

CONDITIONS FOR METATHERAPEUTIC PROCESSING:

The True Other

An other becomes a True Other when s/he is so experienced by the experiencer. On those occasions when one person can respond to another in just the right way, s/he becomes experienced *for that moment* as a True Other.

- The True Other is the relational counterpart of the True Self
- The True Other has nothing to do with perfection: it has to do with responsiveness to need
- The True Other is an experiential construct: it refers to a *moment* of “true other” experiencing
- The True Other promotes the emergence of True Self experiencing

Receptive Affective Experiences

Receptive affective experiences of transformation form the substrate for metatherapeutic processes that will be discussed. Fundamental to metatherapeutic processing is awareness of how the self registers the transformational experience via receptive affective experiences; these usually operate and register in terms of sensations.

For example, the experience of safety and care is registered in sensations of warmth and relaxation; whereas, big, discontinuous, sudden and unexpected change is registered by the self in a series of somatic sensations that constitute "*the healing vortex*," eg., oscillations, vibrations, currents, streamings, temperature swings, shivers, etc. that register the self's experience of the disruption of quantum transformation.

METATHERAPEUTIC PROCESSES,¹ and their Transformational Affects

AFFECTIVE MASTERY: The Mastery Affects

- ★ The undoing of fear and the emergence of joy, curiosity, confidence
- ★ The undoing of shame and the emergence of pride and pleasure in the expansive, competent self

MOURNING-the-SELF: Emotional Pain

- ★ Emotional pain is grief for the self, a painful but liberating experience of compassion for the self.

TRAVERSING the CRISIS of HEALING CHANGE: The Tremulous Affects

- ★ Fear/excitement; startle/surprise
- ★ Threat & withdrawal vs. novelty & curiosity & interest & exploration
- ★ Positive vulnerability
- ★ The healing vortex of transformation: vibrations, oscillations, reverberations, energy shifts, shivers, tremblings

THE AFFIRMING RECOGNITION of TRANSFORMATION of the SELF: The Healing Affects

- ★ Feeling "moved", "touched," and "emotional" within the self;
- ★ Love and gratitude toward the other

TAKING IN the NEW UNDERSTANDING: The Realization Affects

- ★ "Yes!:" the recognition of the new and of the unthought, yet known; "the click" of recognition
- ★ "Wow::" amazement, wonder, awe, at the emerging realization of the change

¹ *Metatherapeutic processing*, or *metaprocessing* for short, is a quintessential contribution of AEDP, stemming from the discovery that focusing on the experience of transformation itself unleashes a transformational process, through which changes are consolidated, deepened and expanded. It is here that we encounter recursive transformational phenomena, the cascading phenomena of transformation.

The Tremulous Affects

“The ... tumultuous emotions associated with the crisis of change” (W. James, 1902)

The *tremulous affects* arise in response to the crisis of healing change: they emerge in the wake of receptive affective experiences which register the suddenness and magnitude of the change. The tremulous affects have the self almost literally shaking with vulnerability. For the *tremulous affects*, following dis-recognition and the registering of difference, the transformation is experienced as a disruption. Yet, fear/excitement, startle/surprise, curiosity/interest, even a feeling of positive vulnerability, can be maintained during the emergent explorations with the support and holding of the therapeutic relationship. Security of attachment allows transference strivings to triumph over resistance in the face of novelty, thus keeping excitement from turning into fear, and surprise not turning into shock. Thus, curiosity can inform exploration, without fear necessitating constriction and withdrawal.

Phenomenology

- Vulnerable, uncertain
- Open
- At a loss, shaken to the core
- Fear, positive fear

Somatic Markers

- Head to one side (dyadic head tilt)
- Trembling, shaking
- Tentative language, halting speech, 'I don't know's, little false starts

The Healing Affects

".... and thinking at the same time of the cruel night I had spent, of the place where i had been the day before, [and now] of all the coincidences favorable to me, I felt something take hold of my soul, which rose up..., exciting the wellsprings of gratitude, moving me with such extraordinary force that my tears rushed in an abundant stream to soothe my heart, choked with excessive joy; I sobbed and wept like a child" (Casanova, *Histoire de ma vie*, in Flem, 1997, pp. 66-67).

