

EMOTION, TRUE SELF, TRUE OTHER, CORE STATE: Toward a Clinical Theory of Affective Change Process[i]

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"Which end is nearer to God, if I may use religious metaphor, beauty and hope, or the fundamental laws? I think that the right way of course, is to say that what we have to look at is the whole structural interconnection of the thing; and that all the sciences, and not just the sciences but all the efforts of intellectual kinds, are an endeavor to see the connections of the hierarchies, to connect beauty to history, to connect man's history to man's psychology, man's psychology to the working of the brain, the brain to the neural impulse, the neural impulse to the chemistry, and so forth, up and down, both ways. And today we cannot, and it is no use believing that we can, draw carefully a line all the way from one end of this thing to the other, because we have only just begun to see that there is this relative hierarchy. And I do not think either end is nearer to God" (Feynman, quoted in Edelman, 1992, emphases added).

"Human emotion is not just about sexual pleasures or fear of snakes. It is also about the horror of witnessing suffering and the satisfaction of seeing justice served; about our delight at the sensuous smile of Jeanne Moreau or the thick beauty of words and ideas in Shakespeare's verse; about the world weary voice of Fischer-Dieskau singing Bach's Ich habe genug and the simultaneously earthly and otherworldly phrasing of Maria Joao Pires playing any Mozart, any Schubert; and about the harmony that Einstein sought in the structure of an equation." (Damasio, 1999, p. 35-6)

Aiming toward developing a *change-based* metatherapeutics, i.e., a metapsychology of how and why what is therapeutic about therapy operates, this paper follows an arc where a psychoevolutionary perspective at one end and aesthetics, spirituality, and the quest for personal truth at the other are shown to be seamlessly linked through the bodily rooted experience of emotion processed to completion. This arc is created by exploring how affective experiences associated with the operation of biologically-based wired-in emotional and relational processes naturally culminate in deeply therapeutic experiences of aliveness, hope, faith, clarity, agency, simplicity, compassion, truth, self, and beauty I might add. Accessing processes mediated low down in our mammalian brain, we become able to soar to the greatest heights and plumb the greatest depths.

This paper's version of "the whole structural interconnection of the thing", "up and down, both ways" (see Feynman quote above), results from a focus on both *the process* and *the experience* of healing

transformation, and the phenomena encountered when moment-to-moment we track and process to completion the individual's experience of intense emotional experiences, only to then keep on going on to moment-to-moment track and process the experience of transformation itself. Through the experiential processing of the affective experiences associated with attachment and emotion, processes shaped by aeons of evolution through survival-honed adaptation, there unfolds a series of *cascading transformations*, where the focus on the experience of transformation of the self at the end of one affective wave becomes a transformational experience in its own right, triggering the onset of yet another wave of emotional experience, and so on, until we arrive at the affective phenomena that underlie some of our highest strivings: aesthetics, the search for the fundamental laws, spirituality, along with the quest for the authentic self and its truth. Only to begin again, faced with some new environmental challenge.

In the Prologue, we see how the focus on the phenomena and mechanisms of change leads us to the centrality of affective change processes, bodily rooted emotional experiences dyadically regulated within an affirming relationship. Introducing the notion of a state transformation, the invariant features (3 states and 2 state transformations) of affective change processes are described, as are the positive affects that are the somatic markers of such transformational processes. The next three parts discuss in greater detail some aspects of the affective change process. Part I explores two affective change processes, *the experience and expression of categorical emotion*, and *the dyadic regulation of affective states*, and looks at how their paradigmatic affective experiences function to produce therapeutic change. Part II is devoted to a third affective change process, *the affirmation of the self, including its transformation*, where the experiential focus is on the experience of transformation itself. Two key constructs are introduced in this section: the *True Other*, the relational counterpart of the True Self, and *the healing affects*, a phenomenologically distinct set of affects which are the somatic markers of the self's experience of transformational processes at work. Part III focuses on *core state*, the experiential culmination of all affective change processes, and its affective marker, *the truth sense*. The paper ends with a section called *Out There Musings*. There, I offer some riffs on what affective change fundamentally seeks to facilitate in us through bringing to the individual's experiential fore experiences flagged by the truth sense, the felt belief in the fundamental truthfulness of experience.

PROLOGUE: TOWARD A METAPSYCHOLOGY OF THERAPEUTICS

Traditional psychoanalytic theory has been unequalled in the depth of understanding it provides into the phenomena of and mechanisms by which psychopathology develops and is maintained. However, this depth of understanding of pathology has not been matched by a depth of understanding of the phenomena and dynamics of healing. The psychoanalytic metapsychology of therapeutic change, such as it is, has traditionally been wedded to processes of pathology. As a model of change rooted in pathology it focuses more sharply on how and why people don't change (or get worse), than on how and why people get better.

A model of therapy needs at its essence to be a model of change (Fosha, 2000, 2002). This metapsychology of the therapeutic process should not be derivative --a poor cousin-- of the theory of psychopathology, but function as a strong explanatory framework in its own right. My goal here is to begin to articulate a transformation-based, healing-oriented metapsychology of therapeutics.

AEDP (Accelerated Experiential Dynamic Psychotherapy) --a model that integrates experiential and relational elements within an affect-centered psychodynamic framework, and places *the somatic*

experience of affect in relationship and *its dyadic regulation* at the center of how it clinically aims to bring about change (Fosha, 2000)-- roots its understanding of how therapy works firmly in *transformational studies* (Fosha, 2004; Fosha & Yeung, *in press*), fields of endeavor devoted to investigating naturally-occurring progressive transformational processes that operate powerfully, often rapidly and dramatically, yielding substantive changes that are often lasting. The evidence from transformational studies (see below) points to affective processes experienced within the context of an affirming relationship as being central in such quantum transformations.^[ii] How to systematically activate these affective change processes in treatment so that their transformational powers can be harnessed to actively foster therapeutic change has guided the development of AEDP and has led to its being fundamentally healing-oriented in its theory, metatherapeutics, and clinical practice, and experiential in its technique. And it is precisely this rootedness in transformational studies rather than in pathology-based theories that distinguishes AEDP from other psychodynamic approaches, short- and long-term.

Transformational Studies. Several bodies of theory and research have proved useful in helping conceptually restructure traditional psychodynamics into an affect-in-relationship-centered model that can account for the therapeutic phenomena that emerge upon the application of AEDP, and other experientially-focused treatments.

---- **Emotion theory** and **affective neuroscience** (Damasio, 1994, 1999; Darwin, 1872; Davidson et al., 2000; Ekman, 1984, 1992; LeDoux, 1996; Panksepp, 1998; Tomkins 1962, 1963) offer an account of change intrinsic to the experience of the *categorical emotions*, universal phenomena initiating in the subcortical regions of the human brain (Damasio, 1999), characterized by specific neurophysiological, face and body signatures, and by *the state transformations* and *adaptive action tendencies* released upon their full, complete, somatically-based experience and expression;

• **Attachment theory** (Bowlby, 1988, 1991; Fonagy et al. 1995; Hesse & Main, 1999, 2000; Hesse et al., 2003; Main 1995) and **the work of clinical developmentalists on moment-to-moment mother-infant interaction** (Beebe & Lachmann, 1994; Emde, 1988; Stern, 1985; Trevarthen, 1993; Trevarthen & Aitken, 1994; Tronick, 1989, 1998) document how optimal development and life-long resilient functioning have their roots in child-caregiver dyadic processes, highlighting the moment-to-moment processes by which infants and caregivers mutually regulate affective states and achieve safety and resonance despite vicissitudes of attachment, self states, and relatedness; furthermore, such experiences of attunement and affective coordination achieved through dyadic affect regulation, mediated through right-brain to right brain communication (Trevarthen, 1993) lead to state transformations (Tronick, 2002) and promote brains states and functions conducive to optimal learning and growth (Schore, 1996, 2003; Siegel, 1999, 2003);

• **Somatic focused** and **emotion-focused experiential traditions** (Gendlin, 1981, 1996; Greenberg & Paivio, 1997; Greenberg et al., 1993; Levine, 1997; Perls, 1969; Rothschild, 2000; Safran & Greenberg, 1991) have documented how the psyche is transformed through the simple shifting of focus *away from* in-the-head cognition and *toward* moment-to-moment in-the-body sensing and feeling, ("lose your head and come to your senses"), a process which restores access to the wisdom of the body, and releases natural healing processes rooted in the body's basic adaptive strivings and self-righting tendencies. (see also Emde, 1988, on wired-in self-righting tendencies);

• **The exploration of the natural history of profound change experiences in adults** around

experiences of *heightened affect* (Beebe & Lachmann, 1994), in the contexts of *romantic love* (Person, 1988), *spirituality* and *religious conversion* (William James, 1902), *moments of meeting* through authentic dialogues (Buber, 1965), *emotional surrender* (Ghent, 1990), and *spontaneous shared experiences of repairing disruptions* in development and therapy (Stern et al., 1998) has revealed processes by which intense, sudden, undefended, and *surprising* emotional experiences can lead to lasting, even life-long, transformations.

