

**An ecology of Core Self flourishing:  
The predominant role of recognition in development and healing**

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**Abstract:** AEDP is rooted in ecological biology and affective neuroscience, emphasizing the inherent human propensity to flourish. This perspective, drawn from Fosha's (2021) expansion of Damasio's (2018) assertion that "we are organized to be better than fine," underpins AEDP's ethos. The therapeutic approach assumes that the intact self, often sequestered in response to a hostile environment, can emerge when met with relational environment conducive to flourishing. Recognition-rich interactions create this environment and welcome the patient into it. At the core of AEDP's framework is the concept of the Core Self, which can be divided into two dimensions: the neurobiological core self—an innate and unchanging foundation—and the experiencing core self, which adapts and evolves in response to the external environment. Recognition processes, ranging from fundamental reflexes to complex affirmations, act as the source of the sense of continuity of self that changes through development and the integrative mechanisms for these aspects of the Core Self. The article explores the concept of self within psychological theory to contextualize its application in AEDP. The self, emerging from profound complexity, is shaped by recognition processes, as articulated by Louis Sander. Benign recognition fosters differentiation and flourishing, while pernicious misrecognition, often linked to projective identification, results in dissociated self-states. When such sequestered states are acknowledged within a supportive environment, individuals experience a profound reunion with themselves, characterized by positive affect and flourishing—a phenomenon referred to as "the glue for self-knowing." In AEDP, recognition-rich moment-to-moment tracking of somatic-affective experiences serves as a dual mechanism for processing trauma and facilitating transformational healing. Through this therapeutic engagement, using AEDP intra-relational interventions, dissociated self-states can be integrated, fostering a core state imbued with flourishing. The article concludes with two case studies illustrating the effect of recognition-rich interactions to bring about moments of flourishing in core-state.

**Introduction:**

**On flourishing, recognition, and beauty**

Just as the restoration of frescoes on the ceiling of the Sistine Chapel allowed the original splendor of Michelangelo's masterpieces to shine again, AEDP seeks to restore humanity to its original beauty. I reflected on how our innate human tendencies towards rightness, truthfulness, self-compassion and compassion for others, are covered by layers of defenses due to trauma, but are unconcealed through AEDP's transformation process. The AEDP belief that it is possible to restore, or unconceal, humans back to our original wholeness continues to inspire my core being as an AEDP therapist. *Danny Yeung, 2024.*

In striving to fulfill one's deepest self, one encounters the biology of human emotion and attachment. In closely tracking and processing the moment-to-moment fluctuations in bodily rooted affective experience, we get to (the experience of) truth. In one fell experiential swoop, we go from biology to truth. And back. "Up and down, both ways." *Diana Fosha, 2005*

To live in vitality, fully and unabashedly present, in command of desires, needs and wants, in graceful and tender possession of all states of mind - feeling, wanting, willing, relating, deciding, creating, flailing, falling, enduring - is, in AEDP language, to flourish. Flourishing is not merely the aim of an AEDP therapy, it is the *expected* outcome. It is a uniquely bold assertion, *and* it is empirically-grounded (Iwakabe, et. al., 2020, 2022).

The term “flourishing<sup>1</sup>” is not simply a descriptor for a client emerging from a successful AEDP therapy. I think of flourishing as an organic process that actively participates in the therapeutic process, even if in only the form of its absence. Though it may only manifest as a flicker, we know it exists and we listen for the ways it calls out to be found/seen/recognized. Flourishing is an ecological process – it exists in the context of an environment. While flourishing includes thriving, the meaning is extended to include the ecological principle that what flourishes in an environment also contributes to the verdancy of the environment<sup>2</sup>.

The AEDP therapists’ intention to effect flourishing, indeed, from the first moments of the first session, “from the get-go” (Fosha, 2000; Krantz, 2021) is rooted in AEDP’s theoretical foundation in ecological biology and affective neuroscience. Fosha (2021) building on Damasio’s (2018) summation of neuroscience - “we are organized to be better than fine” - asserts that human life is endowed with an “evolutionary mandate to flourish.” This means to not merely survive, or to be content with “ordinary human suffering” - but to flourish<sup>3</sup>.

Flourishing is omnipresent - even when unseen and unfelt. When unseen, unfelt, we witness the state of languishing, but languishing is merely the shadow of flourishing that is hidden/protected from the harm of a toxic external environment. Russell (2021), discusses this from the vantage point of “negative will.” The appearance and nature of this languishing lets us know what is needed from the environment for flourishing to emerge and thrive in the external world. For example, a botanist knows that the appearance of leaves on a plant or tree can indicate what is missing in the environment in which it is rooted, and in compensation, where the plant’s energy resources are being re-directed. Likewise, as an example from Annika Medbo (this issue), a therapist knows that a client’s muteness indicates that relational needs are developmentally young. Russell & Fosha (2008) express this principal in the following statement, “AEDP assumes that psychopathology reflects a person’s best efforts at adapting to an environment that was a poor match for the person’s emotional and/or self-expression. Thus, even the most self-destructive or disturbed presentations can be seen as manifesting hope, self- preservation and ingenuity.”

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<sup>1</sup> The meaning of *transformance* - “the overarching motivational force entraining the innate dispositional tendencies for healing and self-righting ... [that] when actualized underlie resilience and flourishing” (Fosha, 2013) - and *flourishing* easily overlap. To simplify complex and intertwining of concepts, I am using the term flourishing throughout, knowing that, at times, the term transformance may well apply.

<sup>2</sup> I must thank my fellow coffee shop patron, Jim, who, upon hearing an early version of a title of my article title and noticing my casual variation between the words “flourishing” and “thriving” to describe my thesis, offered his brilliant observation from his perspective as a physicist: thriving connotes a capitalistic arrangement, whereas flourishing implies a reciprocal relationship of giving back to what nurtures. Though this may not be definitionally accurate, it resonates with AEDP’s view of well-being and provides a language think about those who are thriving in life but not flourishing overall, and conversely, those who are languishing by external measures but flourishing within.

<sup>3</sup> See Tunnell & Osiason (2021) for a review of AEDP’S place in the evolution of philosophies underlying psychotherapy.

Flourishing and recognition go hand-in-hand. Recognition processes - a concept adapted from ecological biology - are hard-wired to inform the self-system of what is and is not a (relational) environment conducive to flourishing. Living systems flourish when the system and its environmental, through 'recognition processes,' are mutually influential and mutually beneficial. Theoretical biologist Paul Weiss (1973) observed that the organism and its environment adapt and accommodate to the other, shaping each other and thereby creating coherence and organization where there would otherwise be randomness and chaos. He labeled this dynamic "matched specificity." Matched specificity refers to the adaptation to a unique and specific living entity, and in a unique and specific environment. For example, this particular spot of garden will adapt to that particular tulip, as unique even among the other garden tulips (perhaps a rabbit ate its bloom, or a waterspout favored its location), and that tulip will adapt to this particular spot of soil (perhaps wind-blown seed is seeding, or this square inch of soil receives less sunlight). Louis Sander adapted this concept to infant development within the mother-infant environment and called this 'dynamic recognition.'

My final thoughts about flourishing and recognition have to do with the experience of the 'beautiful.' When we witness a flourishing state, we experience it as beautiful. Fosha observed that the affective marker for core state is the truth sense – "an *aesthetic* experience of rightness" (emphasis mine; (2009, p. 189). Flourishing experiences are infused with experiences of moral, humanistic, affective, and natural beauty. For example, when in witnessing a colleague and their client flourish in video-taped therapy session, I inevitably experience an affective-somatic response that tells me I am witnessing something "beautiful." Like flourishing, "beautiful" is not a mere descriptor, I conceive of it as an affective marker of a flourishing entity or activity.

Darwin questioned the male bird's extravagant display of feathers involved in bird mating, but that impede flight. He grudgingly reconciled himself with the seemingly frivolous and unnecessary profusion of the beautiful in nature and allowed that evolution is not simply driven by survival and regenerative considerations, but also subjective preferences, or aesthetic valuation (Prum, R. 2017). Emotion researcher, Emotion researcher, Dacher Keltner (2009), also driven to explain a seemingly unnecessary set of emotions (in humans), such as awe (with beauty implied), recalled a story from mythology. He explained after humans were gifted with the knowledge of fire and therefore capable of surviving without the gods, Zeus gave them two additional qualities to ensure human's continued devotion: a sense of justice, to attribute fate to the gods, and reverence - or the capacity for awe - to ensure human devotion. Reflecting on Emily Dickinson's poem [Bloom], Maria Popova (2024) writes, "...and suddenly, the flower emerges not as this pretty object to be admired...but as this ravishing system of aliveness – a kind of silent symphony of interconnected resilience." Perhaps we can say if beauty has a purpose, it is to guide in the recognition of? flourishing - it calls out, "here...here is the thriving, alive, pleasing, and beautiful source." AEDP therapists are fortunate to witness, and vicariously experience, the patient's recognition of the beautiful within themselves while in core state.

### Part 1. Anatomy of the Core Self<sup>4</sup>

**(the neurobiological core-self + the experiencing core-self)/recognition processes = Core Self**

What do we and affective neuroscience make of the potential for True Self living inherent in us all that can be activated almost regardless of severity of psychopathology? *Diana Fosha, 2005.*

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<sup>4</sup> Core Self and True Self are interchangeable terms. Fosha states the connotation of the word "core" is "fundamentally healthy and healing. Health and healing emanate from the core" (2021, pg. 17).

In Part 1, I look at Core Self from a vantage point that reveals how our innate organization - on the one hand is, “to be better than fine,” or to fulfill the “evolutionary mandate to flourish”- is, on the other hand, inherently complex and arduous. How is it that we are inherently resourceful, designed to flourish, and yet the realization of this charge proves so difficult. Engaging with this perennially asked question led me to parse out from the concept of the neurobiological core-self, as identified by Panksepp<sup>5</sup> and elaborated upon by Fosha (2013; 2021), the aspect of core-self that is innately given - referred to here as the neurobiological core-self, and the aspect of the core-self that both shapes and is shaped by the external environment - referred to here as the experiencing core-self. I envision recognition processes- from the most basic rooting reflexes to higher order levels of affirmation- as the mechanism that integrates all aspects the Core Self function.