The *healing affects* emerge in the wake of receptive affective experiences of recognition. For the *healing affects*, following the "click" of recognition, transformation is experienced as deeply welcome, and fundamentally affirming of the self and its goodness.

Phenomenology

- pleasurable
- shimmering, willed vulnerability
- open, a sense of wonder
- tender, sweet, innocent
- quality of simplicity, sweetness, poignancy
- contrast: tears of joy by comparison with previous suffering

Somatic Markers

- eyes wide open, filled with light
- tears that are not tears of sadness or fear
- gaze up
- shaking voice associated with trying to contain emotion
- quality of simplicity, sweetness, poignancy
- a sense of "upwelling," a "surge," feeling uplifted"

CORE STATE and its Affective Marker, the Truth Sense

"... a unifying state of mind:moral enthusiasm, ontological wonder, cosmic emotion, are all unifying states of mind, in which the sand and grit of selfhood incline to disappear and tenderness to rule.... There is thus an organic affinity between joyousness and tenderness " (James, 1902, p. 279)

"The opposite of a correct statement is a false statement. But the opposite of a profound truth may well be another profound truth." - Neils Bohr

Phenomenology

- altered state: openness and contact
- no anxiety, fear, shame or guilt; no defenses
- experience is deeply felt, unequivocal
- effortless focus and concentration
- self-attunement and other-receptivity easily co-exist
- simple, declarative language, e.g., "this is good," "this is me"
- calm, flow, openness, vitality, relaxation, ease, and clarity
- in contact with emotional truth
- in contact with one's True Self
- the recognition of the Self and its Truth

Core State Experiences

- flow, ease and relaxation
- joy
- assurance, confidence
- compassion and self-compassion
- generosity
- clarity
- wisdom
- perspective
- capacity for a coherent and cohesive autobiographical narrative

THE AMBITIOUS AIM OF AEDP AS A TRANSFORMATIONAL PRACTICE: NOT ONLY SURVIVAL, BUT ALSO THRIVAL.

AEDP, THROUGH METAPROCESSING, SEEKS TO REDRESS THE EVOLUTIONARY BIAS TOWARD THE NEGATIVE

IN AEDP, we are REDRESS THE EVOLUTIONARY TILT TOWARD THE NEGATIVE THROUGH METAPROCESSING, OR DYADIC MINDFULNESS & EXPERIENTIAL EXPLORATION OF THERAPEUTIC EXPERIENCES, JOINTLY CO-CREATED: In the current zeitgeist, every where we go, we hear about the importance of privileging positive, creative experiences (e.g., mindfulness, resilience, immunology, well-being, longevity). But we also know that the brain has a negativity tilt because of our evolutionary history. Our brains and bodies are captured by the negative emotions much more so than by the positive emotions. Metatherapeutic processing is a way of re-dressing that evolutionary balance, by making the positive experiences of healing, the therapeutic experiences, the focus of our joint dyadic therapeutic attention. AND once they are the objects of our attention, making them the focus on experiential exploration so as to turbo-charge neuroplasticity

So AEDP brings as an object of DYADIC MINDFULNESS, the EXPERIENCE OF HEALING TRANSFORMATION and the DYADIC EXPERIENCE (and through experiential exploration of both internal and relational aspects of the experience), brings neuroplasticity and the non-finite spirals of the transformational process to the realm of relational and transformational experiences.

**THE TRANSFORMATIONAL SPIRAL:
Non-Linear, Non-Finite, Emergent Positive Affective Phenomena
with a Mind of their Own**

Recognition, Vitality, Delight, Truth, Pleasure:

The Emergent Phenomenology of the Transformation of the Self

"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).

The processing of transformational experience is like a spiral. Each new experience, once explored, becomes the platform for the next round of exploration. **Each new reaching becomes a platform for the next reaching.** This spiraling enlarges the sphere of experience within the context of a safe attachment, allowing ever expanding exploration. The transformational spiral set in motion by the metaprocessing of transformational experience yields expanding **energy and vitality**, now available to the individual. As a result, new thoughts, choices, and, most important, **new capacities arise spontaneously and lead to new pursuits and experiences, which, accompanied by positive affect, bring more energy into the system and recharge the spiral yet again.**

The motivations that emerge from the dynamic features of the transformational process itself give rise to **phenomena that are felt by the experiencer to rise unbidden, as if possessed of a mind of their own.**

Via the dialectic of emotion and recognition, the yields of the transformational process fuel the transference strivings of the organism with vitality, energy and the accessing of resources needed for the energetic pursuit of life, and for growth, learning, and flourishing.