The Centrality of Affective Change Processes and the State Transformations They Engender. These fields offer ample empirical evidence of some of the mechanisms through which *naturally-occurring affective change processes* involving emotion, relatedness, and the body, lead to rapid, deep and long-lasting change. These changes processes (1) operate moment-to-moment; (2) have clear-cut affective markers, which are invariably positive; and (3) operate through *discontinuous* transformations of state, where the new state is characterized by greater access to emotional resources, and thus, higher adaptive functioning. These affective change processes thus operate in quantum leaps, rather than in a gradual and cumulative fashion. They also require that the individual have an experience, a *felt sense* of their occurrence, for their full power to be entrained. It is not enough that these processes operate procedurally and implicitly. It is crucial that the individual both to experience them and know that he has experienced them.

"There is a distinct physical sensation of change, which you recognize once you experienced it... When people have this even once, they no longer helplessly wonder for years whether they are changing or not. Now they can be their own judges of that" (Gendlin, 1981, p. 7)

AEDP seeks to harness the power of these natural affective change processes to effect therapeutic results (Fosha, 2002, 2004; Fosha & Yeung, *in press*) through its stance, the experiential method, and its healing centered orientation.

The notion of a *state transformation* is fundamental to the change process AEDP seeks to entrain. Different emotional states are characterized by different organizations of arousal, attention, motivation, affect, cognition, and communication, for the principles by which these psychological functions operate differ from one state to another. For instance, different organizing principles underlie the neurophysiological and psychological functioning characteristic of sleeping vs. waking states, or of states of relaxation vs. states of trauma-induced shock. A "state transformation" refers to a change which is neither gradual nor graded, but rather involves a quantum leap; there is a qualitative change to an altogether different organization, which is discontinuous with the one that preceded it. Deep and direct emotional experiencing activates such a *state transformation*: the body landscape and the concomitant psychic functions are organized according to a different principles than in the preceding state, in which emotional experience was filtered through defensive processes, or infiltrated by inhibiting affects, such as fear or shame. It is not just that the individual is feeling more: in this new affectively-organized state, body physiology, information-processing, affect, memory, cognition, and communication, as well as subjective self-experience, are organized in an altogether different fashion that turns out to be optimally conducive to effective therapeutic work. The work proceeds differently, and better, than it does in states in which emotional experiencing is not in the visceral foreground or is actively blocked off.

Two state transformations are key mutative agents in AEDP and central components of its theory of change: (i) *the state transformation leading to the visceral experience of core affective phenomena within an emotionally engaged therapeutic dyad*, and (ii) *the subsequent state transformation wherein*

adaptive resources, resilience, and mindful understanding experienced as emotional truth are accessed and become available to the individual.

Positive Affects as Somatic Markers of the Process of Change. A direct consequence of the conceptual focus on change and the study of change processes, and of the experiential technical focus on the *experience* of change, is the appreciation of the crucial role of positive affects in the therapeutic process (Fosha, 2004), an area of experience often neglected or only minimally discussed. Since much of what has to be renegotiated in the course of treatment are difficult, painful experiences, at times of unbearable proportions, treatment is commonly assumed to, of necessity, focus on the bad stuff; positive affective experiences are seen as the outcome of therapy, but not inherent in and integral to the moment-to-moment processes of therapy. While there is no denying that the in-depth exploration of painful overwhelming matters is often excruciating, the study of the features of processes of change has alerted us to previously ignored or misinterpreted phenomena: positive affective experiences are part and parcel of the *moment-to-moment process* of transforming the suffering associated with pathological conditions. By positive, I do not mean that the individual is necessarily happy; he may or may not be. What I do mean is that he feels good, in that what he is experiencing feels right. And the sense of things feeling right culminates experiences informed by the truth sense, the affective/aesthetic marker of core state, the state on the other side of the second state transformation. Positive affects are the invariant markers of healing transformational processes and of core state, and are critical to the process of therapeutic change. Moment-to-moment they mark transformational processes headed in a healing direction.

The Three States and Two State Transformations That Characterize the Arc of Emotional Experiences Tracked Moment-to-Moment and Processed to Completion. The unfolding phenomenology characteristic of all affective change processes, experientially tracked and worked through to completion, involves *three states*, and *two state transformations*. It is these state transformations the AEDP therapist seeks to bring about from the initial moments of the first therapeutic encounter and, from then on, moment-to-moment throughout the entire course of the therapy (Fosha & Yeung, *in press*1).

The 1st state transformation: from defense (State 1) to core affect (State 2). When interventions aimed to counteract defenses, anxiety and shame are effective, there is a breakthrough of core affect. *The shift from defense dominated functioning (State 1) to the full visceral experience of a specific core affective phenomenon (State 2) constitutes the first state transformation.* The state that occurs under the aegis of direct and visceral core affective experience is *discontinuous* with the defense-dominated state that preceded it. Technically, this involves bypassing defenses, and counteracting the inhibiting impact of functionally pathogenic affects, such as fear and shame. With defensiveness, fear, and shame no longer prominent clinically, phenomena characteristic of the affective change processes can come to the experiential fore (Fosha, 2000; Fosha & Slowiaczek, 1997) where they can be tracked moment-to-moment and worked through to completion (Fosha, 2002, 2003, 2004).

State 2: Core affect. When the individual is in deep contact with core affect, there is deep access to experiences that are crucial to adaptation; characteristic processing is right-brain mediated (i.e., largely sensorimotor, image-dominated, visceral, non-linear, etc., Siegel, 1999); and there is also much greater access to previously unavailable material, a phenomenon referred to in the experiential STDP literature as "unlocking the unconscious" (Davanloo, 1990). Core affect can be regarded as the royal road to the unconscious, unlocking previously inaccessible feelings, thoughts, memories, and fantasies related to the very roots of the patient's pathology (Fosha, 2002). Core affective experience is crucial to the actualization of the fundamental psychoanalytic agenda of uncovering the unconscious, i.e., it gives us -

-patient and therapist-- direct rapid access to the raw materials required for a thorough working through.

The 2nd state transformation: from **core affect** (State 2) to **core state** (State 3). The full visceral experience of each core affect, and there are many (Fosha, 2002), processed through to completion, results in the release of adaptive action tendencies specific to each process. Affective somatic markers flag these adaptive action tendencies, and these markers are invariably positive (Fosha, 2004). *The completion* of the full wave of visceral experience of core affects, followed by affirming and processing the patient's *experience* of having accessed adaptive action tendencies and *experience* of transformation, sets the stage for the activation of yet another state, the *core state*. Sometimes this happens spontaneously; at other times it happens as a result of the therapist's asking the patient to focus in on how he feels here and now, in the wake of the completion of a cycle of core affective experiencing. *The shift from core affect* (State 2) to *core state* (State 3) *represents the second state transformation*. And core state is itself discontinuous and reflects a quantum transformation from the core affect state which preceded it.

