The AEDP Institute presents
its 11th Annual Immersion Course

AEDP
HEALING AT THE EDGE OF
TRANSFORMATIONAL EXPERIENCE

The Dyadic Repair of Attachment Trauma &
The Emergence of the Radiant Self

Diana Fosha, Ph.D.
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The work that follows reflects the collaboration of the members of the AEDP Institute Faculty and community

Diana Fosha, Director
Anne Cooper
Ron Frederick
Kari Gleiser
Jerry Lamagna
Benjamin Lipton
David Mars
Jenna Osiason
Karen Pando-Mars
Natasha Prenn
SueAnne Piliero
Eileen Russell
Steve Shapiro
Barbara Suter
Gil Tunnell
Danny Yeung

& also:
Ken Benau
Shigeru Iwakabe
Elizabeth Lehmann
Colette Linnihan
Heather MacDuffie
Miriam Marsolais
Carrie Ruggierri
et al.
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WELCOME

here we go....
TRANSFORMANCE: The Motive Force of Therapy

"People have a fundamental need for transformation. We are wired for growth and healing. And we are wired for self-righting, and resuming impeded growth. We have a need for the expansion and liberation of the self, the letting down of defensive barriers, and the dismantling of the false self (Ghent, 1990). We are shaped by a deep desire to be known, seen, and recognized (Sander, 1995, 2002) as we strive to come into contact with parts of ourselves that are frozen (Eigen, 1996) ...." (Fosha, 2008, p. 290).

Transformance (Fosha, 2008, 2009) is the term for the overarching motivation for transformation that pulses within us. Wired for transformance, we naturally seek contexts in which we can surrender to our transformance strivings. Transformance drives processes that, in the right environment, eventuate in healing and thriving. AEDP seeks to harness the motive forces of transformance and facilitate therapeutic change. A felt sense of vitality & energy characterizes transformance-based emergent phenomena. These positive vitalizing experiences are also the correlates of a neurochemical environment in the brain that is most conducive to optimal learning, development, and brain growth.

The Forces of Transformance ...

- are always present as dispositional tendencies
- require conditions of safety in order to come to the fore
- are the motivational counterpart of resistance
- are fueled by hope
- power the search for the vitalizing positive affects that characterize all adaptive affective transformational processes
THE CREDO OF AEDP: Fundamental Aspects

"What we are fighting for is that a moment of transformation not be missed"
Eigen, 2002

“…. only connect”
E. M. Forster

"Where something becomes extremely difficult and unbearable, there we also stand already quite near its transformation” R. M. Rilke

- HEALING from the Get-Go: Transformance
- The EXPERIENTIAL METHOD, THE BODY, PHENOMENOLOGY & Moment-to-Moment Tracking
- EMOTION & Other AFFECTIVE CHANGE PROCESSES
- UNDOING ALONENESS
- ATTACHMENT (sprinkled with INTERSUBJECTIVE DELIGHT)
- DYADIC AFFECT REGULATION & The DYADIC COORDINATION OF AFFECTIVE STATES
- POSITIVE AFFECTS, POSITIVE AFFECTIVE INTERACTIONS & POSITIVE EMOTIONAL PROCESSES ASSOCIATED WITH TRANSFORMATIONAL EXPERIENCES
- METAPROCESSING: Self-Related Processing (SRP)
- TRANSFORMATION as a Transformational Process
- EMERGENCE: The Edge of Neuroplasticity
- THE TRANSFORMATIONAL SPIRAL: Energy & Vitality, Energy for Life
THE CREDO OF AEDP: Fundamental Aspects (cont’d)

- HEALING From the Get-Go: Transformance
We are not just bundles of pathology. Lodged deeply in our brains and bodies, there for the awakening and activating in facilitating environments, lie innate, wired-in dispositions for self-healing and self-righting, as well as for core state, a state of calm, flow, ease, clarity, confidence, generosity, and true self being. Healing oriented, rather than psychopathology-based, AEDP privileges these innate motivational tendencies and sees change as involving the activation of naturally occurring, adaptive affective change processes: our aim, guided by the positive markers that identify them, is to entrain them, and harness their healing potential.