THE TRANSFORMATIONAL SPIRAL (cont'd)

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 (Fosha, 2009, *The Healing Power of Emotion*, Chap. 7)

HEALING ATTACHMENT TRAUMA in AEDP

Affective Change Processes Involving Relational Experience

- **Explicit, Experiential Work with the Experience of Attachment:**
processing and working through, i.e., State 2 work, of attachment experience (adaptive and maladaptive aspects)
- **Experiential Work with Receptive Experiences** (empathy, attachment, care, recognition, transformation)
- **Experiential Work with Moments of Positive Relational Experiences:**
moments of: meeting, soothing, seeing, understanding, helping, intersubjective contact, delight, repair, recognition
- **The Experience of the Dyadic Coordination of Affective States:**
relational experiences of attunement, disruption and repair; and re-coordination
- **Undoing Aloneness**
- **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
- **Experiential Work with and the Affirmation of New, Emergent, Positive Transformational Experiences: Metaprocessing Transformational Experiences**
Alternating waves of experience, with reflection on the experience, and the experience of the reflections leading to new emergent experience; then repeat the same process with new experience emerging from the transformational processing. There are many different aspects of transformational experience which are metaprocessed. Here I list some relational aspects of transformational experience and their metaprocessing (non-exhaustive list):
 - what is it like to do this with me?
 - what is it like to do this together?
 - “we”ness exploration

WORKING WITH ATTACHMENT TRAUMA

VARIETIES OF RELATIONAL WORK in AEDP

Differential Phenomenology & Function

THERAPEUTIC STANCE: Presence, Empathy, Affirmation, Delight, Helping

- presence, emotional engagement, accessibility,
- contingent responsiveness to & recognition of the patient
- explicit empathy, validation
- affirmation: “wow!” and then metaprocess
- privilege new emergent positive relational experiences
- recognition: “I see you”
- counteract patient’s aloneness in the face of overwhelming emotion
- active help
- following and leading
- fearlessness, and then metaprocess
- use of the therapist’s affect
 - self disclosure, esp. the patient’s impact on the therapist
 - authenticity, spontaneity (“surprise the unconscious”)
 - delight and pleasure in the patient

INTERSUBJECTIVE WORK: The Provision and Facilitation of New Healing Relational Experiences

- attunement, right brain to right brain interaction
- delighting in the patient
- processing the receptive experience of being delighted in
- dyadic affect regulation of shared positive emotions and staying with spiraling and amplifying positive experiences
- the experience of “we” and of “we”ness

WORKING WITH ATTACHMENT TRAUMA VARIETIES OF RELATIONAL WORK in AEDP Differential Phenomenology & Function (cont'd)

ATTACHMENT WORK: Affect Regulation and the Processing of Emotional Experience to Completion

- create safety so as to promote exploration (i.e., emotion processing work)
- attunement, right brain to right brain interaction
- dyadic affect regulation of dysregulated emotions
- undoing aloneness in the face of overwhelming emotions

EXPERIENTIAL WORK WITH THE *EXPERIENCE* OF ATTACHMENT:² Processing Attachment *Experiences*

- explicit & experiential work with the in vivo here-and-now *experience* of attachment (adaptive and maladaptive aspects)
- explicit work with the receptive aspects of attachment: taking in care, help, support; feeling seen, understood, cared about

TRANSFORMATIONAL WORK with Attachment & Other New Positive Relational Experiences

- be on the look-out for emerging new relational experience
- articulate the edge of emergent experience (not just following: leading through articulation): stay for 30 sec or more
- explicit & experiential work with emergent new relational *experiences*
- therapist's explicit declarations of empathy, affirmation, delight, appreciation of the patient and metaprocessing them
- therapist's self-disclosure and its impact on the patient: work to increase capacity for intimacy and closeness
- therapist's articulation of patient's impact on the therapist