State 3: Core state. In this new state, referred to as *core state*, experiencing is marked by the truth sense: mindful and open, the individual feels in deep contact with the truth of his own subjective experience and has a heightened sense of authenticity and vitality; quite often, so does the therapist. In the core state, relaxation, vitality, ease, clarity and well-being predominate. Intense, rapid, and mutative therapeutic work readily takes place. The therapy goes faster, deeper, better, as healing, transformational opportunities are intrinsic to, inherent within, and the very *definitum* of, core state (Fosha, 2002, 2003).

How core affect (State 2) and core state (State 3) differ. Images might help elucidate the difference between *core affect* and *core state*. Core affect, or core emotion, is like a spotlight, intensely illuminating a previously obscured segment of the emotional landscape that now requires --indeed, even demands--our intently focused attention. In contradistinction, in core state, our view opens up: the entirety of the emotional landscape is visible, and it is evenly illuminated. Instead of intensity and focus, there is calm, breadth and perspective. Differently put, core affect is the telephoto lens of emotional experiencing, whereas core state is the wide angle lens.

A clinical example illustrates the difference between *core affect* and *core state*: In working with a patient whose presenting problem involved a pervasive sense of confusion and anxiety-driven inhibitions in major areas of her life, experientially focusing on some current avoidance led to memories, visual and somatic, of an earlier trauma. The patient became deeply immersed in the terror and grief associated with an accident she had been involved in when she was a teenager. The full experience of terror and grief (core affects) associated with the accident was followed by the visceral experience of rage (another core affect) at her parents for dismissing her distress in their eagerness to restore the appearance of normality. The full experience of grief, terror, and rage together with a supportive other (the therapist), led the patient to access yet another state: In core state, *with a great deal of feeling and emotional conviction*, she articulated her newly emergent understanding: the events that led to the accident, the accident itself, and its aftermath, were a microcosm of a lifetime of parental neglect and of a childhood where a "road map" was always lacking. Freely and meaningfully roaming between past and present, the patient was able to articulate with startling clarity --startling because in such marked contrast to the confusion she had come in with-- her life-long emotional experience of helplessness and self-mistrust, making sense of her current difficulties and putting them in perspective (core state). Furthermore, she was able to do so with greater self-empathy than she had ever been able to muster toward herself prior to this work (core state). Though pained by the recognition, she also felt liberated: she knew she was

articulating the truth of her emotional experience.

Therapeutic consolidation and integration. Access to core affective phenomena provides the conditions necessary for thorough therapeutic exploration and working through, and leads to the release of the enormous healing potential residing within these experiences. A state in which affective and cognitive processes are seamlessly integrated, [iii] the core state which follows the experience of core affect is optimally suited for the therapeutic integration and consolidation that translate deep in-session changes into lasting therapeutic results. Because experiences are marked by the sense of personal truth, and because calm prevails, it is in core state that the patient's *reflective self function* (Fonagy et al., 1995) can be put to use to construct *a cohesive and coherent autobiographical narrative* (Main, 2001). Probably a capacity centrally mediated by the prefrontal cortex, and the orbitofrontal cortex, the ultimate neuro-integrators of the meaning of personal experience (Schore, 2003; Siegel, 2003), the capacity to construct *a cohesive and coherent autobiographical narrative* turns out to be the hallmark of secure attachment and the most robust predictor of resilience and secure attachment in the next generation (Hesse & Main, 1999, 2000; Hesse et al., 2003; Main, 2001).

PART I: TWO AFFECTIVE CHANGE PROCESSES AND THEIR AFFECTIVE MARKERS

"Unfortunately, the negative bias permeates much of our therapeutic work with parents and infants where bad exchanges get a lot of attention and positive ones often go unnoticed. Perhaps a similar bias permeates adult therapeutic work as well. It is a bias we need to purge" (Tronick, 2003, p. 16-17).

Clinical writing on technique, a fortiori in the world of the experiential STDPs (e.g., Davanloo, 1990; McCullough et al., 2003), has usually addressed (a) how to achieve the 1st state transformation, the transition from State 1 to State 2 (i.e., how to systematically bypass defenses and alleviate anxiety so as to as rapidly as possible get access to core affective experience), and (b) how to best work with State 2 material, (i.e., , how to deepen the visceral experience of the core affect so as to enhance the depth and thoroughness of the working through). However, in this section we start with an examination of the State 2 phenomena and processes characteristic of two different affective change processes. Then, in Part II, my focus will be on the 2nd state transformation, and the nature of the affective phenomena that accompany it, and in Part III, exploring and conceptualizing State 3, core state, and the therapeutic healing potential of its characteristic phenomena.

Let's look at what fully accessing and fully processing somatically-based affective experience looks like in two affective change processes, (1) *the experience and expression of categorical emotion*, and (2) *the dyadic regulation of affective states*. [iv] This section is devoted to exploring the mechanisms of therapeutic action specific to each of these two affective change processes, for different affective change processes have different mechanisms of action and yield different results. While these processes, as well as other affective change processes, can, and often do, operate simultaneously, only one will be in the *experiential* forefront at any specific moment for any specific individual.

1. The Experience and Expression of Categorical Emotion and the Emergence of Clarity and Agency, i.e., the Release of Adaptive Action Tendencies.

"Emotion, as the word indicates, is about movement, about externalized behavior, about certain orchestrations of reactions to a given cause, within a given environment" (Damasio, 1994, p. 70).

Emotion theory and now affective neuroscience teach us that emotions are crucial vehicles for adaptation (Damasio, 1994, 1999; Darwin, 1872; Davidson et al., 2000; Ekman, 1992; LeDoux, 1996; Panksepp, 1998; Tomkins 1962, 1963). Categorical emotions include fear, anger, sadness, joy, or disgust. They are deep-rooted bodily responses with their own specific physiology and arousal pattern. Each categorical emotion is characterized by a "*distinctive biological signature.*" Anger or rage, for instance, goes with the physiological profile of preparing one for fight; "[b]lood flows to the hands, making it easier to grasp a weapon or strike at a foe; heart rate increases, and a rush of hormones such as adrenaline generates a pulse of energy strong enough for vigorous action" (Goleman, 1995, p. 6). While the neural localizations of the categorical emotions is current work in progress (Adolphs et al., 2000; Davidson et al., 2000), these are experiences generated in the deep subcortical regions of the brain (Damasio, 1999).

Emotions are crucial vehicles for adaptation (Damasio, 1994; Darwin, 1872; Fosha, 2000; Greenberg & Paivio, 1997; Lazarus, 1991; Tomkins, 1962, 1963). Being aware of, in touch with, and able to express emotions help individuals access biologically adaptive information that can assist them in negotiating life. Emotions convey information about the individual's appraisal of the environment, focus attention on what is most important to him, and thus motivate actions (in self) and responses (in others). Mediating interactions between self and environment, emotions are sources of information and personal meaning, and underlie experiences of authenticity and liveliness. For Darwin (1872), as for Bowlby (1991), the most important function of emotional expression is communication. Through emotions, we are able to communicate to ourselves and to others that which is of importance. Grotstein (2004, p. 1081) speaks of them as "beacons of truth in regard to the acceptance of reality."

The capacity to have the full visceral experience of emotion in the absence of defenses and anxiety or shame, reflects a state transformation. By focusing on the sensations of the body, through this somatic deepening, a positive transformational process is activated. In the new state, the individual has visceral access to precisely that which defenses had previously rendered off limits, that is, both previously unconscious material and previously unavailable emotional resources. The patient's full absorption in a highly precise and specific experience of a particular core emotion is a magnet for a complex constellation of feelings, memories, perceptions, sensations, and self-other representations, and unlocks experiential access to all the previously unconscious material organized around the emotion. It also releases the *adaptive action tendencies* associated with that emotion. "Each emotion offers a distinctive readiness to act; each points us in a direction that has worked well to handle the recurrent challenges of human life" (Goleman, 1995, p. 4). The adaptive action tendencies released by the visceral experience of categorical emotion give the individual access to new resources, renewed energy and an adaptive repertoire of behaviors. Even when the categorical emotion is itself negative and/or painful, as in the case of anger or grief, the adaptive action tendencies that come to the fore upon its completion generate a state which is experientially highly positive. For instance, the adaptive action tendencies that become entrained as a result of fully experienced anger often include a sense of empowerment and an assertiveness rooted in the rediscovery of psychic strength, self-worth, and affective competence; the adaptive action tendencies released by fully experienced grief include clarity, perspective, sometimes wisdom and acceptance, and often a new affirmative embrace of life.

