingly, as if he is finding out what he is thinking as he is saying it*) That's what's on the edge of my vision. It's a . . . (*long pause*) . . . if I let go of all the shit I carry around with me . . . it's not fear exactly . . . I get this feeling . . . I used the word "searing." . . . There is this brilliant possibility and just the thought of it . . . I don't know . . .

THERAPIST: Just the thought of it . . . just stay with it. And notice.

PATIENT: You know, there is fear . . .

THERAPIST: Yeeees, but there is something else too.

PATIENT: (*nods his head*) I think that . . . (*tears; crying now; healing affects*)

THERAPIST: Make room.

PATIENT: (*speaking through tears*) I have let go of a lot of little chunks of misery. . . . But now I think that there is this possibility of letting go of all of it. . . . That's what this feels like.

THERAPIST: Can you let yourself have the feeling you have?

PATIENT: (*filled with wonder*) Yeah. I feel . . . (*moved*). . . . I don't feel sad. . . . My eyes are filled with tears but . . . what a thought!!! . . . That misery is like this carapace that I can take off like a great big scab. . . . What's searing is that it feels so happy. . . . (*healing affects*). . . . Actually, that's just what it feels like—like a scab that would come off, that the misery is one great big thing, all of it. . .

THERAPIST: . . . that's sheddable.

PATIENT: That's sheddable (*overcome with tears, trembling voice; healing affects*). I never thought of that before . . . I never had that feeling before . . . that misery is something that's sheddable. That's why it felt so exquisite. I can take it off and put it aside. (*He makes a motion of taking off and putting aside*.) I could take everything off and put it aside . . . every bad feeling. . . . And the searing, painfully joyful thought is that . . . is that you might be able to do that (*crying, moved; healing affects; long pause*) . . . There is something about this idea of just picking up this hard skin and shedding it that makes me feel very happy. . . . But it feels very new. . . . You know, I think the swamp is the wrong metaphor.

THERAPIST: Yes, right. Very much so . . . we're in a very different place . . . this sort of searing light.

PATIENT: Yeah . . . light . . . (*slow dyadic head nodding, long pause*)

PATIENT: I think what's searing is the unfamiliarity of . . . is the brightness of the glimpse . . . [**photism**] . . . that might be possible. . . . It's almost like a physical

shrugging off of something . . . deciding that I might be able to do that. That's what seems to be painful or that's what's emotional . . . 'cuz I hugged my misery to me for a long time.

Note the declarative tone and clarity: Whereas emergent experience is halting and tentative, fully felt emotional experience has clarity and force. Its vitality powers new meaning that emerges with each new cycle of the spiral.

**Vignette 7:
A Figure of Light**

PATIENT: I was thinking of this movie *Cocoon*. [Some conversational description: Aliens take off their human "suits" . . . underneath, they are sheer light.] When I was . . . uh . . . feeling all that feeling, I had the sense of stepping out of something and just being a figure of light. [**photism**]

THERAPIST: Wow . . . it's so moving and so beautiful.

PATIENT: I just never had that thought before . . . that I could be happy basically. . . Before, I thought that I could be happy if this happened, or I could be happy if that happened. But I never thought I could leave my all misery behind me.

THERAPIST: . . . and be yourself.

PATIENT: I mean . . . I don't know what it's going to be like not to carry around misery all the time, but I am willing to give it a try (*laughing*).

**Vignette 8:
Tears of Possibility**

PATIENT: This is the possibility of letting go of all the misery. . . . It feels real, like something I could do. I don't know that I will do it, it's just the discovery that it is possible.

THERAPIST: Right . . . and that this thing that was at the edge of your vision was the self that you were meant to be.

PATIENT: Yeah . . . (*moved, tears*)

PATIENT: It just feels very beautiful. . . . (*Breakthrough of healing affects—sobs. Then, lifts head, lifts eyes; dyadic sighs; calmer now, tone of wonder, light filled*

eyes) How strange, it's not sadness at all. THERAPIST: It's not sadness.

