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Transformative Dao of Waking Dreams: Dyadic Heartfelt Imagination, Active Inference, and the Flow Towards the Neuro-Archetypal Self

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Abstract: This article explores the clinical practice of Dyadic Heartfelt Imagination (DHFI) as a transformative way (Dao) for facilitating a neurophysiological, luminous waking dream state. Rooted in AEDP and informed by the Free Energy Principle, DHFI uses deep interoceptive awareness within a securely attached therapeutic container to systematically downregulate Default Mode Network rumination. By slowing nasal breathing and directing interoceptive attention to the heart and lower abdominal core, DHFI relaxes rigid, top-down prior beliefs. This hypothesized neurocomputational shift—from the default mode network (DMN)-associated rumination and rigid top-down beliefs toward more relaxed beliefs—mirrors the psychedelic REBUS model, allowing bottom-up viscerosensory and relational signals to update maladaptive generative models. Under the guidance of archetypes acting as neural hyper-priors, the patient's system self-organizes. Ultimately, the article conceptualizes the Self as a teleological, strange attractor that effortlessly pulls the psyche toward a flow-like, homeodynamic, holistic integration.

Keywords: AEDP; dyadic heartfelt imagination (DHFI); Free Energy Principle (FEP); active inference; REBUS effect; triple network model; default mode network (DMN); salience network (SN); central executive network (CEN); waking dream-thought; waking-to-dreaming continuum; strange attractor

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Prelude: When Nolan Meets Bion

Imagine with me the final scene from Christopher Nolan's film *Inception* (2010), a sequence suspended in mind-bending ambiguity, depicting either a wakeful reality or a deeper dream:

Cobb (played by Leonardo DiCaprio) enters with his father-in-law. He drops his bags. He moves to the table, looking out at the overgrown garden. He reaches into his pocket, takes out his pewter spinning top, lowers it onto the table, and spins it—a child's shout makes him look up—Through the window, Cobb's children have run into view, playing, their faces turned away. Cobb stares at the back of his children's heads. His father-in-law moves to the window and knocks on the glass—

Cobb's children turn and see their dad. He steps to the window, watching their bright faces shining as they run toward him—
Behind him, on the table, the spinning top is still spinning. Still spinning and still spinning—

And we—
[Fade Out]

As an audience member, my initial reaction was one of surprise, followed by amusement. Is this an open ending? Is Cobb still dreaming, or has he finally awakened?

Here, I am reminded of Wilfred Bion's contribution to psychoanalysis- 'waking-dream-thought' (Schneider, 2010). Regarded as one of his most significant concepts, waking dream-thought is understood to be the continuous, moment-to-moment operation of the alpha-function (Ferro, 2002, 2006). This function processes raw sensory stimuli and proto-emotions (*beta-elements*),

transforming them into psychically digestible symbols, ideograms, and pictograms (*alpha-function*). These elements are then woven into a coherent narrative sequence, ultimately generating the waking dream-thought.

Viewing the final scene of *Inception* through this Bionian lens, the either-or question of whether Cobb is literally awake or dreaming becomes irrelevant. Instead, we are bearing witness to an active, waking dream-thought, a manifestation of an internal healing process.

Throughout the film, the faces of Cobb's children are conspicuously turned away from him, representing un-metabolized, haunting beta-elements. In this final scene, however, the children's faces turn directly toward him. This pivotal shift registers as an immediate affective relief—a brightening of their emotional state and a radical transformation of the psyche's underlying oneiric pictograms (Mellor, 2018).

Ultimately, as captivating as the cinematic narrative of Inception may be, my intention is to offer it as an enticing 'coming attractions' prelude and portal of entry into the core thesis of this paper titled The Transformative Dao of Waking Dreams.

Before we dive in, allow me to share the behind-the-scenes journey of how this paper came to be.