"The irony is that the life-threatening events prehistoric people routinely faced molded our modern nervous system to respond powerfully and fully when we perceive our survival threatened. To this day, when we exercise this natural capacity, we feel exhilarated and alive, powerful, expanded, full of energy and ready to take on any challenge. *Being threatened engages our deepest resources and allows us to experience our fullest potential as human beings.* In turn, our emotional and physical well-being is

enhanced" (Levine, 1997, pp. 42-43; emphasis added).

The individual's new responses reflect his access to new emotional information—about the self, the other, and the situation—that was not accessible to him prior to the full experience of the emotion. This access creates clarity and entrains a sense of agency previously lacking when emotional resources were devoted to warding off emotional experiences feared to be overwhelming and unbearable: the individual is able to act on his own behalf.

2. The Dyadic Regulation of Affective States and the Relational Affects Marking the Achievement of Mutual Coordination.

"*And I'm lookin' for a woman whose head's messed up like mine*" (Bob Dylan, 1985)

As with emotion, adaptation is a central concept in understanding the function of dyadic affect regulation and its operation as an affective change process. Research on attachment powerfully shows that secure attachment is associated with optimal functioning (e.g., Main, 1995) and that the mechanism by which attachment is formed involves the dyadic regulation and coordination of affective states (Fosha, 2000; Schore, 1996; Trevarthen & Aitken, 1994).

Securely attached and optimally adapted individuals emerge from a relationship within which all the child's emotions are met by the caregiver's openness, responsiveness and willingness to help (Cassidy, 1994). In such dyads, the emergence of strong affects, including that of the categorical emotions described above (Fosha, 2003), does not fundamentally disrupt the relational bond; to the contrary, affects deepen and enhance it. Over time, the affect regulating strategies of the dyad become internalized in the affect-regulating strategies of the individual –for good or bad (Fosha, 2001). However, I wish to emphasize that dyadic affect regulation is a process that is central, not only in infancy, but from the cradle to the grave, *a fortiori* when we are faced with (categorical) emotions of such intensity that they overwhelm us, in the moment seeming beyond the capacity of our available resources to handle (i.e., that being the definition of trauma). While we tend to focus on how this process of attunement, disruption and repair promotes the development of *affective competence*, i.e., emotional security, trust, self-confidence, and a sense of the self as effective in its capacity to regulate stress-producing emotional ups and downs (Fosha, 2000, 2001, 2003) in the more vulnerable partner of the dyad, in fact both dyadic partners emerge transformed by it.

The dyadic relatedness involved in maintaining the flow of emotional communication all the while handling the challenges of regulating categorical emotions (Fosha, 2003) involves a moment-to-moment psychobiological process (Schore, 2003) of *attunement* (i.e., mutual coordination of affective states), *disruption* (i.e., a lapse of mutual coordination) and *repair*, leading to the restoration of attunement and the reestablishment of mutual coordination (Tronick, 1988).

The rise and fall of coordination is a natural process. Optimally functioning dyads, i.e., those that give rise to securely attached and thus resilient children, are not characterized by longer periods of uninterrupted blissful attunement. Rather, these *optimally functioning dyads are characterized by the*

effectiveness of their reparative efforts: they are excellent at rapidly and collaboratively metabolizing the negative affects associated with the disruption of coordination and regaining mutual coordination and the positive affects that accompany it (Schoore, 2003; Tronick, 1989, 1998). In such dyads, the inevitable disruptions in mutuality are short-lasting, and the disruptions themselves become powerful motivators of reparative efforts (Gianino & Tronick, 1988; Tronick, 1989). And the achievement and/or restoration of coordination engenders a state transformation.

“Whatever the age, when a dyadic state of consciousness is co-created, three phenomena emerge. First...each individual’s state of consciousness integrates essential elements from the other....Second, there is an implicit and possibly explicit experience of knowing the other’s state of mind. And third, there is a *powerful* experience of becoming larger than oneself” (Tronick, 2002, p. 51).

This new state, a dyadic state of expanded, and expansive I might add, consciousness is marked by positive affects which are pleasurable to *both* members of the dyad, This is true even when the dyad reaches coordination around negative affects. Whether what is being dyadically regulated involves joy, excitement, exuberance and playfulness, or distress, anger, fear or frustration, 'getting in sync' is always accompanied by shared positive *relational affects* (Fosha, 2001; also called the “we” affects by Emde, 1988). The mutually experienced resonance associated with the coordination of affective states can “crescendo higher and higher,” leading to “peak experiences of resonance, exhilaration, awe and being on the same wave length with the partner” (Beebe and Lachmann, 1994, p. 157), experiences to be explored below in my discussion of core state. Once again, we encounter positive affects as somatically-based markers of the process by which adaptive change and healing transformation take place.

The maintenance of positive affective states associated with dyadic experiences of affective resonance has been shown to be crucial to optimal neurobiological development. Thus optimal attunement and the positive affects accompanying metabolized affective experience produce optimal brain growth, whereas chronic misattunement and unmetabolized negative affect damage the brain (Schoore, 2003; van der Kolk, 2003). The dyadic regulation of affective experiences produces the changes that are the stuff of optimal 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” (Schoore, 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” (Schoore, 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 Schoore, 1996, p. 62). Euphoria has been here co-opted to serve the organism's adaptive aims.

This has uncannily precise parallels in and implications for treatment. The therapist's attunement to the patient's affective state and the patient's experience of feeling safe and understood, i.e., affectively resonated with, is probably the most powerful contributor to the achievement of positive therapeutic outcome (see also Rogers, 1957; Safran & Muran, 2000). Furthermore, positive affects that emerge even in the context of the processing of negative emotional experiences signal to the therapist that the process is on track (Fosha, 2000, 2001). And the “powerful experience of becoming larger than oneself” (Tronick, 2002, p. 51), a phenomenon characteristic of core state (see Part III below) that emerges from this process for each dyadic partner, is yet another instantiation of the *experience* of quantum

transformation resulting from the entraining of affective change processes.

PART II: THE AFFIRMATION OF THE SELF, INCLUDING ITS TRANSFORMATION AS AN AFFECTIVE CHANGE PROCESS IN ITS OWN RIGHT

“*Consciousness is the registering of change caused in the self by an object*” (Damasio, 1994, p. 20)

In the last affective change process to be examined, the process of *the affirmation of the self, including its transformation*, it is precisely the experience of healing and therapeutic success that becomes the experiential focus of the work. What is usually the end point of the therapeutic road is the starting point of this round of exploration. The two back-to-back aspects of the process are the affirmation of the self, including its transformation, and the affirmation of those others crucial to making that transformation happen.

Whereas the experiential contents of the previous two affective change processes were emotion and mutual affective regulation respectively, here it is the very *experience of transformation* itself as a result of a deep emotional experience with an-other. The experience of transformation becomes a transformational process in its own right, thus releasing a theoretically infinite series of cascading transformations: the experience of transformation of the self that emerges at the end of one affective wave, when experientially focused on, becomes a transformational experience in its own right, triggering the onset of yet another wave of emotional experiencing. And so on.

However, before I discuss the process of *the affirmation of the self, including its transformation*. I wish to introduce the construct of the *True Other*.

The True Other. Winnicott’s (1960) notion of the True Self is an experience-near construct. It captures an essential quality of experience: While it is true that there is no such thing as a True Self, there surely is such a thing as True Self experience. And those moments of True Self experience are deeply meaningful for the experiencing self.