PATIENT: It's not . . . You know, before [referring to earlier sessions], a lot of the emotion I felt were tears of sorrow for the wounded little boy. But this, this is tears of. . . . these are tears of possibility.

The patient cries deep sobs of happiness. His face is straight on, relaxed and open, with full eye contact when not overcome by crying. After the wave of tears, a deep calm comes into the room. It ushers in core state.

**Vignette 9:
Sweetness: Metaprocessing What Just Took Place**

THERAPIST: How do you feel?

PATIENT: I don't feel tired . . . I feel relaxed.

THERAPIST: What do you notice in your legs?

PATIENT: (*smiles*) A warmth here (*pats his heart with his hand*).

THERAPIST: What's that like?

PATIENT: It's sweet. Like a good pear when you're hungry and thirsty at the same time.

Vitality affects, energy, and relaxation are the result of metaprocessing transformational experience. And in the next vignette come calm and deep insight.

**Vignette 10:
Narrative and Solid Assurance**

PATIENT: You know, moments of discovery come with this feeling, and I felt it on previous occasions, and felt that "Well, this too will pass." . . . Except that I came back to tell you that it stayed with me . . . that glimpse of what I have seen more squarely just now feels very solid. [I have the] expectation it will stay with me. That this moment isn't just the flush of an experience

THERAPIST: Right. But rather . . . [**bridging statement**]

PATIENT: . . . but rather a point of departure after something left behind.

THERAPIST: Uh-huh.

PATIENT: Something very powerful about

your encouraging me, encouraging us, to be uncomfortable together. And it was very powerful. It's so odd because it starts out feeling like it's going to go nowhere . . .

THERAPIST: Right

PATIENT: You know, I described it as irritated. There's a frustration, not even knowing what to do about it. . . . It's almost like I needed your encouragement to be patient . . .

THERAPIST: . . . to let something sort of settle or to trust yourself somehow.

PATIENT: Yeah. Yeah. It's pretty cool.

It is somehow fitting that the patient ends this session with "cool." It's the expression of his assimilating the enlightenment he just experienced into his familiar everyday self—or, in the felicitous vision of Ruggieri,¹⁴ of his going "from a being of light back into a man in denim."

The experience of quantum transformation evokes the tremulous affects, a trembling before the new, poised between fear and excitement. Then, the moments of recognition, the moments when something slips into place, give rise to the healing affects. What feels foreign to the self, even scary, earlier in the process, just minutes later comes to be experienced as core, fundamental to one's self. New meanings and potentials for new ways of being are thus fueled by the positive vitality affects released.

Spirals and Positive Affects: Emergent Phenomena with a Mind of Their Own

The motivations that emerge from the dynamic features of the transformational process give rise to phenomena that are felt by the experiencer to rise unbidden, as if possessed of a mind of their own. These phenomena arise naturally during the metaprocessing of transformational experience in the context of a dyadic environment where the patients feel safe and known. Via the dialectic of emotion and recognition, the yields of the transformational process fuel

the transformance strivings of the organism with vitality, energy, and the accessing of resources needed for the energetic pursuit of life: for growth, learning, and flourishing. If pathology drains and dissipates vitality and energy, recognition and emotion (when regulated and processed to completion) are fundamental constituents of transformational processes that keep on keeping on.

Fredrickson (2001) differentiates between the *negative emotions*, for survival, and the *positive emotions*, for expansion of capacities and growth. In parallel fashion, we could say that emotion-processing work is for dealing with changes in one's world, whereas transformation-processing work is for dealing with changes in one's self. The categorical emotions necessarily narrow our focus to the challenges most salient for survival. By contrast, positive emotions broaden it and lead to the enhancement and expansion of our repertoires, which in turn, motivate and fuel exploration. New thoughts, choices, and, most importantly, new capacities arise spontaneously and lead to new pursuits and experiences, which, accompanied by positive affect, bring more energy into the system and recharge the spiral yet again.