² Here, attachment is worked with experientially as a content of experience to be experientially processed, similar to work with any other content for experiential work, e.g., the experience of categorical emotions, the experience of different ego-states etc

The AEDP MAP: Aims, Stance, Ethos

Aims

- ^a Create safety
- ^a Entrain, support and amplify transference strivings
- ^a Moment-to-moment tracking of experience
- ^a Psychobiological state attunement
- ^a Drop down til felt sense and somatic experience are entrained
- ^a Process to completion -- until state transformation, i.e., positive affects and adaptive action tendencies are released
- ^a Foster and explore experiences of transformation
- ^a Acknowledge, explore, celebrate and integrate new, emergent, positive, transference-informed experiences

Stance: Equal parts asymmetric attachment (antidote to fear) and symmetric intersubjectivity (antidote to shame)

Attachment (safety, care, dyadic affect regulation esp. of negative, stressful affects, stress-regulation)

§ aim for being "stronger, wiser, bigger, and kind"

§ dyadic affect regulation: have patient not be alone with intense emotional experience; own & repair lapses in being "stronger, wiser, bigger, and kind;" be on the lookout for patient repair initiatives

§ be explicit about patient not being alone

§ lead and follow

Intersubjectivity (mutual pleasure based connection, liking, companionship, play, curiosity, exploration, positive affects)

§ affect sharing: "we're in this together, and we're enjoying it"

§ companionship, shared goals, interests,

§ explicit about positive affects of pleasure/delight in the patient and of shared experience

Non-Specific Aspects of Stance; Ethos of AEDP Work

- ∅ Care, holding. Emotional engagement
- ∅ Help-- willingness to help, stated explicitly
- ∅ Transparency, explicitness, authenticity
- ∅ Promote patient safety and therapist *mindful* risk-taking
- ∅ Let the phenomenology of the transformational process guide interventions; Know the phenomenology of different types of affective experience (categorical emotions, defensive affect, pathogenic affects, transformational markers, receptive affective experiences, core state)
- ∅ Focus on what the patient *can* do and does well (notice it, reflect it, ask about it, deepen it), and not on what the patient can't do
- ∅ "This is what I did, and this is what happened:" notice what works, explore it, do it again: learn from it

The AEDP MAP: Guide to Interventions

Entrainment of (the Motive Forces of) Transformance

- Ø Welcome
- Ø Focus on, and recognition/affirmation of positive and new aspects of experience
- Ø Articulate, emotionally appreciate and take pleasure in adaptive, transformance-based aspects of the person - and then process her/his reaction to it

Dyadic Affect Regulation Interventions

- Ø Presence, emotional engagement, accessibility, responsiveness
- Ø Speak right brain language
 - § slow pace, soft and/or low voice
 - § lots of non-verbal noises, hmmmms, etc
 - § evocative, image-laden language
 - § simple words, young words (e.g., belly, instead of stomach)
 - § short sentences
- Ø Non-verbal resonance
 - § head nods, oscillating, postural matching
 - § sentence bridging
 - § noises, hums, hmms etc
- Ø Empathy, affirmation, validation
- Ø Create and explore experience of safety
- Ø Explicit statements of care, concern, compassion
- Ø Explicit statements of being with the patient, that patient is not alone
- Ø "We" statements
- Ø Ask permission
- Ø Use of the therapist's affect
 - § compassion
 - § delight and pleasure in the patient
 - § authenticity, spontaneity ("surprise the unconscious")
 - § self disclosure, especially of (but not only) the patient's impact on the therapist
- Ø Awareness of attunement, disruption, repair sequences
- Ø Explicit offers of help in the face of intense experiences
- Ø Own lapses
- Ø Value repair
- Ø Be a detective for patient's repair initiatives: engage them, respond to them, support them, value them

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Experiential Language for AEDP Interventions