### **The neurobiological core-self: The well-spring of flourishing**

Those ancient neural territories below the neocortex constitute our ancestral mind—the affective mind, which is evolutionarily specialized and that we share with many other animals. It is “archaeological treasure,” for it contains the sources of some of our most powerful feelings. Those ancient subcortical brain systems are precious, multihued “jewels” for anyone wishing to understand the roots of all the basic values we have ever known and will experience in our lives. *Panksepp & Biven, 2012.*

We can now say that by core we mean something specific... fundamentally intact, good, innate, whole, healthy, vital, and life affirming. *Diana Fosha, 2021.*

Since I started writing this article on recognition & flourishing, I’ve been seeing that pair everywhere. Here is a for instance: I’m in a cafe and I make accidental eye-contact with bright-eyed toddler. This thrills her and sparks an increasingly animated game of peek-a-boo until her wearied mother apologizes to me, to which I respond, “Oh no! she’s delightful!” Hearing this from me, further enlivens my muse and she widens her audience to the entire café. In her pink cowboy boots she canters joyfully around the café, anointing the collective with her fairy wand, and with it releasing a cascade of smiles that linger after the child and her self-conscious mother have left. Still feeling her delightful, smiling vibrancy (or is it mine?), I return to my coffee, pausing mid-sip to savor my core state. I marvel at the complex inter/intra-relational, recognition-infused matrix – child to herself, me to child, child to me, child to mother, child to the entire social scene in the restaurant – all of which is cohering within her and seems to be as within her control, as the pink ribboned wand she commands. Writing this, many months later, the marvel continues as I reflect how I have carried my core state so far beyond the moment, resulting in this article. This is just as we intend for our clients at the completion of a session that culminates in core state, to carry the flourishing moment beyond the session, and beyond the completion of therapy into life.

From spark of ‘I see you’ to flourish of ‘I delight in you’ - every element of this event captures what is essential to AEDP’s conceptualization of human flourishing throughout the developmental lifespan and as

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<sup>5</sup> Panksepp and Northoff (2009) conceptualize a core-self that coordinates internal-external, and mind-body-world. They write, “The core-self is a process through which we gain knowledge about ourselves and our environments. It is this emergent coordination of internality and externality, of a mind-body-world connection ... which [enables us] ... to become intentional and ... empathic agents in the world” (Panksepp & Northoff, 2009, p. 11).

applied to our understanding of how we help our clients rediscover and reclaim this birthright through seeing them and letting them know we see them.

All recognition-sparked flourishing moments begin alike, at the level of neurobiological engagement, which we share with all sentient life (Panksepp & Northoff, 2008). It is at this level of biological resonance that we experience some of our most exalted emotions - such as when feeling the loving breath of a horse, the playful impulse of a dog, the sensation of a swooping flight of birds, and, some would say, the comforting presence of an old forest tree. Whether in a café, a therapy session, or in a toddler or an adult, unless disrupted, moments of recognition-sparked flourishing begin with engagement at the neurobiological level of self, and with a release of pleasing neurochemicals, a cascade of events has the potential to unfold into higher levels of cognitive, interpersonal, intrapsychic and symbolic meaning-making processes.

The neurobiological core-self, in Fosha's application (2013, 2021), is the source of primordial emotions, vitality, and elemental tools to navigate the interpersonal world. It is the seat of continuity of the sense of self amid developmental eruptions and discontinuous change. With its capacity to integrate all this internal and external information, it is the foundation of the self's coherence. Within it resides the drive to explore and seek-out recognition of like-energies and resonances. The neurobiological core-self recognizes what is safe and not safe, what is aversive to it and, as such, it is the core of resilience as defined by Russell<sup>6</sup> (2015). It is shielded by protective mechanisms from psychological harm. It is the fount of positive affect to tap into to refuel our vitality. It is the source of intuition. It is the limitless, innate well-spring of flourishing. It is timelessness. It is as essential and available to us as our lungs are to breathe.

As expansive as this sounds, it is simply what is within us to be had and cannot be harmed. Just as "The sun, wind, and river act according to their nature; they do what they do because of what they are (Ecclesiastes 1.1)," so it is with the neurobiological core-self, our inner well-spring of flourishing.

The ideal state of pure and uncomplicated access to the signals from the neurobiological core-self is most evident in toddlers, the age of my café muse. Mahler so perfectly describes this time as the child's "love affair with the world," when self-awareness of their own mastery and agency mobilizes exuberant exploration of the world beyond mother. The unfiltered somatic-affective flow between the experience of mastery and the corresponding delight in the self and the thrill of being seen and seeing the other, is perfectly captured in her phrase, "the world is his oyster." As onlookers, when we witness the toddler in the throes of exalted self-delight, we feel joy in resonance and respond with affirming delight.

With maturation we see versions of this in intellectual, artistic, athletic, or professional passions as well as in spiritual experiences, romance, love, joyful parenting moments -whether human or animal fledglings - and the capacity to be overcome by awe in the natural world. AEDP therapists and patients experience this routinely in core state, which is an experiential return to our natural alignment with our neurobiological core-self (Yeung, 2021)." Recalling, as Fosha (2021) reminds us, a stanza from T.S. Eliot's poem *Four Quartets*: *...And the end of all our exploring/Will be to arrive where we started/And know the place for the first time.*

### **The experiencing core-self: the liaison between neurobiological core-self and the object world.**

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<sup>6</sup> Russell defines resilience as: "...the self's differentiation from that which is aversive to it" (2015, p. 180).

Dynamic and emergent, the self develops uniquely, i.e., it epigenetically unfolds, in relation to its specific environment over the course of a lifetime. Uniqueness is not an illusion reflecting human hubris: A unique path, the “emergent coordination of internality and externality, (Panksepp and Northoff, 2009, p. 204)” is forged through the self’s interactions with “mind–body–world,” guided by recognition processes that view everything through the valuative lens of salience to self. *Fosha, 2013, p. 500.*

The experiencing core-self is the experiential interface between the mind/brain/body and world. It is the psychodynamic realm where we work as therapists – the complex matrix where things can go wrong, but also where they can be made right, no matter how terribly wronged.

Our innate capacities - magnificent as they are - to form protective and pleasing bonds, to experience positive emotions, to recognize a flourishing environment (etc.), are only fully realized in the interaction with the external environment, where they are either affirmed or thwarted. The experiencing core-self functions as the liaison between the neuro-affective-somatic world of the neurobiological core-self and the relational environment (interpersonal, societal, cultural). The experiencing core-self resides at the fulcrum of self-other, internal-external, conscious-unconscious, instinctive-learned, and is re-represented in more complex levels of functioning. From there processes involving learning, integration and coherence take over.

While the neurobiological core-self is innately given, is stable, constant, and impervious, the experiencing core-self evolves and is shaped through interactions with the environment. It is largely interpersonally and intersubjectively constructed, though also shaped by its interconnectivity with other brain structures, such as the insula (Craig, 2009). As Cozolino (2014) states, “...what is inherent in our neurobiology doesn’t come into manifestation except in relationship. The potential remains but is not activated until our developing brain interacts with the brain of another.” Gleiser writes, “Ample internal resources and positive affective markers of vitality, energy, coherence, and wisdom await only an act of being seen, and thus awakened, by an other or the self (Fosha, 2013)” (Gleiser, 2021, p. 328).

Attachment and autonomous functioning are prime examples of innate inevitability shaped by the interface between self and the external world. In the case of secure attachment, we come into the world with a neurobiology designed to map onto the caregiver’s neurobiology to ensure attachment, and thereby survival (Stern, 1977, Schore, 1994), and flourishing (Damasio, 2018; Fosha, 2021). It is the default wiring. However, the eventual attachment patterns that emerge overtime are socially determined through the quality of interactions with primary caregivers. The good news is that because the neurobiological system wants/prefers and is wired for security, it will rewire in response to corrective relationships (Frederick, 2021).

In the case of autonomy, we come into the world with maturational drives, the mastery of which is rewarded by some of our most exalted emotions. And because positive affect is the “glue to self-knowing” (Fosha, 2013), maturation - with its ongoing integration of change - is intrinsic to the sense of self. Although successful autonomy is contingent upon attachment, it has a separate trajectory. When I think of attachment and autonomy - the image of my grandmother’s homemade spaghetti comes to mind - the sticky glue that holds together the clumps of pasta, and her lovingly separating each sticky string then gently hanging each on the pantry clothesline. Recognition processes ensure that the creating of separate noodles from a clump of dough doesn’t change the fact they are and always were noodles - specifically my grandmother’s noodles.

By way of recognition processes, the experiencing core-self receives, filters, integrates, and narrates information from the internal and external environment. Her dominion is at the fulcrum between the object world and the neurobiological foundation of experience – like Hermes, the mythological traveler between the heavens and the underworld. The experiencing core-self relies upon recognition processes at the interface of self-to-self and self-to-other. This can occur on various levels of consciousness and functioning – at the level of intuition and interoception, all the way up to personal insight, wisdom and the experience of embodied awe<sup>7</sup>, and in affirming the unique qualities and capacities of another. In the AEDP therapeutic context, our experiential/bottom-up and moment-to-moment tracking process, the therapist is guided by recognition processing at the level of neuroception, intuition, mirror neurons, and somatic resonance. We are also guided by recognition processes at the level of affirming the experiencing core-self before us – a person who wants to be seen correctly and affirmed for their independent unique existence, and who responds with a big affective/somatic/verbal 'yes' when the recognition by the other matches/meets the template that is Core Self.

## Recognition

### A brief look back: How the discovery of matched specificity in ecology led to affirmation of “self” in psychology

To put the advances of neuroscience in perspective, it wasn't that long ago when 'self' was relegated to the dismissive role of the 'O' in the S-O-R (the stimulus-organism-response) model that was meant to explain all human and behavior. In the supposed improvement over the previous misbegotten behavioral model, the theoretical self was considered the silly mythic homunculus in the computer model of the brain. Even in the context of psychodynamic theories, the concept of self came with a seemingly impossible conceptual dilemma. Before the discovery of a neurobiological correlate, the self was believed to be a purely socially constructed entity<sup>8</sup>. As Mitchell (1998) expressed it: “*It feels as if* our personal self is ours in some uniquely privileged way; we control access to its protective layers and its core; only we know and understand its secrets. It feels as if the self is not inevitably contextual and relational but has an existence and a life that is separate and autonomous from others. Yet the self *that seems so personal and interior* is, in a broader perspective, deeply embedded in relations with others” (p. 111).