- The EXPERIENTIAL METHOD, THE BODY, PHENOMENOLOGY & Moment-to-Moment Tracking
The aim of AEDP treatment is the provision and facilitation of a new healing experience involving a state transformation achieved through the moment-to-moment tracking of bodily-rooted emotional experience in the context of an affect-facilitating, emotionally engaged dyad. The experiential method involves facilitating the patient’s having an experience in which the body must be involved through tracking moment-to-moment fluctuations in the emotional experience of patient, therapist, and dyad. The therapist's choices are guided by the phenomenological guideposts of the transformational process.

- EMOTION & Other AFFECTIVE CHANGE PROCESSES
The accessing, experiencing, and processing to a state transformation somatically based, visceral experienced core affective experiences in the here-and-now of the patient-therapist relationship is the central agent of change in AEDP. The categorical emotions and the stuff of the other affective change processes are wired-in adaptive experiences which, when activated, moment-to-moment tracked, and worked through to transformation, access inner resources and resilience.
THE CREDO OF AEDP: Fundamental Aspects (cont’d)

➢ **UNDOING ALONENESS**
If psychopathology is the result of the patient’s--unwilled and unwanted--aloneness in the face of feared-to-be overwhelming emotion, then key to the AEDP therapeutic experience is the aim of the therapist to undo the patient’s aloneness. The therapist does that through the fundamental “in it together” stance of the AEDP therapist: through the attachment-based relationship and the dyadic affect regulation; through the expression of intersubjective delight and the intersubjective coordination of shared states; through empathy; and through going beyond mirroring and helping.

➢ **ATTACHMENT** (sprinkled with INTERSUBJECTIVE DELIGHT)
We are wired to care. The AEDP therapist aims to facilitate and co-construct a patient-therapist relationship characterized by secure attachment, i.e., one where the patient is never alone with overwhelming emotional experiences. Such a relationship aims to be dyadic, explicitly empathic, affirming, mutual (though asymmetric), affect-regulating, mutually enjoyable, and emotionally engaged. The therapeutic relationship aims to be the secure base from which fear, shame, and distress can be dyadically regulated, and from which the experiential explorations of deep, painful emotional experiences can be risked. The intersubjective dimension harnesses the energy and positive affect of mutual shared states of heart and mind marked by recognition and resonance.

➢ **DYADIC AFFECT REGULATION & The DYADIC COORDINATION of AFFECTIVE STATES:**
When operating optimally, dyadic affect regulation is a 4-phase process involving dyadic states of i. attunement, ii. disruption, iii. repair, and iv. the restoration of coordination at a new level, leading to the emergent phenomena. It results in the expansion of the consciousness of each dyadic partner. Though in the asymmetrical attachment-based relationship, the partner perceived as "older and wiser" is there to help the partner who is perceived as "younger and more vulnerable," in fact both dyadic partners change as a result of the interaction, as does their relationship.
THE CREDO OF AEDP: Fundamental Aspects (cont’d)

- **POSITIVE AFFECTS, POSITIVE AFFECTIVE INTERACTION & POSITIVE EMOTIONAL PROCESSES ASSOCIATED WITH TRANSFORMATIONAL EXPERIENCES**

Positive affects and positive affective interactions are both the constituents and the wired-in affective markers of healing transformational processes and adaptive experiences. Given that the experience of change --change for the better, that is-- feels good and right, and given that positive, resonant, attuned, dyadic interactions have been shown to be the constituents of healthy, secure attachments and the correlates of neurochemical environments that are conducive to optimal brain growth, AEDP is both guided by these moment-to-moment signals and markers, and aims to facilitate their occurrence. By positive affect we do not necessarily mean happy affect, but rather affective experiences that feel “right” or “true.”

- **TRANSFORMATION**

In AEDP, focusing on, affirming, and experientially exploring the experience of transformation, particularly the experience of the transformation of the self in the context of a healing relationship, led to the discovery that the experiential exploration of transformation is in itself an affective change process, a process that releases a cascade of further transformations, and one that has characteristic somatic affective markers, which are invariably positive. The affective markers of transformational experiences are characterized by a felt sense of vitality and energy.