Behind-the-scenes journey

The story began with the gradual development of the seven steps of Dyadic Heartfelt Imagination (DHFI). When I first learned AEDP psychotherapy in 2003, I deeply wanted to distill the model's essence into a streamlined form. Classical AEDP psychotherapy is a one-on-one therapy, but my desire to share this work with communities in China—where 90-plus million people are experiencing some form of mental suffering—made relying solely on individual therapy feel impossible to scale. I began to wonder if AEDP psychotherapy's core elements could

be adapted for group settings. After years of teaching and reviewing clinical tapes from Diana and me, a seven-step process naturally emerged, which I eventually formalized in a monograph (Yeung, 2024).[1]

During this same period, my long-standing interest in Jungian archetypes began to converge with my clinical work. I attended a seminar on Psychedelic-Assisted AEDP (Fosha et. al., 2026). While watching their clinical videos, I was struck by the clear emergence of archetypal symbols. As we know, these symbols do not simply stem from the personal unconscious in the Freudian sense; they arise from the deeper collective unconscious described by Jung. I noticed that these powerful archetypal images could be explored more deeply during those ketamine-assisted sessions. Given the historical split between Freud and Jung over this very concept (Jung & Jaffé, 1989), I wanted to ensure I had a "green light" (Fosha, 2026) to explore these archetypal images further, with the hope of enriching AEDP psychotherapy theory and practice.

It was at that same seminar (Fosha et. al., 2026) that I was introduced to the groundbreaking work of Karl Friston on the Free Energy Principle and Robin Carhart-Harris on the REBUS model and the "anarchic brain." Tracking Carhart-Harris's research led me to a fascinating realization: archetypes can actually be understood as brain-based predictive patterns. This exciting perspective bridges the gap between mythology and science, making Jungian concepts much more persuasive to an empirically minded neuroscience community.

I soon realized that DHFI and psychedelic-assisted therapy share a parallel trajectory. While psychedelics may loosen rigid hyperpriors and function as a deep psychological microscope, revealing hidden layers of the psyche that manifest as symbolic imagery. In my own clinical sessions, I noticed that these same profound archetypal symbols were surfacing naturally when I explicitly utilized DHFI without the use of psychedelics. Previously, however, they had often gone unprocessed. It is therefore gratifying to see Dyadic Heartfelt Imagination resonate so

[1] Please note that Dyadic Heartfelt Imagination has been evaluated in two separate group-based empirical studies. Although the pilot results are promising, specific details are being withheld while the research is actively being prepared for publication.

closely with Trowbridge's formulation of Dry Psychedelics™ (see this issue), which similarly employs sustained interoception in his protocol to access profound, transformative states.

The final concept—the "waking dream"—clicked into place when I attended Mary Androff's (2026) seminar on the Imaginal Realm (See also Androff & Russell, this issue). While watching her clinical vignettes, I observed to a colleague and said, "These clients are in a waking dream state." At the time, I didn't realize that the waking dream was already a well-documented phenomenon (Watkins, 2024), a fact I later happily confirmed during my literature review.

All of these "dots" finally coalesced in the spring of 2026, when I challenged myself to have a deeper understanding of Friston's Free Energy Principle—specifically at the level of the active inference cycle—and explore its clinical applications. To my surprise, there is only a small body of literature connecting these ideas to psychotherapy (Holmes, 2020, 2022, 2024; Holmes & Nolte, 2019; Solms, 2021; Solms et. al., 2020)

Therefore, this paper is an ambitious initial attempt to lay the foundation for applying the active inference cycle to AEDP psychotherapy. In doing so, it further connects the vital "dots" of Dyadic Heartfelt Imagination, brain-based archetypes (Jung, 1958; Alcaro et al, 2017; McGovern et al., 2026), waking dreams, and large-scale brain networks to enrich our clinical practice.

Now, let's do a deep dive and translate a cinematic metaphor into clinical discourse:

Introduction

To reiterate, At its core, this article is an ambitious initial attempt to lay the foundation for applying the active inference cycle, grounded in the Free Energy Principle, to AEDP psychotherapy. This cycle—through which predictions, experience, and action continually influence one another—provides a framework for exploring the clinical practice of Dyadic Heartfelt Imagination.

This article is arranged in seven parts. An overview of each part is summarized below.