Not until affective neuroscientists, specifically, Antonio Damasio (1999, 2010), Jaak Panksepp (1998) and Panksepp along with Northoff (2008) identified the neurological correlates underlying the experience of the self that could we use the term “self” without caveat. Thanks to the ground-breaking empirical work of affective neuroscientists followed by the clinical applications developed by Fosha (2009, 2013, 2021) we can say to Mitchell that the reason “it seems so” is because “it *is* so.” The neurobiological core-self – stable, unchanging, protected from harm and influence - makes it so. Though any individual life is a wild ride on a sea of change, the neurobiological core-self is the one true north. We loop back, self-referentially, to this true north in every experiential moment and with each new iteration of one's life.

As a therapist, I am compelled to pause here with gratitude for these early pioneers of affective neuroscience. Their work provides a carpet of legitimacy for AEDP's core propositions: *there is*, indeed, a part of us that cannot be harmed; *we do* recognize a healing environment and naturally move toward it; and *we are*, in fact,

<sup>7</sup> Awe can also be terrible, and recognition processes are operating in the willingness to be overcome by an awesome entity or to flee from it in fear of being overtaken by it.

<sup>8</sup> The degree of social influence continues to be debated among social constructivists and drive theorists.

wired to heal (Fosha, 2010). Thanks to the work of affective neuroscientists, we no longer have to rely on faith that we can be restored to a flourishing life - we now *know* that we can.

But how? How is it possible to remain unique and self-possessed while also deeply rooted in and shaped by others. And how is it possible to feel oneself to be the same self at 3 and 93, despite transmuting maturation? Why is it, in the words of the poet Mark Strand, that “Time tells me what I am/ I change and I am the same/ I empty myself of my life/ and my life remains”?

This paradox compelled Louis Sander (1975, 1995) to study the meaning and formation of a unique, constant, coherent self. He asked what the mechanisms are that underlie the continuity of self despite veritable maturational transmutations, the inescapable social influences empowered by the necessity to maintain attachment bonds, the myriad developmental trials, and vastly different values and necessities one stage of life to the next. How does a coherent self emerge from such astounding complexity?

Sander<sup>9</sup> sought answers in the field of biology, specifically in the work of applied biologist Paul Weiss (1949), who observed that a living system thrives when both the system and its environmental support are mutually influential and mutually beneficial. Each adapts and accommodates to the other, shaping each other and thereby creating coherence and organization where there would otherwise be randomness and chaos. He labeled this dynamic “matched specificity.”

Sander (1995) applied this observation to human children within the parenting environment. In alignment with Winnicott, he conceived of child development as occurring within the infant-mother environment. While the correspondence may be obvious, this burgeoning ecological perspective fueled the boon of infant research which studied, in the words of Winnicott, “the mother-baby environment.” Sander states, “I have given the name recognition processes to this determining quality of Weiss’s ‘matched specificities’ at the level of human awareness, one that establishes and maintains the organization implied by the ‘sense of identity’” (p. 10). For example, the mother provides what she recognizes the baby to need, and the baby accepts and adapts to the specific nature of this mother’s provision, each feeling ‘seen’ by the other. From this ecological perspective, we can say that the neurobiological core-self asserts guardrails, allowing influence but also demanding the influence be conditional unto itself.

The mutuality of recognition specificity is operating in right-brain to right-brain infant-parent attachment behaviors such as attunement, dyadic regulation. For example, when the infant’s state is acknowledged by the caregiver in just the right way, the baby responds with squeals of delight, or alternately, relaxation and calming. Learning her baby’s unique signals, the mother is rewarded by her baby’s molded-in response to her ministrations. The babies’ feelings about having needs and having them met, and mothers’ feelings about their motherhood are influenced by this mutual and specific recognition.

Sander’s second point extends this biological process to the level of human awareness, “one that establishes and maintains the organization implied by the sense of identity.” He explains that at around 18-months adaptive processes begin to operate on the level of consciousness, sensitivity, and awareness of the other’s awareness. This level of awareness brings about a felt sense of agency, along with the efficacy agency implies.

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<sup>9</sup> See the work of the Boston Change Study Group for work that elaborates on Sander’s ideas.

This is the age of my café muse, when children begin to consciously consult their repertoire of stored experiences to make decisions and discern situations.

This stage of psychic mastery is every bit as joyous and significant for the emerging agentic self as is the mastery of independent locomotion. A toddler dancing about a café, emboldened by a single affirming/recognizing stranger, commanding smiles from the entire room, in defiance of her mother's discouragement, is a pure embodiment of psychic self-mastery, driven by recognition processes. She is also a vivid illustration of Russell's definition of the agentic self, "an embodied sense of being able to act in the world, to have an impact on one's surroundings and important relationships, and the felt sense of connection between one's will and desires and one's goals" (2021, p. 246).

But here is where the other shoe may drop – where exaltation can turn to anguish on a dime in this most innocently vulnerable moment. When the agentic self, overtaken with triumph, takes a psychic leap into arms of the other - only to not be caught<sup>10</sup>. Whereas the integrity of the self relied upon neurobiological level of recognition processes for the attachment needs of the infant (regulation, soothing, etc...) the emerging agentic self now relies upon higher-order recognition of in the form of affirmation. As Jessica Benjamin so poignantly observed, "The need for recognition entails this fundamental paradox: in the very moment of realizing our own independent will (agentic self) we are dependent on the other to recognize it" (2009, p.39). A child's need for autonomy must be met by a parent's capacity to affirm this child as its own being. This is especially necessary at moments of maturation – either developmental, or in the context of therapeutic growth and healing. It says I see you are still you in this new way – even more you.

### **Recognition as elaborated and refined by AEDP**

While paradigm shifting theories of the self were developing within the field of affective neuroscience, Fosha and her colleagues were adeptly folding these findings into empirically sound theoretical concepts and methodological advances, recruiting the roles of the neurobiological core-self and Sander's recognition processes into the psychotherapeutic "search and rescue mission" for the lost self (Fosha, 2013). Fosha (2009) initially adapted recognition to AEDP, in part, as the stabilizing counterbalance to transformation. A therapeutic process, such as AEDP, intent upon the continuous engagement of transference strivings would be destabilizing and disorganizing if not balanced in equal measure by recognition processes, where identity (continuity) asserts itself in the face of change (discontinuity). Recognition keeps us from being spun off the transformational spiral, and in the midst of what might otherwise feel like dislocating change, feels like a warm wrap of arms containing the integrity of the Core Self.

Fosha extends recognition processes beyond self/system-other/environment. She states, "the fit can be between self and other, 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 self 'me' (2009, p.179).

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<sup>10</sup> Extending Silvan Tomkins affect theory of shame to clinical manifestations, Kaufman (1996), states the punitive interruption of interest and enjoyment is experienced as shame. The expression of any affect, positive or negative, can be responded to with shaming. Sufficient and necessary repetitions of the affect shame sequence will create an internalized linkage, or bind. This can be true for any set of affect sequences. When the expression of anger, distress, fear, or excitement (any affect) becomes associated with shame, later experiences of those affects will activate shame spontaneously by triggering the entire scene. Shame need no longer be directly activated. The affect itself becomes bound by shame, its expression constricted.

### Recognition feels like... and core state

Deeply felt moments of personal truth, vitality, energy, agency, and coherence from a self-related perspective spontaneously emerge at meaningful moments of existence; they are also a feature of core state, the state of calm and integration that is the culmination of the transformational process. Deeply pleasurable—again pleasurable not in the sense of happy, but in the sense of feeling deeply right and true—at these moments, the individual has a sense that “this is me.” Metaprocessing the experience of such moments leads to further unfolding: both the felt sense of I and the “this is me” experience deepen, consolidate, and becomes more textured. This is the felt core self: it is as close as we get to an instantiation of the neurobiological core self in actual experience. *Diana Fosha, 2013.*

Fosha emphasizes the positive affective experience associated with recognition. She states, “The recognition of the self by the other, even before the self has access to core-self, is the rapid road to the core-self. ‘I see you, ‘when met with the ‘click of recognition’ by the self, enhances and deepens the reaches of the transformational process. When there is a ‘match’ between something inside and something outside, a burst of energy and vitality obtains, and there is a quantum shift” (2013 p. 2). She adds that the accompanying positive affects are “glue for self knowing” (like the sticky substance that holds my grandmother spaghetti noodles together). Concert pianist Jeremy Denk beautifully expresses this feeling of being seen – when just one significant affirmation resolved decades of self-doubt and allowed him to fully and unabashedly possess his gifts, which for him, are inseparable from his entire being. He writes,

But here was someone willing to look me right in the eye and say that I had something to offer the world. I was always going back and forth from confidence to doubt, and Evelyne’s look felt like a hand laid on my mind, telling it to stop vacillating. *Jeremy Denk, 2022 p. 249.*

While interpersonal recognition is often experienced as the feeling of being seen, found, and delighted in, recognition operating between the neurobiological core-self and the experiencing core-self feels like intuition, gut feelings, uncanny experiences, and chills. It can feel like discovery.

Recognition can also feel poignant, as my client stated in reflection upon a discovery of a core sense of self after a life-time of living through dissociative parts, “It feels right that I should feel lonely for myself.” sometimes it feels like beauty: Gestalt psychology naturally perceive patterns – our brains need to close gaps and find symmetry. As the Zeigarnik Effect (Wikipedia) demonstrates, we are driving to close the loop and we experience cognitive tension until a sense of completion is realized.