- **METAPROCESSING: The Recognition, Affirmation and Processing of New, Emergent, Positive Transformational Experiences**

The metaprocessing of transformational experiences and of the positive vitality affects invariably associated with them involves the moment-to-moment processing of experiences of healing change, be that change large or small. Metaprocessing emergent transformational experiences, facilitates the integration of therapeutic changes into self (and dyad). Metaprocessing involves alternating – rounds of experience and reflection, that give rise to an upward spiral of new emergent experiences that bring more and more vitality and energy into the system. The metaprocessing of emergent transformational experiences at each rung of the upward spiral cascades into the energy-enriching emotions associated with healing, and culminates in unitive and affiliative, maximally coherent states.
THE CREDO OF AEDP: Fundamental Aspects (cont’d)

➢ EMERGENCE: The Edge of Neuroplasticity
Manifesting neuroplasticity in clinical action, transformance, positive affect, and energy are organically aligned. By focusing recursively both on what is positive and also new and emergent, AEDP’s methodology gives neuroplasticity a hand. For in order to make something new stick, in such a way that it can become integrated into the self, energy, motivation, curiosity, and pleasure are required. They are key for new procedural knowledge to stand a chance against old procedural knowledge and they are what strengthens neuroplasticity and the new synaptic connections to which it gives rise.

➢ THE TRANSFORMATIONAL SPIRAL: Energy & Vitality, Fuel for Life
These positive emotion transformational processes are by their very nature recursive processes, where more begets more. This is not a satiation model or a tension reduction model, but rather an appetitive model. Desire comes in the doing. The more we do something that feels good, the more we want to do more of it. As we exercise our new capacities, they become part and parcel of who we are, new platforms on which to stand and reach for the next level. Thus, recursive cycles of healing transformation and emergent phenomena give rise to new transformational cycles and new phenomena, and those to the new capacities that translate into broadened thought-action repertoires.

Positive emotions provide both the motivation and the fuel for that rewiring, broadening and building what we deem "self" and bringing us full circle -- but on a spiral. For we are not the self, the "me," we started with: in the process of traveling, not only our destination but our point of departure has also changed.
AEDP THERAPEUTIC STANCE:
Presence, Empathy, Affirmation, Delight

The AEDP therapist aims to engage “strategies that are truthful and sensitive to the states of mind of both parties” (Lyons-Ruth, 2006)

- healing is present from the get go: we are wired for healing
- meet the patient with fundamental acceptance, compassion, and kindness
- engagement, accessibility, responsiveness, empathy, affirmation, validation, willingness to accompany and help
- meet experiences with openness and curiosity, as we as phenomenological discernment
- delight in and heighten positive affective experiences associated with resilience, transformance, vitality
- use of the therapist’s affect "dyadic affect regulation of painful and joyful experience" self disclosure, esp. the patient’s impact on the therapist "authenticity, spontaneity ("surprise the unconscious")" delight and pleasure in the patient
- undo the patient’s aloneness in the face of unbearable experience by offering
  - accompaniment
  - empathy, support, validation
  - delight
  - dyadic affect regulation
  - help
  - sharing
  - metaprocessing
SOME AFFECTIVE CHANGE PROCESSES, especially those privileged by AEDP (a non exhaustive list)

- **The Experience and Expression of Categorical Emotions**: processing emotion to a quantum shift (state transformation)

- **Shedding Defenses, Removing Blocks**

- **Explicit Experiential Work with Relational Experience**
  - the *in vivo* here-and-now experience of attachment
  - right-brain-to-right-right experiences (> 30 seconds): gaze, contact, connection
  - receptive affective experiences (attachment, care, empathy, recognition)
  - positive intersubjective experiences: moments of meeting, contact, delight
  - dyadic experiences of resonance
  - repair in the wake of a disruption of attunement and the re-establishment of a coordinated state

- **Undoing Aloneness**

- **The shift from no to yes: flipping the switch**: With digital circuitry when a switch changes from 'no' to 'yes', all circuits downstream have potential to change also. This is rapid electronically. But with feelings, it can be rapid or it can be a gradual cascade.

- **The Empathic Reflection of the Self, the Experience of Recognition and Speaking the Truth: SRP (Panksepp’s self-related processing)**: recognition of experiences uniquely/idosyncratically/precisely salient to self; recognizing aspects of self experience: agency, will, desire, drive.