The *True Other* is the relational counterpart of the True Self, and similarly describes a subjective experience, with experiential validity. An other becomes a True Other when she is so experienced by the individual, i.e., when the experiencer deems her to be so. This is not a cognitive conclusion, but rather is known as a sense of something that comes from deep within. The True Other is a real, actual, deeply felt experience of the experiencing self, one that needs to be met with understanding and validation, and not challenged, interpreted, or dismissed. The phenomenon refers to an essential experience of responsiveness, a deep way of feeling known and understood, seen or helped, which is meaningful, attuned, appreciative, and enlivening (Fosha, 2000, chapter 8). On those occasions, when one person can respond to another in just the right way, that person becomes experienced --*for that moment* --as a True Other.

Therapeutically, it is not something to strive for, for it can only be genuinely spontaneous. But it is extremely important to be aware of and recognize the patient’s experience of the other as a True Other, for the therapeutic potential residing in such experiences is enormous. By being with a True Other, the individual can more readily evoke and experientially connect with his authentic True Self.

It is important to localize the True Other experience *in the lived moment* and not mistake it for idealization. The True Other, as I am using it here, has nothing to do with perfection: it has to do with responsiveness to need. It turns into idealization only when the patient goes on to assume trueness as an invariant feature of the other—that is, to assume the other to be always-and-across-the-board true, rather than a human being with frailties and faults. Like its counterpart, True Self experiencing, True Other experiencing takes place in a state of deep affective contact; and, unlike idealization, it is contingent, not rigidly fixed.

A perfect example of how the sense of the True Other captures an experientially accurate assessment that bears no relation to idealization occurs in the movie *Scent of a Woman*. Colonel Slade could not be a more frayed and contaminated individual. Narcissistic, arrogant, alcoholic, and abusive, his blindness, isolation, and alienation are the tragic consequences of a severe, lifelong character disorder. Charlie Simms is a young prep school boy with an endearing mixture of innocence and integrity. A bond grows between the two, though Charlie has no illusions about Slade. There is a moment when Charlie is faced with a situation with a potentially disastrous outcome. At that precise moment, Slade comes forward for Charlie, and does so effectively. Deeply understanding what Charlie needs, he provides it: he is there, he is effective when it counts and completely counteracts Charlie's excruciating and poignant aloneness. In that moment, a lifetime of severe narcissistic pathology notwithstanding, Colonel Slade is a True Other for Charlie Simms.

The True Other is an external presence who facilitates our being who we believe ourselves to be, who we are meant to be, someone who is instrumental in helping to actualize a sense of True Self.

"I had opened a door to a secret vault. Its treasures were immense... Did I always know this room? Was my sin basically one of untruthfulness? Or more likely one of cowardice? But the liar knows the truth. The coward knows his fear and runs away. What if I had not met Anna? ... But I did meet Anna. And I had to, and I did open the door, and enter my own secret vault. I wanted my time on earth, now that I had heard the song that sings from head to toe; had known the wildness that whirls the dancers past the gaze of shocked onlookers; had fallen deeper and deeper and had soared higher and higher, into a single reality – the dazzling explosion into self. To be brought into being by another, as I was by Anna..." (Hart, 1991, p. 41- 42).

Indeed. The True Other is the midwife of the True Self.

The patient's experience of the therapist as a *True Other* often emerges as the any of the affective change processes near completion. However, in the process of *the affirmation of the self, including its transformation*, we encounter it front and center.

3. The Affirmation of the Self, Including Its Transformation, and the Healing Affects That Are Its Affective Markers.

"...*the melting emotions and the tumultuous affections connected with the crisis of change*" (James, 1902, p. 238).

The systematic exploration of the patient's experience of having a positive therapeutic experience activates the highly reparative metatherapeutic process[v] of *affirmation of the self, including its transformation*. It involves fully acknowledging, feeling, and working-through the emotional reverberations of therapeutic experiences, i.e., those experiences that led to the alleviation of the

patient's suffering and to engendering his nascent and growing sense of well-being. Once these experiences emerge in treatment, they are privileged, focused on, enlarged, and explored with the same thoroughness and intensity as any of the other core affective experiences.

Unlike the role of mourning in the consolidation of therapeutic results which has been widely written about, little has been written about the affirmation process. However, it too can make a vital contribution to the patient's well-being. It requires the processing of the good which one has and has had. The other side of the coin of the mourning process, it requires dealing with "having," (as opposed to "not having"). The *affirmation of the self, including its transformation* process is activated by, and involves the experience of, having an important aspect of one's self affirmed, recognized, understood, and appreciated. The affirmation can apply to a deep recognition of one's essential self, of one's achievements, or of one's transformation; or it is that which informs the other's actions toward the self. What's key here is not only that the affirmation is given: that's necessary but not sufficient. The key is in its being received. Thus, this affective change process involves at its essence a *receptive* affective experience which underlies all its other aspects.

Change for the much better is an essential aspect intrinsic to the affirmation process. A deep transformation occurs within the self as a consequence of being with an affirming other -- *a fortiori* with a True Other -- and being seen, loved, understood, empathized with, affirmed: one is closer to one's true, essential self, the core Self (Schwartz, 1995), the self one has always known oneself to be. As one patient put it: "thank you for giving me back the self I never had."

Being the recipient of deep affirmation elicits a highly specific affective reaction which can take one of two forms: (i) feeling moved, touched, and strongly "emotional" *within oneself*; and (ii) feeling love, gratitude, and tenderness *towards the other* (Fosha, 2000, Chapter 8; James, 1902). There exists no single word in the English language for this emotion, yet it has all the features of a categorical emotion (Damasio, 1994; Lazarus, 1991): a specific phenomenology (with presumably a distinct physiological profile), specific dynamics, a state transformation taking place, and adaptive action tendencies being released upon its being experienced. Given its being a marker for therapeutic experiences, the label of *healing affects* seems apt. It is my sense that the healing affects constitute another categorical emotion, which makes it interesting to speculate about what how they serve our adaptation.

The healing affects. The healing affects, the markers of the *affirmation of the self* process, arise when we feel that our emotional suffering is being alleviated. They arise when we feel recognized, seen or responded to as we have always wished; when we become able to do that which was too frightening to do before; and when we can be in touch with the aspects of emotional experience that were previously feared to be beyond bearing. They arise in moments when we have a sense of ourselves as being, in that moment, authentic and true. The well-known hymn "Amazing Grace" captures the essence of the healing affects not only in its powerful words, but also in the emotional contours of its arresting melody: "Amazing Grace/ How sweet the sound/ That saved a wretch like me/ I once was lost/ But now I'm found/ Was blind, but now I see." The healing affects register a change in oneself -- "was blind, but now I see" -- a strongly welcomed one, a change which is either witnessed and understood by the other, and/or actually reflects the impact of that other upon the self.

What patients describe as feeling *moved, emotional, or touched* within oneself are feelings that arise in response to feeling seen, loved, or understood, i.e., receptive affective experiences of the self. Such experiences are perceived to be intimately involved with the process of the self's striving toward greater authenticity. The self's response to the fostering role played by the Other in the transformation of the self gives rise to the second type of healing affects: feelings of gratitude, tenderness, love, and

appreciation toward the affirming other.

With characteristic eloquence and phenomenological precision, William James referred to what I am calling *the healing affects* as "the melting emotions and the tumultuous affections connected with the crisis of change" (James, 1902, p. 238). Darwin (1872) discusses their various aspects in a chapter titled "Joy, High Spirits, Love, Tender Feelings, Devotion."

Phenomenology of the Healing Affects. The phenomenology of the healing affects include a trembling, shaking voice associated with trying to contain emotion and hold back tears. The eyes are clear, light-filled, and usually moist with gentle tears. The gaze tends to be uplifted. There appear to be internal state changes related to gaze direction. It is my sense that gaze up and gaze down are linked to internal state transformations of an affective nature: gaze down seems to be the affective marker for grief and experiences of loss, while gaze up is the affective marker for the healing affects and experiences of affirmation. The experiential correlate of the uplifted gaze is often a sense of "something rising," a "welling up," "a surge," or feeling "uplifted." Whatever the words used by a given individual, there is an upward direction to the felt sense of the individual's experience.