Sander, and later Fosha (2009, 2013) argue that the profound pleasure and coherence inherent in recognition is, in and of itself a motivating force. Fosha further refines this, and underscores a deeper significance - she adds, recognition is “**an existential need.**”

It is in core state that we feel core-self. In core state, we have the experience—for a moment—of being precisely what we always knew we had within us to be. For those fortunate to have them, these moments become guideposts of authenticity, concrete calipers of experience. The truth sense is the felt manifestation of the internal experience of core state: deep relief at correctness, relief and the calm that settles in when a picture that has been crooked comes into alignment. There is an internal

experience of coherence, of cohesion, of completion, of essence (Grotstein, 2004). Something inside clicks into place. *Diana Fosha, 2009*

While core state is natural occurrence in everyday life, in an AEDP therapy, it is not accidental or incidental - core state is the facilitated and expected outcome. AEDP theory has mapped the flow of healing state changes and designed a methodology to facilitate process of reaching core state, where the hard work of therapeutic processing becomes integrated into the complete gestalt of the self. As we traverse the flow of state changes, from resistance to embodied affect to transformative integration, we track and facilitate moment-to-moment shifts while titrating transformation with recognition. When finally arriving to core state, we help the client sustain this sublime state until they naturally coast back to the ordinary moment, arriving in clarity and calm and feeling deeply gratified.

It also feels good to do the recognizing - At the same time, the discovery that others have different perspectives, separate minds, is also a source of pleasure. I think of my friend's daughter, Sarah, at 3, who looked out into a blurry world through her father's prescription glasses and announced in great jubilation, "This must be how Daddy sees without his glasses!" I am seeing the world through Daddy's eyes.

### **Recognition as a methodology: moment-to-moment tracking**

With a clinical method based on the moment-to-moment tracking of the phenomenological manifestations of affective experience, I focus on moments that possess qualities of integrative experience, i.e., moments possessed of coherence, vitality, energy and/or subjective truth: I propose that such moments of experience are manifestations of the fundamentally integrative neurobiological core-self in fractal form. The mechanism of recognition is shown to play a major role in the search-and-rescue mission for and of the patient's felt sense of self' *Diana Fosha, 2013*.

Moment-to-moment tracking and processing is recognition's foot soldier. It offers the most vivid observation of the whole range of recognition processes and serves as a corrective force. All at once, it guides the therapist's tracking through the 4-State change process, develops the client's meta-awareness skills, and facilitates secure therapeutic attachment through attunement and dyadic regulation (Hanakawa, 2021).

Through recognition infused moment-to-moment tracking and processing, AEDP therapists are trained to explore every angle, nook and cranny of recognition processes through all the state changes along the transformational spiral. Fosha suggests we use the term GEM-to-GEM<sup>11</sup>, which I also prefer as this allows me to crown my café muse queen with a GEM-adorned crown. From the smallest twinge in the gut in State 1, to the full-on experience of dyadically regulated core affect and the attendant adaptive action tendencies, into the metaprocessing of the experience itself, and on into the 'eyes-up' transporting sensation of core state - that sweeping vista of a life narrative that arrives in a transcendent moment and then settles back into an embodied calm. The tracking process begins with a neurobiological communication to the experiencing core-self and returns to the neurobiological core-self. Only now the neurobiological minutiae of where we started are embroidered with coherence and meaning.

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<sup>11</sup> GEM refers to Global Emotional Moment, a term coined by Bud Craig. According to his model, the GEM is moment to moment point(s) in time as the brain integrates the bodily sensations via interoception, sensory input and emotional meaning, forming the conscious experience of an emotional state.

Yuko Hanakawa (2021) offers a full accounting of the many levels and types of tracking that occur simultaneously. We track the clients' somatic cues, help them recognize and identify their internal states, track our interoception, and engage in a "dyadic tracking feedback loop" of knowing the other through the reading of one's own interoception. Tracking is not just about slowing down; it's about mindfully placing attention to the self, the other, and both at once, in a fluid and deliberate manner. It also requires knowing where the information is coming from – whether self or other. This is an essential skill for the AEDP therapist, and in the practice of it, our clients also become expert trackers.

But at this moment it seemed like I was the scale. The growing, climbing notes were mapping onto me, everywhere, rising in my chest, changing my breath, and in the balls of my feet, making me stand on my toes. I was no longer receiving music from without, but being filled from within, like a balloon. This feeling was so intense that for once I didn't have time to overthink... In that bizarre, melting moment, one of Mozart's greatest inspirations, I was eager to be brave. I wanted to throw open my door and share the moment with my parents. I might have taken the unusual step of being nice to my brother. But I worried my father would make a joke, or my brother would think I was showing off, or my mother would ask why I hadn't dusted the living room. So I sat on the floor next to my bed and played the same bit over and over, stirring the air like a stew, keeping the joy to myself even though the essence of it was feeling as though you wanted to embrace the whole world. *Jeremy Denk, 2022*

I offer the quote above as a demonstration of how exquisite and spontaneous tracking will lead us through each fractal moment of our individual complex vastness into the boundlessness of our transpersonal essence (Yeung, 2024) - or, in other words, core state. This level of tracking is made possible by free and easy access to neurobiological resonance and attunement to somatic-affective processes, which allows the spontaneous integration into a higher-order coherence.

Through Denk's experience, we witness the slowing of time, the simultaneous sense of expansion and containment within the experience, and the desire and generous impulse to share this abundance. For Denk, multiple layers and levels of recognition processes are happening in his moment – self to self, self to music, self to family, intrapsychic family to self, self to world, and finally in the transcendent merger into the music – a sublime state of no-self, yearning to be shared - but preferring the purity self-to-self recognition to being criticized or misunderstood at such a poignant, beautiful and vulnerable moment.

While somatic-affective moment-to-moment therapeutic tracking is a means to process trauma, to experience the embodiment of transformance, it also becomes the therapeutic theater in which the consequences of trauma reveal themselves play out. For many clients, the experience of tracking can range from awkward and strange, to bewildering and anxiety provoking, or, sometimes, outright frightening and violating. Helping clients tolerate and develop these tracking skills requires precise scaffolding, dyadic regulation, heaps of encouragement affirmation, and delighting celebration in moments of mastery – indeed, all the right-brain to right-brain loving interactions that build secure inter- (and intra-) personal attachment.

## **PART 2. Misrecognition**

### **Normal, necessary misrecognitions: the grit for flourishing**

I am reminded of another little girl, this time by the seashore, who is looking so intently into the water that I am compelled to peer over to see that she is watching the glittering activity of silver minnows circling and

reflecting a bright summer morning. She swirls in unison with the little fish and excitedly announces, “Mommy! the fishes are dancing!”

The child is participating in an act of enchanted somatic resonance with nature. This child, in this moment, has access to the fully integrated self: her experiencing core-self is in playful attunement with her neurobiological core-self and the natural world. A moment like this in AEDP therapy would have been seized upon by the therapist – we would delight in the client’s full-bodied recognition experience with the natural world and assist the experiencing core-self in a slow motion, or moment-to-moment exploration.

However, a mother has other fish to fry for her daughter who will not always have a protector by her side. After mother looks carefully, she says in a considered tone, from left-brain to right-brain, “no sweetheart, they are running from the bigger fish trying to eat them.” The girl looks confused, and her energy sinks into the sand. I only hear remnants of the conversation as I walk on, but I understand that the mother, who will not always be by her child’s side, must serve as both interpreter and guardian between the vulnerable child and the external world. More likely, we witness the very effects of the long reach of modern world’s left-leaning tendrils into this mother/child moment. We witness the tendrils strangle the exalted emotions inherent in communication with nature, such as enchantment and awe (Tarnas, R. 1991).

The child’s profound and abrupt energy deflation occurs with mother’s disconfirmation and correction. As a result, this natural flourishing moment of fluid resonance, vitality, and joy is abruptly dead-ended. I see this as an example of normative and benign mis-recognition as well as one of those necessary bumps and bruises within the context of a secure attachment – experiences that teach the child that others have different minds and perspectives. In reconciling her resonant experience with her mother’s logical perspective, she will come to know herself and her mother as uniquely their own selves. “The little girl by the sea will also learn - eventually, when she is older - about the complexity of experience, about the difference between appearance and deeper processes, and also about multi-determination: the motion of the fish was simultaneously beautiful and a flight for life - that's what poetry is forged from” (Fosha, 2024 in communication).

At the same time, the discovery that others have different perspectives, separate minds, is also a source of delight. I think of my friend’s daughter, Sarah, who at the age of 3, looked out into a blurry world through her father’s glasses and announced in great jubilation, “This must be how Daddy sees without his glasses!”

Becker and Shalgi (2006) propose that the quintessential conflict between a parent’s vision or wish for their child and how the child sees themselves may actually encourage higher levels of integration and coherence.<sup>12</sup> They provide a vignette of a teenager’s angry struggle between his self-determined identity and his father’s projection onto him. I was delighted to see how this example, from outside of AEDP theory, mapped so perfectly onto the AEDP transformational spiral.

The vignette begins with the adolescent’s boy’s hurt and anger toward his father’s macho response to his more tender and sensitive inclinations. He storms into his bedroom and bangs out a tune on his guitar to vent his frustration. His thoughts drift to a group of girls who, unlike his father, appreciate his playing. Becker and Shalgi state that, at this point he is conjuring up an experience that contrasts with the father’s misrecognition of

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<sup>12</sup>Susswein makes a similar point in his article, *Agency is Resilience in Action*, this volume.

him, confirming his experience of himself, much like Jeremy Denk did. In AEDP language we would say, the direction of recognition is from other to self - the girls could recognize and affirm his emerging identity.

As he continues to play, the image the girls fade from his mind, and he finds himself absorbed his own music world: “I was fascinated with the movement of my own fingers, the touch of the strings and the notes just seemed to touch my soul. It was my music for my pleasure, and it was great.” In AEDP language, we note that now recognition is in the direction of self to self. Becker and Shalgi state that this was a genuine euphoric moment of autonomous selfhood, free from all environmental context. In AEDP terms, it is an example of core state experience, where we return to our most elemental sense of self experience, and somehow, paradoxically, this leads to transcendence (Yeung, 2024).