- **Intra-Relational Work with Ego States**: defense &/or processing work; internal attachment work; explicit focus on processing the moment to moment somatic/affective experience of relatedness to self

- **Somatic Focusing, Experiencing**

- **Metaprocessing transformational experience**: The affirmation of new, emergent, positive transformational experiences through alternating waves of: experience --- reflection on the experience --- new emergent experience --- reflect on *this* new transformational experience ----> ….

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1 Courtesy of Heather MacDuffie, 2012 communication to AEDP Listserve
FEATURES of AFFECTIVE CHANGE PROCESSES

- operate moment to moment
- operate in quantum leaps, through transformations of state
- “change happens in a heartbeat”
- need to be processed through to completion: “Nothing that feels bad is ever the last step” (Gendlin, 1981)
- result in “small acts of triumph” (Pierre Janet)

The Need to Exercise the New Capacity and Expand Its Range

“...just as motivational systems lead to the emergence of new capacities and functions, so too do new capacities beget new motivational derivatives in an ever more complex developmental spiral.... The acquisition of a new capability is itself a perturbation that destabilizes the existing state of motivational organization. To the extent that the use of the new capacity provides pleasure and satisfaction, diminishes pain or distress, and, in some way, enhances survival, there will, barring inhibitory circumstances, emerge a new need to execute and develop the capacity. Functional capacities acquire a new feature—the need to exercise that capacity and expand its range” (Ghent, 2002).

"Having begun to feel, people's desire to feel grew."(from "History of love" by Nicole Krauss, p. 107).

"Many tastes we think 'natural' are acquired through learning and become 'second nature' to us. We are unable to distinguish our 'second nature' from our 'original nature' because our neuroplastic brains, once rewired, develop a new nature, every bit as biological as our original" (Doidge, 2007, p. 102).
A STUDY of ONE AFFECTIVE CHANGE PROCESS:

The MOMENT-to-MOMENT DYADIC REGULATION of AFFECTIVE STATES LEADS to the EXPANSION of DYADIC STATES of CONSCIOUSNESS:

The Role of Affect in the Construction of Dyadic Relatedness & The Role of the Relationship in the Regulation of Affect

- The sequence of attunement, disruption and repair is the moment-to-moment process by which the mutual coordination of affective states operates. It leads to the expansion of dyadic states of consciousness, the process by which both members of the dyad change and grow.
  - Positive affects mark the coordinated state
  - Negative affects mark the disruption of coordination
  - The coordinated state has profound motivational properties; it is the state the dyad strives to achieve and maintain its disruption motivates the dyad’s reparative efforts

- Operational definition of good-enough:
  - In sync 30% of the time

- Reparative tendencies of both dyadic partners are crucial
  - Caregiver initiated repair (leading)
  - Baby initiated repair (following)
  - Caregiver responsiveness to baby’s reparative initiatives (responding)

- The principal difference between optimal and pathogenic dyads is in how disruptions and the negative affects associated with them are handled:
  - In optimal dyads, disruptions motivate reparative efforts. Disruptive experiences get metabolized while maintaining relational connection
  - In pathogenic dyads, disruptions lead to disconnection, withdrawal, aloneness and the failure to metabolize intense affective experience
  - Optimal dyads coordinate engagement, disengagement and re-engagement.
A STUDY of ONE AFFECTIVE CHANGE PROCESS:
DYADIC EXPERIENCES of AFFECTIVE RESONANCE

Euphoria Co-Opted To Serve The Organism's Adaptive Aims

The maintenance of positive affective states associated with dyadic experiences of affective resonance has been shown to be crucial to optimal neurobiological development. "The baby’s brain is not only affected by these interactions, its growth literally requires brain-brain interactions and occurs in the context of a positive relationship between mother and infant" (Schore, 1996, p. 62). These positive affects of resonance create a neurochemical environment highly conducive to new learning in which optimal brain development occurs: “The mother’s face is triggering high levels of endogenous opiates in the child’s growing brain. These endorphins … act directly on subcortical reward centers of the infant’s brain” (Schore, 1996, p. 63). The child is motivated to enter into such a “reciprocal reward system” because “euphoric states are perhaps the most appetitively compelling experiences available to life forms as so far evolved” (Schwartz, 1990, p. 125, quoted in Schore, 1996, p. 62).