Although both the expression of feeling moved, touched or emotional, and of deep love, gratitude, or tenderness are usually accompanied by tears, patients make it very clear that neither are they *primarily* sad, nor *primarily* in pain; at times, they actually report feeling happy or joyful. Even when, at other times, the reaction is mixed with sadness or emotional pain, the individual embraces and accepts the pain as one that is well worth feeling, welcoming the feeling, without being frightened and trying to avoid it.

The healing affects possess simplicity, clarity, innocence, freshness, sweetness, and poignancy. The individual is in a state of openness and vulnerability, but a shimmering vulnerability without anxiety and without the need to defend against it. The mood (or primary affective state) surrounding the healing affects can be either solemn, poignant, and tender, or else joyous and filled with wonder (Eigen, 2001); it is often accompanied by a gentle, almost shy smile.

Contrast is an integral aspect of the healing affects; the emergence of these affects heralds deep psychic integration, which allows the individual to hold in mind simultaneously opposing qualities, being in full contact with both the painfulness and the redemption of healing (Eigen, 1996). What I am describing here is the joy experienced by someone who has known pain, the light experienced after years of darkness, the experience of finally feeling understood after having felt misunderstood. Darwin (1872) speaks of the tears that accompany the healing affects as tears of joy that gain their emotional charge by virtue of contrast with the emotional pain that preceded them. This is the essence of crying at the happy ending (Weiss, 1952), of the joy of reunion triumphing over the grim specter of loss and its attendant grief. Comparison and contrast also reside in the paradoxical recognition with which these new experiences are often met: encountering for the first time what one has always known.

Finally, there is also a sense of heightened sensations and new perceptions, which define the sense of being intensely alive. There is a "sense of clean and beautiful newness within and without" (James, 1902, p. 248).

Reaping the Therapeutic Benefits of the Affirmation Process. It is important to describe the phenomenology of the healing affects because their presence alerts the therapist that the therapeutic process is going well. Their presence also tells the therapist that in this moment, in this configuration, she is being experienced as being different from the past figures with starring roles in the development of the patient's difficulties. This is especially important for psychodynamic therapists who have a low

threshold for perceiving the repetition of the bad-and-old and a high threshold for perceiving evidence of the good-and-new. For instance, it is essential that 'happy crying' tears not be confused with sad tears: with 'happy tears' or 'truth tears,' the patient's experience is not about loss, but about finding, not about deprivation, but about having. Since the negative state is always there implicit in the contrast, the patient will often go easily to the negative state or to emotional pain, if the therapist so guides the process. But then a valuable therapeutic opportunity is missed: dealing with affirmation involves tolerating experiences of having as a consequence of being in an affect-facilitating relationships rather than in affect-inhibiting ones. The individual has to tolerate, process and take in good stuff such as love, appreciation, understanding, and recognition, the stuff that makes psychotherapy work. However, good stuff can be as scary as bad stuff, sometimes even scarier by virtue of being new and unfamiliar, causing patients to feel scared of feeling helpless or inadequate; "What do I do now?" is a common refrain from patients who feel vulnerable and out of control in the face of the unknown. Patients often feel an urge to retreat into painful, self-destructive but infinitely more familiar modes of non-being and non-experiencing. When that happens, another round of work is activated, fostering further working-through.

Another difficulty lies in the fact that positive experiences are often linked with painful ones; *having* only highlights the painful starkness of *not having*. To experience the positive is to risk being immersed in painful feelings. Patients rely on their defenses to prevent the experience of both. Other fears of experiencing and fully owning positive experiences include the fear of making oneself vulnerable to loss, which becomes even more unbearable in light of the realization of how good good can feel: "I could get used to this," muttered a patient whose traumatic experiences made the prospect of relaxing defenses and taking in good stuff the stuff of nightmares. Finally, issues of guilt and unworthiness often also need more rounds of working-through before the affirming process can be fully integrated.

By acknowledging and owning healthy functioning, resources, and emotional capacities, patients gain access to solidly-based self-confidence in being able to handle emotional situations, even score occasional triumphs in the face of emotional adversity, without fear of being overwhelmed. They grow confident that they can participate in creating positive relational experiences, and that they can readily identify such situations when they arise. Confidence in one's abilities (the opposite of helplessness) and belief in the possibility of meaningful, mutually satisfying relationships, are important underpinnings of interpersonal relating. The healing affects themselves promote trust, hope, and confidence.

Finally, by alternating experiencing and reflection, patients can take ownership of the process of transformation. As one patient said, "one begins to know the process of being healed, to believe in it, not just as a temporary aberration, or a fragile moment, but as an owned aspect of experience, as something one can do."

Dynamic Issues That Make Dealing with the Affirmation Process Difficult for Therapists.

In general, difficulties in receiving love and with emotionally recognizing experiences of being understood or of being empathized with are not as well known and understood as difficulties resulting from not having the love or the resonance desired. In part, this has been an artifact of the neutrality of traditional therapists. It is only with a loving therapist who can initiate a loving exchange (Coen, 1996) that the patient's difficulties accepting and receiving that love --much as it is craved and yearned for when it is not available-- can come into view. Similarly, difficulties in owning one's own emotional competence, resourcefulness and the resulting pride are not evident unless there is an explicit therapeutic focus on the patient's strengths. These profound affective/relational experiences have received relatively little if any formal attention in the literature. Psychodynamic practitioners, trained in a tradition of plumbing the depths of the patient-therapist relationship, are much more comfortable

focusing on and working through negative experiences, frustrations and disappointments. As Adam Phillips says,

Development in psychoanalytic theory is always described as a process in which, at each stage, the child is encouraged to relinquish something with no guarantee that what he or she is going to get instead will be better. *This is a hard school and we might wonder what it is in us that is drawn to stories of renunciation, to ideologies of deprivation*, whether they are called the symbolic, the depressive position, or Freud's description of the resolution of the Oedipus complex. (Phillips, 1997, p. 744, italics added).

Another major impediment is the phenomenon of the therapist's false modesty that covers up difficulties therapists have with being acknowledged and thanked for being exactly what we most value being. Wishing to help and to have a beneficial impact on a suffering other is exactly what propelled so many of us into the field. And yet, often, when patients who are genuinely helped, are full of gratitude and directly acknowledge us, our defenses kick up: we shy away, protest and deflect the patient's generous and truthful affirmation. Aside from being a huge loss for the therapist, it is a huge loss for the patient.

Our difficulties in this area interfere with our patients' progress. The therapist's receiving the patient's affirmation allows patients to acknowledge and validate their own resources and emotional capacities. In the deepest way, the therapist's capacity to accept the gift of the patient's gratitude allows the patient to have an experience of his own generativity, generosity and ability to have a positive and deep impact on an other, a process Winnicott (1963) recognized as fundamental to a rich inner living.

PART III: CORE STATE AND THE TRUTH SENSE

"Out beyond ideas of 'being right' and 'being wrong' there is a field. I'll meet you there." Rumi

The arc of deep emotional experience, tracked moment-to-moment and processed to completion, culminates in the activation of *core state*, a state maximally conducive to the consolidation of therapeutic work.

In the three affective change processes considered above, we have three examples of the intrinsic tendency of somatically-rooted affective processes to move toward healing changes. The completion of the full visceral experience of core affect characterizing each of the affective change processes ushers in another state transformation, often marked by a deep exhaling breath and the experience of relief. There is a shift from *core affect* –be it grief, closeness, or gratitude-- to *core state*. Figure and ground shift: solidly in experiential grasp, the specificity of relational and affective experiences recede and become the ambient emotional environment: What comes into the experiential foreground is *core state* and the experience of the *emotional truth* of the self.