### **Flourishing anyway and fierce preservation of the self by any means**

A sign of health in the mind is the ability of one individual to enter imaginatively and yet accurately into the thoughts and feelings and hopes and fears of another person; also to allow the other person to do the same to us. *Donald Winnicott*

Isaac, an 8-year-old boy, came in with his hermit crab. He said he had to keep an eye on it because it had molted. He described how its body had shed its shell and is now raw and pink, "He has to stay in his shell, even the sand could cut him. I had to pick him up and put him back in his shell... I know that hurt him. He's so raw and pink." I was touched by how tender and watchful he was of his hermit crab. He didn't talk about how it would be ok because he would grow a new shell. He was so in the present with his crab's experience... step-by-step. He needed me to witness, along with him the hurting state of his hermit crab, and for me to witness him witnessing his crab's suffering. This circle of recognition felt warm and loving – in my memory, I see us sitting side-by-side on the couch looking into the crab's carrier - in the fading, quiet light of an autumn day that feels to be wrapping its tenderness around the 3 of us. I was especially touched because this boy's problem was that his parents are frightened by his feelings. They try instantly to make things better and cannot stay with his sadness for a second. He has been taught that some feelings are terrible to expose and dangerous to have. In therapy, he craved the recognition of his feelings without any silver linings (which required tremendous self-control on my part). Through his crab, he was insisting, admirably, defiantly, and modeling to his parents that feelings, and especially feelings of vulnerability, must be stayed with, watched, and regarded with tenderness and respect.

This heroic boy is an example of a flourishing despite the absence of external markers of what we traditionally define as flourishing. He underperformed at school (bored), and the mismatch in temperament and affect tolerance (over- regulated and under-regulated) between him and his parents caused tremendous conflict, dysregulation and loneliness – expressed in his frequent angry, tearful refrain, “You don’t understand me.” But returning to our definition of flourishing from the perspective of AEDP - he was living in “vitality, fully and unabashedly present, in command of desires, needs and wants, in graceful and tender possession of all states of mind - feeling, wanting, willing, relating, deciding, creating, flailing, falling, enduring.” He fiercely advocated for his True Self and right to have and assert his feelings, despite conflict. He managed to retain relatively secure attachment and deeply loving bond with his parents, who were naturally inclined to engage in attachment repair. His appreciation of his Hermit crab and the crab's predicament was empathic and also gave him a sense of wonder and beauty. This story has a good ending.

### **Pernicious misrecognition and developmental/complex trauma**

Projection/projective identification is invariably the mechanism underlying a parent's abuse of their child and underlies the disorganized attachment common in our patients with complex and developmental trauma. In other words, the parent cannot recognize or "see" the child as a unique individual at their specific developmental stage, leading to a perverse and malignant distortion of the child's needs, behaviors, and motivations. Therapists are all too familiar with the many versions of this scenario. In the cases of sexual abuse, the child's innocent adoration of his/her parent and pleasure in their attention is sexualized.. In the cases of parentification, a parent abdicates their fundamental biological role as protector, forcing the child into the role of caretaker. In situations involving physical and emotional violence, the child is dehumanized - the parent projects onto the child their own persecutory self-states<sup>13</sup>. For the narcissistically invested parent, the child's giftedness is appropriated as an extension of the parent's identity, with the child expected to realize the parents' ambitions. In all these cases the child internalizes the parent's projected shame as their own. This extends the trauma beyond attachment betrayal to the core of the child's sense of self and identity. Compounding the harm is the infliction of an unabsorbable mental/emotional incongruity - the child is cast as inordinately powerful while at the same time robbed of the most elemental form of agency: the ability to say 'no.'

Such incongruous unpredictable behaviors lay the foundation for the attachment dynamic shaping the disorganized child's sense of self. It revolves around a "paradoxical" dilemma: the parent who the child instinctively turns to for protection is also the source of harm (Seigel, 2003). Main & Hesse (1990) refer to this scenario as "fright without solution," at least not an interpersonal solution. The last resort for survival, when neither flight nor fight is possible, is to freeze—a response mirrored psychologically as dissociation, wherein fear and suffering are compartmentalized into dissociated states of mind. As the traumatic attachment and abuse continues, distinct self-states emerge with the advancing cognitive and emotional development reshape perspective, leading to the trauma being experienced anew and in different ways over time.

In an environment where the source of survival is also the source of harm, the developing self fails to attend to self-referential guidance rooted in the neurobiological core-self, i.e. recognizing safe from unsafe, wanted from unwanted. Instead, attention is diverted outward, fixed on the external world in a persistent state of vigilance for potential danger.

Compounding the cruelty, the initial assault is usually triggered by the child's innocent and spontaneous declaration of self - a moment of expectant adoration, self-assertion, or delight in a masterful feat. These occasions are metaphoric flights into the arms of the trusted other. That self, flourishing, filled with and buoyed by goodness and aspiring exuberance, is, miraculously, in fact, frozen in time, mid-flight. In Ferenczi's words, as quoted by Lamagna, "The [person] being left alone like this must help himself, and for this he must split himself" (Lamagna, 2021, p.265). The self that feels the fall, navigates the harsh environment, and conjures brilliant methods to cope is also the self that makes the first therapy contact. For these patients, therapy is a shared mission of "search and rescue," for that self in mid-flight, suspended in time, still waiting to be caught, still waited to be supported, accurately seen and reconnected with the core-self and complete its flight.

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<sup>13</sup> I use the terms "self-states," "parts," and "parts-of-self" interchangeably.

### PART 3. Recognition in the treatment of developmental trauma

Fosha (2009, 2013a) has rendered an elegant model of recognition as a key relational moment that occurs between self and self or self and other, heralding an emotional "click" of rightness, deep truth, or goodness of fit. Such moments are inherently integrative because they are deeply felt in the body and represent glimmers of the neurobiological core self (Damasio, 2010; Panksepp & Northoff, 2009), untouched by trauma. Ample internal resources and positive affective markers of vitality, energy, coherence, and wisdom await only an act of being seen, and thus awakened, by an other or the self (Fosha, 2013a). *Kari Gleiser 2021*

The light of the future casts its glow on the present. *Friedrich Nietzsche*

I am interested in what prompts and makes possible this process of entering what one is estranged from. *Toni Morrison* (quoted in Philips, J.A., 2023)

The AEDP therapist's primary orientation - to view our patients through the lens of their resilience and to understand their symptoms as creative adaptations to a mismatched and perniciously misrecognizing environment – is not simply a guiding ethos; it is grounded in the knowledge that the resilient and flourishing core-self is intact and will re-emerge when conditions of safety and sustenance allow. Even before the potential patient enters our office, we envision the intact self about to arrive. Likewise, patients can have a profound intuitive sense of the right therapeutic match, guided by the neurobiological core-self's ability to discern what feels safe and aligned<sup>15</sup>.

Building on this foundation, the goal of AEDP – to restore flourishing – is achieved, as it can only be, within the context of a secure therapeutic attachment with the therapist (Fosha, 2000; Fosha & Lipton, 2011, Frederick, 2021). Therapeutic attachment serves as both a reparation and the condition under which a patient learns to comfortably experience core affects and their associated adaptive action tendencies (Lipton & Fosha 2011).

But here we encounter the paradox for our patients for whom attachment itself *is* the trauma (Fosha, 2013; Lamagna & Gleiser, 2007; Lamagna, 2021; Gleiser, 2021; Pando-Mars, 2016). How do we scaffold our very presence? This is where we turn to Fosha's pivotal question, posed earlier in this article: "What do we and affective neuroscience make of the potential for True Self living inherent in us all, that can be activated almost regardless of the severity of psychopathology?" Her response draws on Damasio's research on dispositional tendencies for adaptive action, which demonstrates that the capacity for flourishing is hardwired into the subcortical regions of the mammalian brain. It also references Panksepp's findings on the innate SEEKing system - a fundamental mechanism that drives attachment strivings and fosters connection. Even when the experiencing core-self is disoriented from the neurobiological core-self, dispositional tendencies and the SEEKing system nevertheless remain primed to recognize and respond. This is dynamic is vividly illustrated in the case of Anne, discussed below.

The persistence and intactness of the neurobiological core-self are abundantly validated through both clinical practice and research (Iwakabe et al., 2020, 2022). Core state experiences, which are strikingly consistent across patients, provide clear evidence. When patients enter a core state, even briefly, they encounter the "this

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<sup>15</sup> Panksepp & Northoff (2008), use the term self-related processes to identify this recognition function.

is me" felt sense of flourishing, often for the first time in memory. When the therapist seizes these moments for the patient, even if only as fleeting glimmers, they become pivotal markers for transformative change opportunities for further consolidation. Staying, savoring, spreading and saturating in it (Yeung, 2021) – becomes its own striving. Though this state may not yet be sustainable, each spark serves as a promise, signaling the radiant flourishing that lies ahead.

It has been there all along. It is a capacity we have...Core state reflects a wired-in dispositional tendency for the experience of truth with respect to our own experience of self, other, and emotional reality (Fosha, 2000), a tendency fueled by the motivation to grow, heal, and know ourselves and others (Ghent, 1990; Grotstein, 2004). In conditions favorable to its activation, it comes to the fore and it is affectively marked by the qualities described earlier—calm, clarity, compassion, generosity, and so forth—all guided by the truth sense. In striving to fulfill one's deepest self, one encounters the biology of human emotion and attachment. In closely tracking and processing the moment-to-moment fluctuations in bodily rooted affective experience, we get to (the experience of) truth. In one fell experiential swoop, we go from biology to truth. And back. "Up and down, both ways." *Diana Fosha, 2005.*

### Prompt and process

Invoking Morrison's quote (above), "...what prompts and makes possible this process of entering what one is estranged from," affective neuroscience has identified the *prompt* is rooted in the SEEKing system and the dispositional tendencies of adaptive action within the neurobiological core-self, while the *process* is laid out through intra-relational AEDP interventions. Intra-relational AEDP (Gleiser, 2021; Lamagna, 2021; Lamagna, 2011; Lamagna & Gleiser, 2007), originally adapted from the study and treatment of dissociative disorders, was specifically developed for patients with dissociative and disorganized presentations. For these individuals, attachment and attachment longings are rigidly tethered to foreboding and shame and intertwined with a desolate sense of self.