A Positively Amplifying Circuit Mutually Affirming Both Partners:

In physics, a property of resonance is sympathetic vibration which is the tendency of one resonance system to enlarge and augment its activity through matching the resonance frequency pattern of another resonance system. In the mutually synchronized attunement of emotionally driven facial expression, prosodic vocalization and kinesic behavior, the dyad co-constructs a mutual regulatory system of arousal that contains a "positively amplifying circuit mutually affirming both partners" (Schore in Lewis & Granic, 2000).
INTERPERSONAL NEUROBIOLOGY: NEUROPLASTICITY

"The brain ... is not an inanimate vessel that we fill; rather it is more like a living creature with an appetite, one that can grow and change itself with proper nourishment and exercise" (Doidge, 2007, p. 47).

“The power to direct our attention has the power to shape the brain’s firing patterns, as well as the power to shape the architecture of the brain itself” (Siegel, 2010).

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

**Neuroplasticity** – capacity for creating new neural connections and growing new neurons in response to experience

*Experience = Neural Firing*

(which in turn leads to the production of proteins that enable new connections to be made among neurons)

**Conditions that promote neuroplasticity**

- focused attention (activates the nucleus basalis, which secretes acetylcholine, which strengthens synaptic connections)
- emotional arousal: need to work at the edge: safe but not too safe
- novelty (also stimulates growth of new neurons)
- repetition, practice of new experiences, skills
- motivation: when an organism is motivated to learn (drive to explore), the brain responds plastically
- pleasure/reward dopamine and acetylcholine consolidate the changes just made) – manifested in positive affect and positive affective markers
AEDP in ONE (LONG) SENTENCE – Take 1

(Thank you, Danny Yeung!):

With and through the emotionally engaged presence of an attachment based therapist, who delights in and supports the patient, AEDP catalyzes a psychobiological state transformation through the moment-to-moment tracking of and optimal responding to the patient’s core affective/somatic experience, which when dyadically regulated, worked through to completion, and with transformational moments metaprocessed, eventually leads to self-compassion and a coherent and cohesive autobiographical narrative, in the here-and-now.

AEDP in ONE (PITHY) PARAGRAPH

(Thank you, Colette Linnihan!):

Eye contact and moment-to-moment tracking of emotion and body sensation activates the attachment system, a system with its origins based on survival and therefore with the force of considerable engagement and motivation. AEDP directs that motivation toward the recognition, elaboration, and then, realization of the self-at-best. Today’s brain research supports the central premise of AEDP: a positive, responsive, safe relationship produces chemicals and hormones which enhance the development of higher brain function and the regulation of emotions and stress. The plasticity of the brain coupled with the power of a positive relationship are ideas supported with research that have tremendous implications which AEDP fully recognizes and applies to not only help but transform lives.
AEDP in Another (LONG) SENTENCE – Take 2

(from yours truly)

Through the transformational process that AEDP seeks to engage, previously overwhelming and feared-to-be-unbearable emotions and affective/somatic experiences that, when unprocessed, are energy draining, through dyadically regulating them, processing them through to a state transformation (from feeling bad to feeling good), and then metaprocessing the transformational experience that thus results, organically morph into energy-enriching emotions and somatic/affective experiences and processes that support resilience, creativity, flow and that wonderful state when phenomena have a mind of their own.

Thus the transformational journey and the transformational arc from ……

- suffering to flourishing,
- trauma to transcendence,
- resignation to vitality
- shame to awe
AEDP 101

"The patient needs to have an experience, a new experience. And that experience should be to be good. From the first moment of the first contact, and throughout the treatment thereafter, the aim and method of AEDP is the provision and facilitation of such experiences" (Fosha, 2002).

"The unit of intervention is not the therapist's comment, but the therapist's comment and the patient's response. What matters is the patient's experience of the intervention and her/his subsequent response ... The only thing that matters is that the shifts in the patient's moment-to-moment experience be dynamically processed and empathically used to inform the therapist's next intervention" (Fosha, 2000, p. 214).