A Seven Part Flow

Part I: Begin With the End in Mind: An Orienting Clinical Synopsis

We begin with a brief clinical synopsis drawn from a session transcript, which is fully analyzed later in the paper. The aim is to provide the reader with an immediate, vivid clinical impression of the waking dream phenomena as facilitated by Dyadic Heartfelt Imagination (DHFI). The reader is explicitly invited to keep this clinical vignette in mind as a phenomenological reference anchor, allowing subsequent theoretical constructs to be grounded in live clinical reality.

Part II: The Waking Dream: A Neurophenomenological Synthesis

Borrowing from research on the continuum between alert wakefulness and dreaming (Hartmann, 1996, 1998, 2010), Bion's theory on how the mind transforms raw sensory and emotional data into thoughts, symbols and images, and the ideas of Carhart-Harris and Friston (2019) on "what happens in the brain when its normally rigid organization temporarily becomes more flexible." Together, these 3 frameworks converge to explore the mysterious realm of how experience is assimilated and understood (apperception).

Part III: The Triple Network Model, Free Energy Principle, and the 5 Ps of the Active Inference Cycle

Building directly upon this neurophenomenological foundation, this part outlines a primer of the Triple Network Model of the brain, briefly exploring the Free Energy Principle (FEP)—regarded as a unified theory of neuroscience—and its dynamic application to the mind and brain via the "5 Ps" of the active inference cycle. I demonstrate how the brain functions as a hierarchical prediction engine, and how the relational safety of the therapeutic container alters precision weighting, allowing the system to update rigid, maladaptive priors into adaptive models of the self and the world.

Part IV: The Practice and Neurobiological Mechanisms of Dyadic Heartfelt Imagination

This part unpacks the clinical practice of DHFI itself. While the foundational methodology of DHFI was introduced in prior work (Yeung, 2024, 2026), this section details crucial theoretical enrichments and technical refinements to the model. Furthermore, to advance the framework from clinical application to scientific exploration, this section maps the neurobiological substrates through the lens of the Triple Network Model and the active inference cycle, illuminating how these mechanisms underpin and contribute to this transformative experiential phenomenology.

Part V: Archetypes as Neural Hyper-Priors, the 6th P and the Self as a Teleological Strange Attractor

Bridging analytical psychology with this computational neuroscience framework, this section formulates Jungian archetypes as deeply embedded, brain-based predictive models that function as innate, universal hyper-priors. These hyper-priors dynamically organize and guide the cinematic unfolding of imagery within the luminous waking dream state. Crucially, I reformulate the AEDP construct of transformance through the lens of non-linear dynamics: the Self is conceptualized as a strange attractor that pulls the organismic system through an effortless, self-organizing flow toward structural integration. Transformance is thus defined not merely as an innate drive that pushes toward healing, but as an active, teleological pull that draws the organismic system toward a unified, homeodynamic whole.

Part VI: Putting the Pieces Together: Integrative Case Illustration and Micro-Analysis

The part features the comprehensive, micro-analytically annotated session transcript introduced in Part I. This clinical illustration demonstrates how these disparate theoretical, computational, and archetypal pieces seamlessly converge in real time, providing an explicit roadmap of how The Transformative Dao of Waking Dreams actually unfolds within the live, dyadic cauldron of an AEDP therapy session.

Part VII: From Lorenz's Butterfly Effect to Zhuangzi's Butterfly Dream

This concludes our exploration of how DHFI mitigates the chaotic cascade of the Butterfly Effect—triggered by increasing criticality within the anarchic brain—inspiring us, ultimately, to awaken to the profound Daoist wisdom of life.

Part I: Begin With the End in Mind: An Orienting Clinical Synopsis

Following a six-month medical leave for anxiety, Jonathan returned to a dysfunctional workplace characterized by widespread peer burnout. This chaos triggered escalating anxiety and a defensive slide towards addictive behaviors. In addition to his transformance strivings in Vipassana practice and a twelve-step program, he sought treatment to cultivate psychic boundaries to embody a "still observer" at the metaphorical "eye of the storm".