The therapeutic aim is to reorient a patient's attention toward the stabilizing resource of the neurobiological core-self while developing the ability to discern young self-states and differentiate self-attributions rooted in trauma from the Core Self. This dual focus not only reduces trauma responses and but also strengthens a 'felt-sense' of core-self. The process involves deathecting from a limbic-trauma orientation—where traumatic triggers disrupt attunement to the neurobiological core-self—and fostering secure attachments between young self-states and the core-self. This work is facilitated by the therapist, who models secure attachment through attuned and recognition-rich interactions, drawing from the study of attachment promoting maternal behaviors<sup>16</sup>.

Through AEDP intra-relational interventions (Fosha, 2013; Gleiser, 2021; Lamagna, 2021; Lamagna & Gleiser, 2007) recognition processes are hard at work for both therapist and patient in the moment-to-moment experiential processing. These interventions guide the patient in re-establishing accurate internal tracking and recognizing self-states (or parts) that hold unprocessed trauma, while distinguishing somatic indicators of core affects from the maladaptive defensive affective experiences held in self-states.

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<sup>16</sup> See the work of infant researchers, for example: Ed Tronick, Beatrice Beebe, Daniel Stern, and Alan Schore.

They also help sequestered young self-states know they are no longer alone, but are supported by the resilient, present-day adult self (experiencing core-self), now attuned to the neurobiological core-self's signals. It is crucial for these injured self-states to perceive the present-day self as having endured, adapted, and discovered ways to navigate life - even if flourishing is not yet fully realized. The therapeutic work of discerning past from present, defensive from adaptive, and identifying affects with somatic signals strengthens the core-self and relieves young self-states from the burdens of protection by allowing the core-self to manage triggers and navigate present-day situations. When adequate differentiation and self-presence have developed, the patient may ask the child parts to look through the eyes of the adult self out into the world they have created for themselves (Lamagna 2011). This may lead to profoundly affirming experiences of cohesion and gratitude - vitalizing positive affects that bind the experience of self (Fosha, 2021).

The process isn't linear, as self-states holding maladaptive reactions may need to reemerge for reinforcement and reassurance, even while adaptive experiences are being internalized. These maladaptive patterns are often brought forward as transformational glimmers, wanting to be seen and soothed again and again (demonstrated in transcript below). Medbo (2024) argues that maladaptive activation around attachment must be welcomed and understood - not only as an expression of the patient's trauma but also as a key to identifying their specific reparative needs. She states, "the maladaptive affective experience might be the (yet) only 'road' to [the patient's] inner emotional life," and therefore must be the therapeutic entry point (Medbo, 2024).

Kari Gleiser's (2021) concept of the relational prism provides a valuable visual guide for navigating the complex layers of recognition - therapist to patient, patient to self-state, therapist to self-state. It also offers guidance on the clinical decisions regarding where to position oneself at any given time. This activity resembles the therapeutic dynamic of parent-child therapy, where the therapist provides attachment-fostering interactions both to the parent - supporting their ability to care for their child - and directly to the child when the parent is not yet able to offer regulation and understanding.

Often, younger self-states first emerge within the safety of the therapeutic relationship, as the adult self may not yet be a reliable resource for protection and nurturing. By creating a safe and supportive internal environment, therapy expands the patient's capacity to receive the therapist's regulation, care, and attunement by unlocking access to innate desires for safety, love, and regard. In turn the adult-self, through internalization and identification with the therapist, becomes able to nurture their young self-states. This reconstruction aims to make way for a vastly welcoming relational environment for all parts of self, and especially for the flourishing self in mid-flight. The injured self is already well known by the client, but the patient must learn to recognize and relate to their flourishing self. As a patient said, "I don't know who I am if I am not this abused kid. I built my whole life around it."

Among the beautiful and sacred moments in therapy, I am most moved by those when the adult self, after prolonged dedicated work to cultivate earned security between self and young self-states, discovers the wondrous gifts these young self-states possess for the adult to enjoy. These gifts include the child's enchanted view of the world - intact and imbued with magic, undiluted through cognitive development and the disenchanting effects of formal education and practical concerns. This childlike wonder radiates with effervescent vitality and simple joy. It allows for a merging with the natural world - like the girl at the seashore - and a deep, unguarded affection for others, like my café muse. The thrill of this discovery evokes profound gratitude and love for these young parts, and this highly positive, charged experience fortifies the coherent, flourishing self.

## Session transcripts – Anne and Jane

To return to my AEDP-informed definition of flourishing: “To live in vitality, fully and unabashedly present, in command of desires, needs and wants, in graceful and tender possession of all states of mind - feeling, wanting, willing, relating, deciding, creating, flailing, falling, enduring.” The cases of Anne and Jane illustrate the impact of recognition - from therapist to patient and from patient’s Core Self to parts of self – on Core Self flourishing.

### The case of Anne<sup>17</sup>

The case below is drawn from a session conducted well into a long-term therapy. The patient is now addressing the most entrenched self-states and protective relational patterns, building on the significant trauma work she has already accomplished. This includes her ability to recognize and communicate with self-states holding trauma, identify triggers, effectively diffuse trauma responses, and track, identify and regulate the somatic and affective flow accompanying both interpersonal and intrapersonal communication.

Anne was sexually abused by her father early childhood, possibly into her grade-school years. Anne did not explicitly register the abuse until adulthood, when intrusive sensory and somatic flashbacks forced her to confront this reality. Among the many betrayals within this abuse was the father’s coercive manipulation of affirmation and affection. Anne learned to regard affirmations and gestures of affection with reflexive suspicion along with sensations of rage and “hate.”

For the transcripts, I selected sessions where Anne’s more tenacious survival self-states are beginning to recognize safe relational environments—spaces where they could give and receive love and accept authentic, agenda-free inter/intrapersonal affirmation. Despite this progress, these self-states still cling to the lifelong reflex to reject such possibilities, though are also aware of wishing to receive. Her newfound ability to risk vulnerability by acknowledging (both to self and others) her need for love and affirmation is profound and hard won given that her primary source of affection and affirmation was also the perpetrator of the abuse. The balancing of both realities is a heroic effort on the part of her young parts and her adult self.

The transcript begins in a moment when Anne is feeling overwhelmed by hearing, and receiving, a precisely needed recognition therapist-to-self and therapist-to-part.

**Patient:** There's another part of me (contrasting with tendency to be suspicious) that, yeah, I'm so naive about so many things. So naive. It's like, you know ... which leads to embarrassment and then which leads to the shame and the unworthiness... Although, uh, I pay attention to how other people deal with their own inabilities or their own, um, you know, and they just like brush it off. You know, “stupid me” or yeah, vocalizing it. So, it's just, it's so much healthier. **[Although Anne is describing a common experience of discomfort when appearing naive, this experience is barely tolerable for her. She is reflecting, without yet having the exact words, that she does not have strategies to recover from moments of shame because shame states trauma states are deeply blended.]**

**Therapist:** Yeah. *(in a slow and tender voice because I am speaking to a child part as well as to her adult self)* Well, maybe like when those moments where you feel like naïve or something, and you get vulnerable, there's

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<sup>17</sup> The patient’s name and identifying information is concealed to protect confidentiality.

likely going to be a part of you that gets mad at yourself for it - because that {naïve vulnerability} put you in an unsafe situation [referring to the vulnerability of her child self that was exploited by her father].

**Patient:** Yeah, (*head back, deep breath*) ... (*long pause*) ... it sounds really good coming from you... I really love hearing that about the confirmation of like ... I'm a real person and I have a real, it's a real fear. It's not an irrational fear. Yeah, yeah. I feel that. (*tears beginning*) **[Patient has a profound response to my recognition. She is feeling this recognition on behalf of her adult self as well as to her young self who holds the experience of shame.]**

**Therapist:** Yeah, you're feeling that... wow... Yeah, tell me what you're feeling... Big feelings come over you... **[I am not simply reflecting. I am also feeling moved (which I felt in my eyes and heart and I believe was evident to Anne by the sense of necessity for this precise understanding that is finally gratified. In retrospect I would have expressed this fine point – that this shame has been waiting a long time to be understood and explained.)]**

**Patient:** Well, that was a pretty vulnerable moment, I guess. Yeah. I guess, admitting that it felt good to hear that from you. Yeah. **[Patient gracefully pivots from the initial gratification to the relational and triggering impact of feeling seen. The vulnerability is related to the trauma held in her young part experienced the danger of being seen and exposed. and though this is especially vulnerable “to admit” she has been relentlessly pushing through such anxiety in the earned trust that she will be safely met.]**

**Therapist:** I'm feeling like what you heard from me was me really getting you, I guess, right? Understanding something *really* important.

**Patient:** Yeah...but having all the history of ourselves behind that. **[Again, patient emphasizes the relational impact. It was gratifying to understand something about herself but even more important is the understanding from me based on our work together. This new kind of being seen' is corrective and is felt as tremulous affect]**

**Therapist:** Yeah. That I know you. **[said with warm smile to affirm tenderness in the knowing]**

**Patient:** Yeah.

**Therapist:** Hearing something from a place of being so, feeling so well-known. **[comment in an effort to stay with the experience of the moment.]**

**Patient:** Yeah....Yeah... Right.... (*patient is reflective*)

**Therapist:** What's it like for you to have me know you? See you? Respect you? I respect you. I could say more but you're already overwhelmed. I won't say. **[We are returning to a theme where I explicitly communicate that I am working at the edges of her tolerance for receptive capacity to expand it and desensitize the anxiety around it. The patient's subtle nod indicates her expectation of this intervention.]**

**Patient:** It feels so good. It feels so real. It feels so basic. **[this is very poignant and pleasantly surprising comment. Good-real-basic, as opposed to wonderful, great etc. It is a sentiment that says 'it is how it's supposed to be.' This indicates to me that the connection through love and recognition is internalized and experienced as truly corrective. It also is how natural needs are received – as just the way it is supposed to be. ]**

**Therapist:** Hmm, can you say more about basic? I think I...

**Patient:** Think it speaks to my individualism, you know, it speaks to my individuality. **[Patient's experienced-near words are expressing what we theoretically understand - that recognition underlies identity formation and agency. Patient goes on to talk about the idiosyncratic ways in which she is different from others and the ways that gets reflected back to her.]**

**Therapist:** You have a good circle of love and people who see you. You with a capital 'Y' **[Affirming the ways in which she is expanding her receptive capacity outside of therapy.]**

**Patient:** Yeah. Admitting...admitting those feelings of ... worth. I guess... (*emotion flooding – tears*)

**Therapist:** Yeah, what about that word (worth) makes ...

**Therapist:** Wow, what are you feeling there?

**Patient:** I feel like a big softball stuck in my throat...It hurts. **[the state 2- 3 experience of feeling seen and gratitude , momentarily bounces back to defense in state 1.]** The patient felt the truth of this recognition on a very core level before she could put up her defenses. But immediately she felt her defenses against it arise. She is feeling both acceptance and rejection at once. It feels unclear to her if the defenses are stuck or the feeling of receiving is stuck. This is an expressive example of Mahler's (1975) ambitendency, which refers to ambivalence experienced somatically and behaviorally. Though she is observing this in the context of normal development, her description of this behavior is similar to the behavior Main and Hesse (1990) observed by disorganized infants – the simultaneous seeking and averting of closeness. In this case, I think she is contending with the process of moving toward closeness and away from defensive aversion.]