Some AEDP Practice Guidelines

- be a transformance detective, on the lookout for glimmers of it
- promote patient safety, and therapist risk-taking
- undo the patient's aloneness in the face of overwhelming emotional experience
- notice, stay with, unpack
- make the implicit explicit, and make the explicit experiential. And thus turbocharge neuroplasticity
- entrain the self-at-best to work with self-at-worst experiences
- nothing that feels bad is ever the last step: process to completion (always accompanied by positive affective/somatic markers)
- work to promote the patient's felt sense of existing in the heart and mind of the other, i.e., in your heart and mind
AEDP Stance …

- healing is present from the get go: we are wired for healing
- meet the patient with fundamental acceptance
- undo the patient’s aloneness in the face of unbearable overwhelming experience by offering accompaniment, dyadic affect regulation, and help
- delight and heighten positive experiences associated with resilience, transormance, vitality
- explicit empathy

What We Privilege, What We Track …

- glimmers of transormance: we are transormance detectives
- glimmers of resilience
- glimmers of (any of the constituents of) secure attachment and all the affective experiences associated with it: kindness, support, being with, helping, accepting, validating
- glimmers of transformation/healing
- receptive experiences associated with attachment, care, empathy
- positive affects associated with change for the better
- organic resourcing (privileging resources individual already has that emerge organically)
- emergent experience out of the gestalt of all that’s there

AEDP Dicta … (T-shirts?)

- Make the implicit explicit, and the explicit experiential. ’
- Make the implicit explicit, the explicit experiential, the experiential relational and the relational transformational. And then… metaprocess everything. And thus turbo-charge neuroplasticity
- Going beyond mirroring
- Work with the self-at-worst with the accompaniment of the self-at-best
- Work to promote the patient’s experience of existing in the ♥ and mind of the other
- Stay with it* and stay with me: (30 sec. needed for new synaptic connection)
- Lift emergent new positive experience out of the gestalt
- Messy is good if recognition/repair is then contingent, precise
- it’s been there all along
ASPECTS OF ATTACHMENT THROUGH THE LENS OF AFFECT

1. Building Safety & Supporting Exploration

The Three Behavioral Systems of Attachment (Bowlby) & Their Affective Markers (Fosha)

- **Attachment**: the safety feeling, receptive affective experiences
- **Caregiving**: care and empathy in response to distress; wanting to help
- **Exploration**: exuberance, curiosity and joy

2. The Dyadic Affect Regulation of Emotions

The Internal Working Model (Bowlby) & The Intergenerational Transmission of Affective Competence (Fosha)

- **Feeling and dealing (while relating)**: Secure attachment
- **Not feeling, but dealing**: Insecure, Avoidant/Dismissive Type
- **Feeling (and reeling) but not dealing**: Insecure, Ambivalent/Pre-Occupied Type
- **Not feeling and not dealing**: Disorganized attachment

3. Metaprocessing & Integration

The Reflective Self Function (Fonagy), the Construction of a Coherent and Cohesive Autobiographical Narrative (Main) & The Metaprocessing of Emotional Experience in the Context of the Dyad (Fosha)

- Existing in the heart and mind of the other as oneself
- The processing of receptive affective experiences: feeling seen, feeling understood, feeling felt
1. BUILDING SAFETY & SUPPORTING EXPLORATION
The Three Behavioral Systems of Attachment (Bowlby) and Their Affective Markers (Fosha)

“The urge to keep proximity or accessibility to someone seen as stronger or wiser, and who if responsive is deeply loved, comes to be recognized as an integral part of human nature and as having a vital role to play in life”
(Bowlby, 1991, p. 293)

- Attachment is the antidote to fear
- The function of attachment figure is to function as a secure base and to provide protection against danger of the more vulnerable organism by the attachment figure, i.e., “someone perceived as older and wiser.”
- Connection with an accessible and responsive figure is key to security of attachment, which is the antidote to fear and unwanted aloneness in the face of overwhelming emotional experiences.
- Seeking and maintaining contact is a primary motivation.
- Unwilled and unwanted aloneness – isolation – is traumatizing.

According to Bowlby, there are three behavioral systems that constitute the construct “attachment” which apply to the attachment dyad:

- the ATTACHMENT BEHAVIORAL SYSTEM (vulnerable member)
- the CAREGIVING BEHAVIORAL SYSTEM (caregiving member), and
- the EXPLORATORY BEHAVIORAL SYSTEM (vulnerable member).