Phenomenology of Core State. Core state refers to an altered state of openness and contact, where the individual is deeply in touch with essential aspects of his own experience. In this state, experience is intense, deeply felt, unequivocal, and declarative; sensation is heightened, imagery is vivid, pressure of speech is absent, and the material moves easily. Anxiety, shame, guilt or defensiveness are absent. Effortless focus and concentration also are features of the core state. Relating is deep and clear, as self-attunement and other-receptivity easily coexist. Mindfulness – the capacity to take one's self, one's

world, and one's own unfolding experience as objects of awareness and reflection, with simplicity and yet complexly contextualized-- prevails.

Like with the states in which core affect predominates, in the core state, there is also no anxiety or defensiveness; but unlike in those states, in core state the body is not rocked by any particular distinct, specific emotion: instead, there is calm, relaxation, ease, clarity, and flow. Schwartz's (2003) 8 Cs – clarity, curiosity, calm, centeredness, confidence, compassion, courage, and creativity—catchily capture the defining qualities of core state.[\[vi\]](#)

Core state phenomena include, but are not limited to: (1) the sense of strength, clarity, agency, resilience, and resourcefulness that emerges in the wake of adaptive action tendencies; (2) core relational experiences of love, tenderness, compassion, and closeness, relational experiences emergent from a position of mindfulness and *self*-possession; (3) core self experiences of what individuals subjectively consider to be their "True Self" (like one patient said: "I feel like myself"); (4) core bodily states of relaxation, openness and vitality that emerge in the wake of the *body shift*; and (5) states of clear and authentic knowing and communication about one's subjective "truth" with resultant generosity, empathy, self-empathy, and wisdom.

The Activation of Core State. Once core state is achieved, the therapy runs itself. Working through, integration and therapeutic consolidation become possible and therapeutic changes can take root. With patients in core state, the therapist's activities can be reflective, collaborative, experiential, mirroring, or witnessing. There are many degrees of freedom. The therapist can validate and receive, and participate in deep collaborative dialogue that is simple, essential, and "true." Just being present and listening deeply is sometimes precisely what is needed. Often, the most powerful work can be done when both patient and therapist are in core state (which is not unusual). At those peak moments, characterized as *I-Thou relating* (Buber, 1965) or *True-Self/True-Other relating* (Fosha, 2002), some of the deepest and most healing transformational therapeutic work can take place. Clinical experience suggests that the activation of core state emerges in the wake of the experience of being with a True Other, and/or in the wake of having completed a cycle of deep emotional experiencing.

Core State in the Wake of Being with a True Other. Core state activation is facilitated by being with a True Other, whom Kent Hoffman (2001) characterized as someone with "the gravitas, the depth of comprehension required to allow the risk and the surrender into that state." He continues:

"I believe that this core state is our deepest identity (our original nature). I believe that we are all awaiting a moment of its first awakening and I believe that in therapy this often happens precisely because of the recognition that someone finally "gets it" enough for "me to enter into my deepest self." Usually that is followed by emotion (often tears of gratitude, just as often by tears of rage about not having been able to experience this before). Of importance ... is not how we get there, but *that* we can get there - to this place of finally coming home - to ourselves and to a new sense of relatedness (True Self/True Other)" (Hoffman, 2001).

Core State in the Wake of the Completion of a Round of Deep Emotional Experiencing. While being with a True Other is one kind of condition that can activate the core state, other conditions that can activate it include the full experiential processing of any of the affective change processes. For example, completing the full cycle of a core emotion such as grief can also activate core state. Here is a patient, someone in the field and thus familiar with my ideas on core state, who wrote me the following e-mail about what he experienced after spending hours of tearfully grieving the death of a favorite grandmother (who, not so incidentally, was a True Other for him):

"Just wanted to be in touch with you.....we got back into NYC Monday around 2 pm. My grandmother's memorial service was Sat. morning; I gave the eulogy, then we all traveled 3 hours to Savannah to bury her ashes next to her husband. A very long, sad day.

An amazing thing happened when I climbed into that pulpit on Sat morning.....I was totally calm, voice seemed to be in a lower register in my sadness (I think you could say I was in a "core state"!!!!). I talked my way thru it (I didn't read it, only the passages from letters from my grandmother to me that I had worked into the eulogy). The eulogy seemed to really lead the family through a healing process. Lou had never seen me that way and he was amazed. A cousin told me later I was a "born preacher." (Of course I had cried my eyes out hours before I had to give it and told Lou to be prepared that he might have to come up and finish it, I didn't know what might happen.) ... Family was very grateful to me, and I really did enjoy the connecting time with all the other cousins especially those whom I don't see all that often. All that was very positive for me. Saturday after both services we got back to my cousins, drank good Scotch, and told funny stories about her."

In his next e-mail, in which he gives me explicit permission to quote him, he suggests that voice quality might be one of the places where to investigate the phenomenology of core state as a wired-in state with a distinct and specific phenomenology:

"Of course you can quote from my email if you think it helps illustrate your point.... I am curious about what state I was actually in when giving the eulogy. It was very different from anything I have ever experienced, frankly.....not even when I was in one of those deeper places with you in our work. It was profoundly deep and utterly, utterly calm and peaceful. The most tangible and describable thing about it to me was my voice....as I said, it seemed to be in a lower register. The rest of the experience is more difficult to describe..... I am assuming based on what you tell me that this is core state or something very close.....and although I was not crying when it was happening, I was crying hours before..... "

The Truth Sense, the Affective Marker of Core State. As I was working on an early draft of this paper, I had the pleasure of hearing James Grotstein speak about the truth instinct in Bion's and in his work (Grotstein, 2002; see also Grotstein, 2004). It gave me the missing piece to describe core state, of course, the missing piece that was there –for the noticing—all along. It allowed me to articulate the affective marker for core state. I am calling it the *truth sense*. This affective marker is a *felt aesthetic experience of rightness, the rightness of one's experience*. It is what the individual has at those unusual moments of actually having an experience of emotional truth, a moment of touching O. If for Grotstein (2002), shame is the experience of failing to be that which we know ourselves to be, 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 healing affects mark change and transformation, capturing the astonishment and gratitude that our procedural-knowledge-based expectations constructed on are, against all odds, being disconfirmed; by contrast, the truth sense that marks core state captures the sense of coming home (even if one has been, in procedural fact, emotionally homeless). It is right. It is. That's all. 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's 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. The athlete who performs as he is capable of performing says "Yes!" Grotstein's (2002) patient, in response to an interpretation where the analyst really "gets" something about her, says "Exactly!"

"There is an internal landscape, a geography of the soul; we search for its outlines all our lives."

Thus begins Josephine Hart's novel *Damage*. She continues:

" We may go through our lives happy or unhappy, successful or unfulfilled, loved or unloved, without ever standing cold with the shock of recognition, without ever feeling the agony as the twisted iron in our soul unlocks itself and *we slip at last into place*." (emphasis added).

Then later:

"A stillness descended upon me. I sighed a deep sigh, as if I had slipped suddenly out of a skin. I felt old, and content. The shock of recognition had passed through my body like a powerful current. *I had been home. For a moment, but longer than most people*." (Hart, 1991, p. 26-27; emphasis added).

Implicit in the truth sense is the idea of *phenomena having a mind of their own*, so to speak (Fosha, 2003; Schwartz, 1995). Like Eigen (2002) says: "One cannot regulate the movement of truth. Rather one seeks to modulate oneself in relation to requirements that truth discloses." Ultimately, what we are after, moment-to-moment, is "*the emotional truth of a session*," and the patient's --and our own-- greatest degree of experiential contact with it.

The difference between the healing affects and the truth sense. While the healing affects mark transformation, the truth sense marks the *experience* of the essential self, the core self, the self that has been there all along waiting, as Winnicott wrote, for fortuitous conditions to materialize to allow its emergence and expression. If the healing affects mark the transformation involved in the liberation of the self from the constraints imposed by its procedural history, the truth sense (and core state) mark the in-the-moment experience of the True Self, liberated to be who it has always been. Thus, the therapeutic process aims towards a transformation that will produce a state where the misshaping effects of procedural knowledge will be transcended, and the self will emerge from the shadow cast by its history. When that transformation takes experiential root, the experience is paradoxically not of something new, but rather uncannily of getting to something that has been there all along.