Patient is now barely within the window of tolerance. But this overwhelm is a familiar signal that a young part is overwhelmed and is letting the patient know she is feeling unsafe. However, I do not move toward communicating with the part right away because the intensity of the sensation is the resistance meeting the desire. I instead want to give her the opportunity to follow and privilege the body language and to see how this impasse might resolve itself.

**Patient:** A burning softball.

**Therapist:** That's a lot of emotion all bound up in that tight ball.

**Therapist:** Yeah. Just like create some space inside of your throat there and see if you can relax around that zone and see what can happen. Rather than resisting it, just kind of invite it in. Let's just be curious. Is there something you want to ask, this feeling? **[helping her to help threatened self-states to feel recognized and thereby accepted.]**

**Patient:** feel like I'm worthy...yeah or hear it from others... hear it from others who know me for real... it's hard to hear, hard to receive... I know there's a why. Why it gets stuck, I guess. And when things hit the heart, heart to heart, that's a heart, that's a heart-to-heart for real and not have it get stuck in my throat yeah, yeah.. **[Patient is feeling defense, accepting it and also wanting to be able to feel the heart to heart connection without having to fear it and defend]**

**Therapist:** Yeah. Let's just be here for a bit. All right. Let's just stay with this heart to heart. How much heart can you feel? That's comfortable. You know, like on a scale of one to ten. I'm a ten. I'm all heart. I'm with you.

Patient and therapist back and forth about numbers on scale...Therapist re-orient's patient

**Patient:** Mm-hmm. Angry. Yeah. A little bit hard.

**Therapist:** Uh-huh. What is the anger about?

**Patient:** It's... It would be about talking about the heart (uses word heart because she has trouble saying the word love).  
Uh...

**Therapist:** Talking about love? **[I say the word that feels too threatening for her to say, and, in a sense, handing it back to her as less threatening.]**

**Patient:** (*squirming, tense body but slight smile*) Mm-hmm... Letting love in, letting love in, letting love in. Yeah.

**Therapist:** Stay with me. This is about blocking. **[I sense she is dissociating. She is no longer within her window of tolerance.]** (Patient: Yeah.)  
All right. Okay.

*Lots of emotion, back and forth non-verbals*

**Therapist:** Well, let's not struggle hard with the blocking. okay?  
*Quiet long pause* ... Let's just be present with the blocking, feeling. Yeah, let's not fight with it.  
*Pause...* it doesn't really understand why you'd be fighting with it, right?

**Patient:** Yeah, it's just there.  
*Patient and therapist: back and forth non-verbals*

**Patient:** You're a 10... We're having a heart-to-heart and you're 10..... Why does it make me so mad?

**Therapist:** Yeah. This is the consequence, right? ... Right here.

**Patient:** The consequence of the abuse. Yeah... And it's enraging. I want to be a 10. Yeah. Yeah.

**Therapist:** And you deserve to be a ten.

**Patient:** I know, I know, I know, I know.

**Therapist:** Yeah, this thing blocking, it's just had to be there. But it had to be there a long time ago.  
*Pause* ... Could have another job now? Different kind of blocking, maybe?

**Patient:** Different kind of blocking? [reframing]

**Therapist:** Yeah. I mean, actually, you know, this instinct to shut down, taking anything in from the outside, especially if it appears to be good. Right? That says here - trick detector! (therapist's hands animating hands a flashing sign). **[Sending appreciation to the hard work of this young part to keep herself safe. And offering a way for continued valued, as opposed to alienating the part to irrelevance.]**

**Patient:** Yeah. Yeah. Yeah. (*enthusiastic*)  
That's real, ... trick detector.

**Therapist:** Yeah, your trick detector, yeah.

**Patient:** That's a good call.

**Therapist:** I thought I liked that. *(therapist smile radiates pleasure- response to being recognized by patient)*

*Patient and therapist back and forth with simple words.. yeah, trick detector... yeah... for several seconds. Working on building mindful attention toward the distrust feeling that is still there while feeling the love feelings. To tolerate it and help the distrust to tolerate the love feelings.*

**Therapist:** What's happening that you're needing to stand?

**Patient:** of opening, allowing, opening as I know that if I stay like this, you know, that means all of the stuff can come in maybe. So if I stand up maybe.

**Therapist:** You're trying to help yourself take it in more? *(Patient affirms)* Beautiful.

**Patient:** Also could mean that I keep looking at the door. I could I could get I could go out the door ... Yeah, I could go out the door faster if I'm standing. **[ambitendency – but tolerating both at once, even playfully.]**

**Therapist:** Oh Isn't that great you can do two things - two opposite things at the same time... help yourself to be more receiving and also make sure you can get out. See how resourceful you are. **[again affirming the adult self and the young part's wisdom and capacity for creative solutions.]**

**Patient:** My throat is still a little tight, but there's not anything stuck in there right now. It's just...

**Therapist:** Uh-huh.

**Patient:** It's okay.. Yeah, it's okay. **[The patient's acceptance of somatically experienced ambivalence allowed it to move through and resolve.]**

**Therapist:** Can you say that again to yourself? Just like... **[feeling capacity to bring comfort to self – tending-to rather than dissociating – staying with to allow it to saturate.]** *(Patient: It's okay. Yeah.)* Beautiful. Good job.

**Therapist:** That feeling, it's okay feeling, can that go to every cell in your body?

**Patient:** It's okay. Every cell can echo. It's okay. It's okay. It's okay. Hmm. Okay. Yeah. Okay.

**Therapist:** Yeah, it's seeming like you're like really wanting more and more and more of this feeling...It's Okay...

**Therapist:** Can you describe what's happening?

**Patient:** Yeah. I'm listening to myself say, it's okay. I Imagine myself lying on the beach as an adult. Uh-huh. And that's really okay. Oh. ...Trying to get that feeling here into this body right now. *(Therapist: Wow.)* But, that's like a total letdown. *(Therapist: What do you mean?)* A total...you're on the beach, it's a total letdown. Yeah, yeah. *(Therapist: You're right now in this body. Yeah. It's just like merging into the sand and the sun. (Therapist: Yeah...))* There's nothing like it .There's nothing like it. No trick monster there. **[core state]**

Minutes pass

**Therapist:** You gave that to yourself. Well, you gave it to yourself - and it's there to be had. Allowing yourself to have it. **[affirming self-soothing]**

**Patient:** That feels easier to allow in what nature has to give to you (referring to time on beach), how nature can be loving. Yeah. Yeah, since I can remember. You know, the full moon. I used to run at night when I was training and having that full moon out, I mean, it was so powerful to feel safe I guess. Yeah. But you know the whole pull, the whole pull part of the moon is really the energy and love in it.

**Therapist:** Mm-hmm. Wow, what a beautiful memory. How important for you, how powerful, empowering for you when you were a kid. **[The gift from young parts – through them, the experience of unfiltered, unfettered capacity to merge with the natural world, like my child by the seashore.]**

Patient and therapist encounter continued difficulty with ambivalence toward accepting therapist love and affirmation. 15 or so minutes later...

**Therapist:** Yeah, I mean, let's just kind of, let's be glad for it, because that's, that the parts of you that are having a hard time opening up here with me or receiving from me, right? It's because this is what we're helping. This is the pain, this is the suffering that we're working with directly. Right? it's kind of saying - I'm not all the way all better yet

**Patient:** yeah don't like it

**Therapist:** its saying 'okay don't dismiss me I'm still hurting a bit' I'm not sure if it's talking to you...if it's talking to you in that kind of way...if it could talk to you. Does that make sense to you?

**Patient:** Yeah. It's being so, so accurate.

Minutes later...

**Patient:** Things are starting to feel, I guess, less constricted.  
I mean, working with the constriction

**Therapist:** Is it feeling any kind of anything neutral or good?

**Patient:** Yeah, the good part is I can trust my own instincts about taking care of myself. Like standing up, I kind of knew that that would be good ... and yeah I did that and it felt good and yeah to put things in the moment I guess for something intangible. You know how tangible I am. I need things to be more physical that way yeah remember Yeah, so and I know we've talked about constriction in the throat enough now so that I'm a little more familiar with the feelings And the blocking like I didn't know if it's blocking from out or from within it's clearly from without today anyway I'm sure you know, I don't know if it's equal or not, but You know blocking from within.

**Therapist:** Yeah, you've become an expert read on yourself, right? Your body's talking to you and you're, actually (Patient: that's more what it is)...like you and your body are communicating.

**Patient:** Right, we're communicating. Yeah.

**Therapist:** Okay. So how was this time today?

**Patient:** It was great...Wonderful. You know, it's, it's, uh, any time I can feel, I guess any time I can feel emotion, strong emotions, without, you know, tanking into oblivion, you know, handling the strong emotions, I think is kind of important to me. So, I think I can get to a strong emotion and I can have the strong emotion and I can deal with a strong emotion. **[new capacity]**

### Several months later

This transcript demonstrates the uneven but forward momentum of parts learning to inform the self of fear but allowing the adult self to lead and for therapist and patient care for the frightened part. The fear is still felt by the part but it does not need act on it – rather than a trauma response, she is reaching out to be cared for and protected by self and therapist. Also note that compared to the session above, the patient has very little resistance to receiving.