Two of these systems, the attachment and exploratory behavioral systems, describe the behaviors – and affects (DF) – of the vulnerable member of the pair; one of these systems, the caregiving system, describe the behaviors – and affects (DF) – of the caregiver.
1. BUILDING SAFETY & SUPPORTING EXPLORATION
The Three Behavioral Systems of Attachment (Bowlby) and Their Affective Markers (Fosha) (cont’d)

1. THE ATTACHMENT BEHAVIORAL SYSTEM -- cued/activated by fear
★ Affective marker: distress when activated
★ Affective marker: safety feeling when quiescent: receptive affective experiences of feeling taken care of, nurtured etc
  • Adaptive action tendency: crying, proximity seeking, evoking care, expressing distress
  • Adaptive function: wired to seek care to survive

2. THE CAREGIVING BEHAVIORAL SYSTEM -- cued/activated by the activation of attachment system – the fear and distress—of the immature organism. Thus responsiveness to distress is essential.
★ Affective marker: caring, wanting to help (adaptive action tendency
  • Adaptive action tendency: wanting to help, comfort
  • Adaptive function: wired to care

  the emotions of caretaking: I want be there; I’ll hang in there for as long as it takes; I want to hold the pain of the other person

The caregiving system is cued by the activation of the attachment

3. EXPLORATORY
★ Affective marker: exuberance, curiosity and joy
  • Adaptive action tendency: explore
  • Adaptive function: wired to learn and grow

Secure attachment promotes an expanded range of exploration. The greater the security of attachment, the wider the range of exploration and the more exuberant the exploratory drive (i.e., the higher the threshold before novelty turns into anxiety and fear).
2. THE DYADIC REGULATION of INTENSE EMOTIONS
The Internal Working Model (Bowlby) and the Intergenerational Transmission of Affective Competence (Fosha)

“Many of the most intense emotions arise during the formation, the maintenance, the disruption, and the renewal of attachment relationships. . . . Because such emotions are usually a reflection of the state of a person’s affectional bonds, the psychology and psychopathology of emotion is found to be in large part the psychology and psychopathology of affectional bonds”(Bowlby, 1980).

"... [A]ffect regulation is not just the reduction of affective intensity, the dampening of negative emotion. It also involves an amplification, the intensification of positive emotion, a condition necessary for more complex self-organization. Attachment is not just the re-establishment of security after a dysregulating experience and a stressful negative state, it is also the interactive amplification of positive affects, as in play states. Regulated affective interactions with a familiar, predictable caregiver create not only a sense of safety, but also a positively charged curiosity that fuels the burgeoning self's exploration of novel socioemotional and physical environments (refs). This ability is a marker of adaptive infant mental health" (Schore, 2001, p. 21).

- The aim of attachment is the regulation of intense emotional experience and the simultaneous maintenance of dyadic connection. The dyad’s affect regulatory strategies become internalized in the individual’s affect regulatory strategies. Defensive exclusion: In order to preserve the attachment bond, the child will exclude from coordination those mental contents that dysregulate her/his caregiver. Thus, defense mechanisms are instituted to compensate for caregiving lapses
- The moment-to-moment dyadic regulation of (a) vitality affects through psychobiological state attunement (mediated through right-brain to right-brain communication), and of (b) the categorical emotions characteristic of heightened moments of stress and distress (i.e., experiences originating subcortically) is the mechanism through which attachments are formed.

- Feeling and dealing (while relating) – secure attachment
- Not feeling, but dealing – insecure, avoidant
- Feeling (and reeling), but not dealing – insecure, resistant
- Not feeling and not dealing – disorganized attachment
3. METAPROCESSING & INTEGRATION

The Reflective Self Function (Fonagy), the Construction of a Coherent and Cohesive Autobiographical Narrative (Main) & The Metaprocessing of Emotional Experience in the Context of the Dyad (Fosha)

“. . . [A] child may be said to be secure in relation to a caregiver to the extent that, on the basis of his or her experience, he or she can make an assumption that his or her mental state will be appropriately reflected on and responded to accurately” (Fonagy et al., 1991).

“The roots of resilience and the capacity to withstand emotionally aversive situations without resorting to defensive exclusion are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned, and self-possessed other” (Fosha, 2000).

- The processing of receptive affective experiences of feeling seen, feeling understood, feeling felt, feeling loved
- Existing in the heart and mind of the other as oneself
- In core state, constructing a coherent and cohesive autobiographical narrative