OUT THERE MUSINGS: BEYOND, OR TO THE SIDE OF, PROCEDURAL KNOWLEDGE.

From the point of view of a healing-oriented experiential therapy, side by side with the historical/developmental/procedural internal working model that is being modified, a model that is not developmental in its origins is being articulated. Here, we are working, as a colleague once dubbed it, "on the other side of history." "Each encounter has the possibility of being a "moment of meeting," an opening for the core state/ innate wisdom and authenticity of the self to be experienced and expressed. We are making new procedural knowledge" (Hoffman, 2001). But what are we activating?

When core state is activated, a particular brain state and body landscape come to the fore. How do we conceptualize how such states are neurophysiologically represented, side by side with our knowledge of how emotional procedural knowledge -- all the bad stuff that went down -- is encoded in the right hemisphere? The attempt to do so takes us right into the neurobiology of plasticity, change and healing transformational processes (Fosha, 2003). 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? What do we, and affective neuroscience, make of the fact that oodles of bad-news-procedural-knowledge wired into our right brains notwithstanding, there remains this capacity to

respond fully to conditions that invite I/Thou relating, core state, true self being, authenticity, genuineness, and wisdom, experiences imbued with the truth sense?

What is Core State For? My out-there proposal is that the core state reflects a wired-in feature of the organism. Like the categorical emotions, core state is a manifestation of a wired in capacity to respond in this precise fashion under particular conditions. The capacity to respond with (the categorical emotion of, let's say, anger, or fear, or joy, or disgust does not depend on procedural knowledge. It is there and it has been there all along. Particular conditions lead to its activation, and other conditions inhibit its activation, but the capacity for it, the *dispositional tendency* for it, to use a term coined by Damasio (1999), is wired in the subcortical regions of the mammalian brain, where all other categorical emotions and deep bodily-rooted representations originate. Of course, procedural experience leads to the codification of how, let's say anger, is regulated and comes to be expressed (or not). However, the capacity to respond to intrusions, boundary violations, and assault (of self and territory) with the emotion of anger is in the wired-in nature of the organism.

Similarly, the capacity for core state. It has been there all along. It is a capacity we have. The conditions for its activation have to do with a variety of things, and those things are to occupy us as therapists, as interventionists, as researchers; but the capacity to experience core state is as wired-in as is the capacity to respond with anger, or joy, or fear, or disgust, and as wired-in as the predisposition of the infant to become attached (Bowlby, 1988).

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 dispositional tendency fueled by the motivation to grow and 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 above, i.e., calm, clarity, compassion, generosity, etc., all guided by the truth sense.

"Looking at the whole structural interconnection of the thing." Viewed in this fashion, like Bion's "O," the core state predates the dynamic specificity of the individual. In devoting ourselves to the search for the emotional truth of the moment, of the session --in getting past defenses a la the experiential STDPs, or past repressed unconscious phantasies, a la Bion/Grotstein—we become aware of a force toward the truthfulness of emotional experience, a force to which, in core state, we surrender (Ghent, 1990). 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."

The capacity to revise oneself is the essence of adaptation, a naturally selected characteristic of human beings: our ability to adapt to particular environments is a characteristic of our human evolutionary arsenal. Core state denotes an unusual adaptation: it is what emerges when we adapt to deeply facilitating environments. And what emerges "in such smiling comfort when we trust our surroundings," (Ondaatje, 1992, page 280), is not only a strong sense of self, but also a strong sense of truth, a belief on the fundamental truthfulness of our experience. This experience has powerful, and healing, motivational properties: Infused with such a *felt belief* in the truthfulness of our experience, we can live full lives, we can surrender to our experience, powered by the courage to proceed expansively, not constricted by fear or shame or crippling self-doubt.

A Coda of Sorts. To return to the theme of attunement, disruption, and repair, and with repair, the return of dyadic coordination. Core affective experiences, good or bad, in essence represent disruptions of our going on being that demand and require our attention. If we do not avoid them, but instead we feel and deal and process them to completion, we grow. Core affective experience enlarges the self, [vii] takes us outside of ourselves, and makes us wrestle with something disruptive, uneasy, difficult, stressful, what have you (Fosha, 2003). And when we do not withdraw, and wrestle with it we do until the affective intensity is spent, core state and its calm can then come to the fore. Then the fruits of the affective intensity can become integrated into our ongoing sense of being. Core state signals that we have basically integrated back into the self, and made our own, that which was foreign and disruptive and challenging, however enlivening, in the core affect that shook us up.

And thus, yes, we emerge enlarged, changed, transformed, bigger and better and more complex than before. But in a funny paradoxical way, evolution aside, bigger and better is not quite accurate. In essence, through the process of transformation of which core state is a culmination, for better and worse, we become increasingly ourselves. In the language of core state, guided by the truth sense, cascading transformations lead us toward becoming increasingly "clearer and simpler" (Ondaatje, 2000) to ourselves.

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[i] An early version of this paper was presented at the Los Angeles Psychoanalytic Society and Institute. Los Angeles, February 28, 2002.

[ii] See Fosha, (2002) for an in-depth discussion of the phenomenology and dynamics of affective change processes, and of how to harness their transformational potential toward therapeutic goals.

[iii] The seamlessness of the integration of affective, cognitive, reflective, and self-reflective functions characteristic of core state suggests the involvement of the prefrontal cortex, especially the right prefrontal cortex in the mediation of core state experience. It is fascinating to note that while language-driven narrative is mediated by the left prefrontal cortex, autobiographical narratives, despite being linguistic productions are primarily mediated by the *right* hemisphere's prefrontal cortex (Siegel, personal communication), the right being the hemisphere dominant for the processing of emotion, and thus highlighting the fundamentally affective nature of this function (Siegel, 2004, personal communication).

[iv] The operation of two other affective change processes, *the empathic reflection of the self*, and *focusing on somatic experiencing*, has also been explored in the context of AEDP, but will not be dealt with here. Interested readers can consult Fosha, 2002.

[v] *Metatherapeutic* because what is being processed is what is therapeutic for the individual about the therapeutic process when it is being therapeutic, i.e., when it is working.

[vi] R. C. Schwartz (1995, 2003) uses his 8 Cs to describe functioning under the aegis of what he calls the "Core Self." Core Self (Schwartz, 1995, 2003) and core state (Fosha, 2000, 2003) are constructs independently evolved by practitioners with different histories in the field, via different conceptual and methodological therapeutic trajectories. However, the uncanny congruence of these constructs provides unbidden but welcome corroboration of the validity and solidity of the phenomena under consideration as *phenomena*, i.e., as something out there, there to be seen through all different kind of lenses. "When I first began working this way, I came from a constructivistic orientation, so I thought I was co-creating the inner dialogues with clients rather than uncovering what was there. ... It gradually became clear that although my questioning or mood had some impact on the system, [the phenomena] had a life of their own... I shifted to the position that perhaps these were unidimensional states, each designed for a certain valuable role." (Schwartz, 1995, p. 130). As amply noted in the text of this paper, these

phenomena have been described by many before, most notably by Darwin (1872) and William James (1902), but also by practitioners of different spiritual traditions, eastern and western; however, the congruence between core state and core self functioning is noteworthy because, in both cases, the constructs aim to describe phenomena observed at the culmination of complex therapeutic processes. Despite technical differences, the resonances between Internal Family Systems Therapy (Schwartz, 1995) and AEDP (Fosha, 2000) are many: both are experientially oriented treatments carried out from an affirming therapeutic stance, ways of working deeply informed by the belief that the patient's capacities for healing transformation resides within the patient, and that the aim of treatment is to entrain those capacities and help change whatever is constraining their exercise.

[vii] The self of each dyadic partner becomes enlarged, as each has the "*powerful* experience of becoming larger than oneself" (Tronick, 2002, p. 7-8)