- Ø Speak right brain language
 - § slow pace, soft and/or low voice
 - § lots of non-verbal noises, hmmmms, etc
 - § evocative, image-laden language
 - § simple words, young words (e.g., belly, instead of stomach)
 - § short sentences
- Ø Non-verbal resonance
 - § head nods, oscillating, postural matching
 - § sentence bridging
 - § noises, hums, hmms etc
- Ø Experiential language (from Natasha Prenn)
 - § uh huh / mmmm / ya / yeah / uh-uh
 - § can we stay here?
 - § Can we stop and slow it down here together?
 - § Would it be okay if we looked at this together/slowed it down here?
 - § Stay with me...
 - § Can we be here with this together? for a little longer...?
 - § What do you see in my eyes? If you look at me..?
 - § How are you taking me in?
 - § How here with me do you feel?
 - § Can you share it with me?
 - § Can we...together?
 - § Can you look at me? What do you see when you look at me?
 - § What do you imagine I am feeling/thinking?
 - § I am moved/touched
 - § This makes me so x,y,z (angry, sad, scared, outraged) on your behalf
 - § You are doing such a good job...
 - § You are feeling so much...
 - § I see a lot close to the surface here.
 - § I appreciate your tears/work/smile.....
 - § You are so x here...
 - § I love how your are x in this
 - § You are telling me a lot
 - § I am moved by all you are sharing...
 - § I so appreciate all you are doing...
 - § What are you experiencing in your body/physically?
 - § What do you notice inside?
 - § What's coming up?
 - § A lot of feeling here/So much here/A lot of feeling here...
 - § Something shifted...

Experiential Language for AEDP Interventions (cont'd)

- § There are a lot of feelings/There is pain here...
- § I see tears/mmm...tears/A lot of tears...
- § A big sigh/smile...
- § What do you notice in the moment/in this moment?
- § Are you feeling it now? You are feeling it now...
- § What are your hands saying?
- § You are making a strong gesture?
- § What is in your body? What does your foot want to do?
- § What's it like? What's that like? Uh uh and what is that like?
- § Is there more?
- § Tell me more/say more
- § and what is that like?
- § Keep going...There is more...
- § This is big!
- § This is huge
- § This is important
- § Wow!
- § What would you want to say or do
- § You are having a reaction to my saying that...
- § Can we put that to the side (just for a few minutes) and stay here...

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Relational Interventions (see also Fosha, 2000, Chap. 10, p. 219-243; see also p. 215-217)

- Ø Make the Non-Specific Factors of Treatment Treatment Specific
 - § explicit support, affirmation, care, compassion
 - § explicit expression of empathy
 - § explicit offering of help, of "let's do it together"
 - § recognition and validation of self-empathy and self-care
 - § recognition and validation of adaptive healthy strivings and achievements
- Ø Facilitate patient-therapist relational experience, and of self-in-relationship experience
 - § moment-to-moment tracking§explicit relational exploration
- Ø Collaborative work with patient
 - § reciprocal monitoring of non-verbal communication
 - § comparing views
 - § recognizing and making use of patient's expertise
- Ø Expression of therapist's affective experience
 - § affective self disclosure
 - § self disclosure
 - § own lapses, errors
 - § receptiveness to patient giving, generosity
 - § acknowledgement of patient's impact on the therapist
- Ø Promote intimacy and closeness through little-step-by-little-step attunement sharing
 - § share in the patient's moment-to-moment experience
 - § explore reactions to therapeutic intimacy
- Ø Metaprocess, i.e., experientially explore, response to and experience of affective/relational experience, of affective/relational interactions and interventions, and of self-in-relationship experience

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Restructuring Interventions (see also Fosha, 2000, Chapter 11, p. 245-270; also p. 215-217)

- Ø Track fluctuations in openness/closeness vs. defensiveness/distance

TOP OF THE TRIANGLE OF EXPERIENCE WORK

- Ø Work with defenses
 - § bypassing defenses as if not there
 - § temporary disengagement: put defense "to the side"
 - § identification and clear labeling of defenses
 - § nickname defenses (pithy labels)
 - § appreciative reframing § empathize with need for defenses (in the past)
 - § validate survival value of defense
 - § cost benefit analysis
 - § mourning the relinquishing of defenses and defense-based functioning

- Ø Work with Red Signal Affects - Anxiety
 - § grounding
 - § exploration of physical concomitants of anxiety
 - § explore cognitive, experiential and fantasied aspects of anxiety: what is s/he afraid of? what is s/he afraid will happen?
 - § finding meaning and making sense of anxiety
 - § reframe through accurate labeling, education
 - § remove pressure and acknowledge patient's hard work