It is not just that attachment injuries are healed, trauma transformed, or depression lifted. Patients get better, but this is not about restoration to baseline: It is about the activation of new resources and capacities, which could have never been imagined, much less predicted, at the outset. As new experiences and meanings become integrated into the self, they motivate and organize new directions. The system acquires a new set goal.

Even if, content-wise, the potent motivational strivings that are emergent features of the transformational process cannot be described in advance, for there is nothing a priori about them, they *can* be described dynamically and phenomenologically (see Fosha, 2005, in press; Russell & Fosha, 2008). We are in the realm of phenomena best described within the framework of nonlinear dynamic systems theory. The basic quality of emergent experience is a surrender to ex-

14. In an e-mail to AEDP listserv.

periences of flow, of being “in the zone,” of things coming to us unbidden, arising fully formed, at times almost not bearing the mark of personal authorship. Mozart said that he didn’t feel like a composer as much as an amanuensis, someone taking dictation from a source outside the self. We have the experience of being a vehicle for these phenomena, not vice versa, thus the sense of their having a mind of their own.

Fredrickson’s (2001) research focuses on the constituents of resilience and the comparative responses to stress of resilient and nonresilient individuals. Resilience in the face of stress involves a capacity to maintain positive affects and to recover quickly from negative affects without relying on denial. This definition echoes what security-engendering mothers promote in their children (Schore, 2003a, 2003b), and what yogic contemplative practices promote (Davidson et al., 2003; Loizzo, in press). Such resilience, and the positive affects that are intrinsic to it, correlates highly with cardiac health, longevity, happier marriages, fewer colds, and just about everything good that you can think of (Fredrickson & Losada, 2005; Harker & Keltner, 2001).

These positive emotional transformational processes are, by their very nature, recursive processes, whereby more begets more. This is not a satiation model or a tension reduction model, but rather an appetitive model. Desire comes in the doing. The more we do something that feels good, the more we want to do more of it. In Ghent’s (2002) words:

Just as motivational systems lead to the emergence of new capacities and functions, so too *do new capacities beget new motivational derivatives* in an ever more complex developmental spiral. . . . The acquisition of a new capability is itself a perturbation that destabilizes the existing state of motivational organization. To the extent that the use of the new capacity provides pleasure and satisfaction, diminishes pain or distress, and, in some way, enhances survival, there will, barring inhibitory circumstances, emerge a new need to execute and develop

the capacity. *Functional capacities acquire a new feature— the need to exercise that capacity and expand its range.* (emphasis added).

As we exercise our new capacities, they become part and parcel of who we are, new platforms on which to stand and reach for the next level. Thus, recursive cycles of healing transformation and emergent phenomena give rise to new transformational cycles and new phenomena, and those to the new capacities that translate into broadened thought–action repertoires. We are only beginning to understand and harness the plasticity that is in our brains, as Doidge makes clear in his book, *The Brain That Changes Itself*:

Many tastes we think “natural” are acquired through learning and become “second nature” to us. We are unable to distinguish our “second nature” from our “original nature” because our neuroplastic brains, once rewired, develop a new nature, every bit as biological as our original. (2007, p. 102)

Although transformance strivings are wired in, we are not born with a drive to do ballet or fix cars or edit books on emotion. (If Michael Phelps, to date the greatest swimmer in the history of the Olympics, had never gone anywhere near a pool, we have no idea what, if anything special, he would have done.) But when transformational activities are satisfying and pleasurable *and* marked by recognition processes, doing them makes us become who we feel ourselves to be. Even in the patient–therapist dyad: When it works, it seems like the only dyad that could have worked. Same for a session like the one related above: How it unfolded has the coherence of inevitability, though in fact, there was nothing inevitable about it.

Our second and third and fourth natures come to feel as natural and fundamental to us as the wired-in categorical emotions. Positive emotions provide both the motivation and the fuel for that rewiring, broadening and building what we deem “self” and bringing us full circle—but on a spiral. For we are not the self, the “me,” we started with: In the process of traveling, not only our destination

but our point of departure has also changed.

References:

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