Session begins with patient becoming overwhelmed with sadness and grief upon witnessing therapist manage barking dogs... she sees what she did not have – a nurturing mother and wishes I had been her mother (a profoundly vulnerable admission).

**Therapist:** Let's just sit here. Let's just sit here with this and let me just add to this that the motherly nurturing feelings come about for me because I really, really, really like you. You know, I just, I really, really admire you. I like you. I have love for you. It's just so easy. It's so easy You're a really cool person. How is it for you to hear me say that?

**Patient:** Well, it's traumatic. It's traumatic. It's traumatic.

**Therapist:** In what kind of way?

**Patient:** It's just hard to take in and believe it...I believe you feel that way....I believe I feel that way. I have to keep reinforcing it....I am cool. I am likable. I am worthy. I am all these things...I am...I am, I am, I am.

**Therapist:** And because you are, the good thing comes. This is what's different. Your trauma is that these wonderful qualities of you brought on something very bad, a terrible betrayal. being desirable was all in a very, very perverse and crazy and disturbing, terrible way. Yeah. But here, I mean, in real life, how things really go. Being appealing brings on good things, brings on, you know?...

**Patient:** Yeah, you feel, all you feel for her is, you know, because she's a kid and, you know, but you think she's a great kid. (Patient: yeah, between my words.)...And she's experiencing in this world a normal response to that Yeah. **[her left brain knowing is now also a felt experience]**

**Patient:** It's joyful to see them kids just be themselves; you know?

**Therapist:** Uh-huh. Yeah. Yeah. And that's what we want for you?

**Patient:** That's what we want for me.

**Therapist:** Just ...without any inhibitions or cautions or...just for you to just be you.

**Patient:** I was thinking, I was thinking when you talk about the good parts of me, and how they were... I gotta say that I guess that really did happen (the abuse). It really did happen and it really wasn't my fault. **[Again, a left-brain knowing becoming a felt experience.** And I guess it also feels good for you, as my mother, to say that. (Therapist: Mm-hmm.) Perverse, disgusting, all the words you said. Yeah. I like that. Yeah, yeah, yeah, you really get it?...You get it...it feels good... **[Patient is not only accepting therapist nurturing and understanding but is also identifying with it increasingly able to give this to her child parts.]**

**Therapist:** Yes. How do you know that it's good? How are you feeling in your gut or in your heart?

**Patient:** Uh... I... I really believe that it wasn't my fault. I really believe that that was just me... And just like the rest of my sisters, we were just kids...We were just kids...Whatever happened, we were just kids.

**Therapist:** That's right.

**Patient:** Just kids, yeah. Kids can't stop that from happening. (Therapist: No. 14-year-olds can't stop that from happening.) Oh, no. No. (Therapist: 16, 17-year-olds can't stop that from happening). No.

**Therapist:** So, I just want to make sure that you're talking on behalf of the eight-year-old too. She really, really knows through and through. It was not her fault. **[the 8-year-old part is this protector of younger abused parts]**

**Patient:** Well, I think so...I think it's a lot easier for the younger parts to get it. All inclusive. Yeah, yeah. I'm not quite sure what that's going to feel like, Yeah, feeling that. I feel like, you know, if we're all sitting on couch in your office, I can witness that and I can feel their feelings. **[feeling their feelings from and empathic sense, rather than feeling consumed by them without differentiation]**

**Therapist:** Yeah, so you have some, maybe the eight-year-old, like maybe some, her expression of discomfort initially is... maybe it's becoming more about needing to hear again and again and again... it's not your fault...it's not your fault ... like she needs that reinforced and repeated a thousand times... and that's okay... (Patient: yeah). We'll...give it to her ten thousand times if she needs it 10,000 thousand times. She can have all that she wants. I don't know if that really landed. **[understanding and affirming the child part's uneven but forward moving development.]**

**Patient:** Yeah, I think so...I think that would, I mean, that seems, yeah, that seems like, well, 10,000 times and to allow it to be 10,000 times... you know allow it to be not today ... yesterday... but the patience I guess involved Yeah. (*very pleased... smiling*)

**Therapist:** Yeah, so do you want to just take a moment and kind of, like, sort of see what you need to end (session)? or how you want to end ? or know what part of this you want to take with you? some part in particular more than anything? and anything else?

**Patient:** Yeah, I think what would be beneficial, I think would be reinforcing is for me to... I was gonna say like write a letter to you as my mother. Is that alright? You think that'd be alright? **[patient is now free to act to feel attachment and love and allow the adaptive action to flow from that]**

**Therapist:** Of course. Of course. I think that's a wonderful idea. (Patient: Alright.) That's a wonderful idea and the feeling while you're writing just stay with it, stay with the feeling of our connection.

### **The case of Jane - core state from newly realized Core Self**

There is something in such moments that is orienting, organizing, and transformational. A paradigm shift (Kuhn, 1970) takes place: There is a reorganization of self based on *felt core self experiencing*, which affects self in both feed-forward and feed-back mechanisms. There is a reinterpretation of everything in light of the new experience: It is this new self, so to speak, that will now define the lens through which self-related processing will proceed from this point forward, including how the past is viewed. (Nadel and Moscovitch, 1997). *Diana Fosha, 2013*

Jane found me in her later years after decades of mistreatment and mis-diagnosis in the psychiatric system. She was diagnosed, variously, with schizophrenia and schizo-affective disorder at a time when the condition of DID was not accepted and certainly not understood. Jane had self-diagnosed years prior to our work and benefitted from few years of therapy with an IFS therapist. At the start of our therapy our communication was primarily through her many dissociated parts. A Core Self was vaguely present but only felt as somewhat of a part and without agency over the complex system of dissociated parts. Years into our therapy, at the time of

this transcript Jane has a felt sense of a coherent core-self. On this latest realignment of her self-organization Jane is compelled her to re-visit her life story from this newly coherent, felt, and viable Core Self. In the session transcript below Jane is in core-state, feeling a coherent core-self. The “felt sense” and “truth sense” (Fosha 2013) of her experience of Core Self is palpable.

This portion of the transcript picks up after Jane is, for the first time, telling me interesting historical facts about her family origins and lineage. The telling is pleasurable, and she is feeling pride.

**Patient:** Well, like cloud is, I feel like I've got this sort of gray cloud around my head a little bit, but also that kind of down in my heart, **[Jane has exquisite tracking skills]** like I have this sense of, well, yeah, there was a lot of complexity about my parents' backgrounds and how they treated me and everything. But I'm having this, maybe it's bed-mother (part) doing this. It's like I have a sense of a crazy quilt. And my mother quilted and did embroidery and all that kind of stuff. On lots of whatever, different kinds of needlework. She was very talented. Her dream had been to be an interior designer. And uh... **[this is one of a few times that Jane had a pleasant memory of her mother, spoken with pride and internalized]**.

**Therapist:** I love that image of a crazy quilt in your heart. That's perfect.

**Patient:** Yeah, all this just sort of kind of popped out of my heart, the sense of the same feeling, It's...I'm hearing myself saying, you can let the cloud come and go because you don't have to figure out your childhood. You don't have to understand dynamics. You don't have to. You can, you can - feel it safely. And you don't have to explain yourself. Yeah.

**Patient:** Yeah, so it's like it's okay. Even clouds change shape. They float in, they float out. They drop water and they feel heavy. Suddenly break up and the sun shines, you know. And that's kind of how I'm feeling. Like my body's like, almost like, I don't know, like, not exactly Mother Earth, but it's like, yeah, there's clouds coming around me and there's all these paths that, yeah.

**Therapist:** *(affirming, encouraging smiles and nods)* **[not much else to do]**

**Patient:** But it's like, you know, I feel more, I think this tapestry feeling is like, well, this is part of what I said I wanted to be a complete human being, whatever that means. That was my Japanese tea ceremony contract with myself. And I'm feeling, and I think I was like, well, this is, you do it, you know, you're experiencing, you're already a complete human being, but it's like you now can experience kind of the warp and the woof and the, I've never been a textile person, but it's like a, talking in terms of looms and, that's what I keep seeing is people that, you know, they push the card down and, you know.

**Therapist:** Right. Yeah, wow. Let's just make some room ... really feel into this feeling. Weaving, crazy quilting.

**Patient:** and the beauty of having a rage, you know. Like I got that kind of with Little A and Little B, you know. Her rage kept us alive and going. **[Reflecting on and re-narrating child part from perspective of resourcefulness rather than only suffering.]** So that's creative, like, wow, I just want to play. **[Jane is enjoying the gifts of creativity from her child parts]**

*(Patient's face seem to literally glow. Her eyes are upward, and her body appears especially strong and relaxed. I can almost see vitality coursing through her.)*

**Therapist:** Oh, look at the energy inside of you right now. I really felt you glowing. Yeah. There's so much vitality surging. Do you feel that?

**Patient:** I do. I do. And feeling it in the sense of not figuring it out, but feeling that life is feeling what's happening and that thoughts come and go from there, but it's like I was thinking about why I like to write poetry. And it was because of the poetry has that sense. You don't have to tell a particular story as much as you could use images, and you can just go.

**Therapist:** You are being poetry right now. You are being poetry. Yes, you...

**Patient:** Well, that's, you know ... to me ... I knew that that's the most important art (the poetry of self) we all have is our life, no matter what we choose to do in our life.

### Conclusion

I am often asked whether my work as a psychotherapist is depressing or draining. Each time, the answer comes easily: it is not. Not when I repeatedly witness the truth of AEDP's ethos—that the intact Core Self is always present, waiting to be seen and nurtured, ready to emerge and flourish in a recognition-rich and sustenance-rich environment. Even when suffering is manifest in the processing of trauma, that suffering becomes an active part of the healing process, offering clues about what the self was denied and what is needed in this co-created therapeutic environment.

When we consider that a flourishing state contributes to the vitality of the environment, which, of course, includes the therapist, it makes sense that healing work is remarkably redemptive, hope-filled, and revitalizing for both therapist and patient. Working glimmer to spark, spark to flourish, and core state to core trait, we rest in the assurance, that, in the words of Nietzsche: “The light of the future casts its glow on the present.”

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