- Ø Work with Red Signal Affects - Shame
 - § grounding
 - § empathy - lots and lots
 - § affirmation, valuing of the individual and importance of relationship for the therapist
 - § promote self-acceptance
 - § encourage that compassion and curiosity replace judgment

- Ø Work with Green Signal Affects
 - § be a green signal affect detective
 - § know the phenomenology of the green signal affects

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Restructuring Interventions (see also Fosha, 2000, Chapter 11, p. 245-270; also p. 215-217)

SELF-OTHER-EMOTION TRIANGLE WORK

- Ø Work with the Self-Other-Emotion Triangle: tracking positive and negative aspects of emotional experience within self-other matrix
 - § coming to understand how self, other, emotion are related
 - § coming to understand conditions (self, other, self-other, environmental) that promote self-at-best
 - § coming to understand conditions (self, other, self-other, environmental) that trigger self-at-worst

TRIANGLE OF COMPARISONS WORK

- Ø Work with the Triangle of Comparisons: Emergent vs. repeating patterns of interaction; transformance vs. resistance patterns
 - § compare relational patterns, painful and affirming
 - § sensitize patient to repetitions of patterns
 - § sensitize patient to new patterns and departures from repetitions
 - § explore role of both self and other in interpersonal patterns

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Interventions for Work with the Pathogenic Affects and the Unbearable States of Aloneness

Guiding principles:

(i) do what you need to do to be as present as possible, i.e., take care of yourself as best you can (ii) be active and mindful; (iii) be real (iv) notice what works and build on that; (v) notice what doesn't work and how you feel (vi) improvise; (vii) just hang in there

- ∅ Resonance, empathy, intersubjectivity: the right brain to right brain resonance of two psyches, two bodies moving toward psychobiological state attunement --"interpersonal resonance within an intersubjective field triggers an amplification of state" (Schoore, 2009), and thus helps undo dissociation
 - § use resonance, mirroring when you want to amplify the patient's experience
 - § do NOT use resonance, mirroring if the state patient is in is one that is unbearable to patient and patient is not in self, in collaborative stance

- ∅ Dyadic Affect Regulation, or Relational regulation interventions (right and left brain)
 - § an attachment dialogue
 - § undo aloneness: be with
 - § empathy
 - § self-disclosure (another way of being with and undoing aloneness)
 - § affirmation, valuing of the individual and importance of relationship to the therapist
 - § promote self-acceptance (in light of specific negative self rep)
 - § invite patient into collaboration, be open to patient initiative
 - § ask patient what s/he needs
 - § make use of therapist emotional response to patient, especially shame-based responses that have been disallowed, in interventions aiming to make explicit the unsaid aspects of what's happening in the dyad

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Interventions for Work with the Pathogenic Affects and the Unbearable States of Aloneness (cont'd)

- ∅ Affect Regulation, non-dyadic
 - §somatic
 - §mindfulness
 - §intra-relational
- ∅ Somatic, grounding and/or cognitive activities aimed at increasing patient's access to being present in the here-and-now, and to adaptive experience
 - § entrain somatic resources, e.g., grounding, breathing
 - § entrain the left brain and the prefrontal cortex (entrain cognitive resources) in reflective, larger perspective interventions, particularly those addressing meaning, perspective, larger context
- ∅ Intra-relational, self-self, mindfulness interventions
 - § intra-relational attachment work
 - § intra-relational compassion, mindfulness
 - § parts work with overwhelmed, despairing, unbearably alone part
- ∅ Make room and honor self-regulation
- ∅ Foster compassion and curiosity toward self to replace judgment

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Affective/Experiential Interventions: Affect-Facilitating, Processing & Working Through to Completion Emotion and Core Affective Experience (see Fosha, 2000, Chap. 12, p. 271-295; also p. 215-127)

- Ø Name and acknowledge affective experience
- Ø Focus on bodily rooted correlates of emotional experience
- Ø Promote felt sense and somatically rooted experience of emotion
- Ø Affect restructuring
 - § experience and expression
 - § feeling and dealing
- Ø Mirroring
 - § mirroring affect
 - § affective resonance
 - § anticipatory mirroring
- Ø Facilitate genuine affective experience
 - § direct moment-to-moment tracking of affect
 - § translate patient's language into a language of feelings
 - § "staying with" emotional experience
 - § encourage that patient tolerate, with help, deepening of emotional experience
- Ø Amplify submerged affect
- Ø Personalize somatic experience & getting it to speak ("I notice your right foot bouncing. what does it want to say?")
- Ø Portrayals: imagined interactions and processing their dynamic/relational/experiential correlates to completion
 - portrayal to complete interrupted emotion sequence (grief, rage)
 - portrayal to complete interrupted action sequence (fight, flight; repair)
 - internal dialogue portrayal
 - impulse, affect, and desensitization portrayals
 - reparative portrayals
- Ø Up-regulate (intensify, deepen) with affect (right brain language)
- Ø Down-regulate (calm, soothe) with
 - grounding language
 - description, explanation (left brain language)
 - reflection: PFC comments

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Some Somatic Interventions (A small sampling)

- Ø Moment-to-moment tracking of fluctuations in somatic experience
- Ø Moment-to-moment tracking of fluctuations in what one perceives of the other's somatic experience, as expressed in body language and para-verbal aspects of communication
- Ø Exploring felt sense
 - § sensation
 - § emotion, receptive and expressive
 - § sense into forward, progressive tendencies
- Ø Personalizing somatic experience & getting it to speak ("I notice your right foot is bouncing. what does it want to say?")
- Ø Mirroring & amplifying somatic and action/movement elements

Some Intra-relational Interventions (A small sampling) (see Lamagna & Gleiser, 2007)

- Ø work to articulate features and experience of an ego state (part)
- Ø work to process experience of that particular ego state (part)
- Ø work to promote relatedness, i.e., "dyadic affect regulation, intersubjective resonance and secure attachment", between different ego states (parts)

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Integrative, Metaprocessing Interventions

- Ø Give words to experience until there is a click of recognition (reflection, bottom-up language)
- Ø Explore experience of newly named experiences (experiential deepening)
- Ø Become attuned to the phenomenological difference between intellectualized language (defense) and experientially grounded, integrative, reflective speaking -support the latter
- Ø Speak the language of the prefrontal cortex
 - § clear, direct voice
 - § yet, evocative, image-laden language
 - § simple words, direct language
 - § short sentences
- Ø Platforming
 - § Put into words what has just happened
 - § Ask patient to reflect on what has just happened
- Ø Metaprocessing
 - § Shift from experience to mindfulness about experience
 - § Alternate between experience and reflection
- Ø Metatherapeutic processing of transformational experience: Traveling down the spiral
 - § Focus on the *experience* of transformation
 - § What is it like to complete experience
 - § What is it like to do this? How do you feel about you?
 - § What is it like for you to do this with me?
 - § Focus on new aspects of experience (hold patient through it when very new and very different)
 - § Promote, explore, and affirm the experience of transformation
- Ø Attend to experiences of "this feels right"
- Ø The new coherent and cohesive autobiographical narrative
 - § Witness (and/or participate) and encourage emergence of narrative
 - § Reflect and resonate
- Ø Core state
 - § Witness, encourage, acknowledge, share, celebrate, honor
 - § Reflect and resonate

AEDP: Safety, Experience, Affirmation, Integration

1. Establish Safety and Undo Aloneness

- presence, empathy, affirmation, validation, valuing
- active use of the therapist's affect
- engagement, readiness to help
- willingness to bear and share painful emotion
- delight and pleasure in the patient

2. Facilitate and Process Emotional Experience

- work moment-to-moment, tracking affect and relatedness
- dyadic affect regulation of intense emotional states
- counteract the patient's aloneness
- work to minimize defensive exclusion
- alleviate inhibiting impact of pathogenic fear and shame
- facilitate and process core affective experiences involving emotion, relatedness, the body, the self and transformation
- work to completion, until adaptive action tendencies released

3. Affirm Transformation and Process Healing Affects

- affirm and process the experience of
 - the transformation of the self
 - being transformed with the help of another, i.e., feeling seen, understood, and helped by another
 - transformation itself
- affirm and process the experience of the healing affects
 - feeling moved and emotional within the self
 - feeling gratitude and love toward the other

4. Promote and Foster Reflection and Integration

- elaborate core state
- foster the construction of a coherent and cohesive autobiographical narrative
- foster the development of self-compassion and compassion

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