Actively working with Dyadic Heartfelt Imagination (DHFI) (See Part IV page 21-30) to facilitate an AEDP therapy's 'drop down' state, Jonathan's attention was slowly directed interoceptively towards the heart and lower abdomen, facilitating a waking dream state[2]. He imagined stepping out of an elevator into a mythical, warm, red "hellish but not scary" landscape with a red bridge and a swirling blue light. This imagery evolved into two entwined dragons—one red, one blue—generating a subtle ascending somatic energy along his thoracic spine. The archetypal symbolic imagery continued to evolve: the dragons engaged in mutual tail-swallowing, melding their competing energies into an integrated, swirling sphere of red and blue light.

Following the reintroduction of the workplace trigger, Jonathan experienced a striking somatic

[2] See the section "On the phenomenology of waking dreams" (p. 44). Note that whereas the clinical vignette in this paper is richly imbued with mythopoetic symbols, State 2 phenomenology more commonly manifests as occasional mythic images, especially in a ketamine assisted AEDP® therapy session, that require a therapist's trained eye or ear to catch and deepen.

contrast: his body remained still and calm against the nearly chaotic environment. Centered below the solar plexus, this stillness enabled him to comfortably bear external stressors with an amused "smile of recognition," yielding a vital internal resource with a sense of shared presence going forth.

In the subsequent sections, I unpack these neurobiological underpinnings and map them onto clinical phenomenology. If the clinical synopsis illustrates *what* happened, what follows illuminates *why* it happened neurobiologically and *how,* in practice, it can be facilitated again.

Part II: The Waking Dream: A Neurophenomenological Synthesis

II a. Working definition: neurophysiological luminous state

Within the contextual framework of the AEDP model, a waking dream could be formulated as a neurophysiological luminous state that dynamically shifts between focused waking thought and dreaming. Procedurally, this state is frequently observed following the facilitation of Dyadic Heartfelt Imagination (DHFI) (Yeung, 2024, 2026), which intentionally guides the client down into AEDP therapy's State 2 (processing core affect). Phenomenologically, this luminous zone is predominantly characterized by the emergence of mythopoetic archetypal symbols, though it may also manifest as a portrayal-like configuration woven in with the client's personal biographical details.[3]

While this luminous state can deepen into State 3 (the transformative experience) and State 4 (core state stillness and calm), a distinct phenomenological shift occurs when the therapist's

[3] While a detailed exploration of aphantasia is beyond the scope of this paper, it is worth emphasizing that the phenomenology of aphantasia is heterogeneous and multi-sensorial, going beyond a mere visual imagery deficit (Arnold et al. 2026). Furthermore, it is important to note that visual aphantasics could engage in wakeful volitional imagination (hence DHFI), with a robust ability to detect a powerful "inner voice" (Arnold et al., 2026)

invitation to engage in explicit meta-processing. As the client moves from consciousness changes. The reported phenomenology predictably transitions back to the usual imaginal/sensorial/emotional experience into reflection upon the experience, the quality of verbal, analytic mode associated with alert focused waking thought.

A waking dream could be formulated as a neurophysiological luminous state - populated by mythopoetic archetypal symbols - dynamically shifting between focused waking thought and dreaming.

II b. Focused-waking-thought-to-dream continuum

It is critical to note that my formulation of the waking dream is inspired by the pioneering work in dream research by Ernest Hartmann (2010). In his research on dreaming, Hartmann posits a fluid, focused-waking-thought-to-dreaming continuum. He argues that dreaming is not an alien psychic intrusion, but rather one end of a broad spectrum of mental states and cortical functioning that seamlessly encompasses focused waking thought, looser reverie, creative fantasy, and daydreams. Consequently, there are no rigid, impermeable boundaries separating alert wakefulness, waking daydreams, and nocturnal dreams.

Worth emphasizing is a striking parallel to what I have discovered within the Dyadic Heartfelt Imagination-facilitated waking dream state: under the influence of heightened core affect, mental experiencing becomes highly dreamlike with luminous mythopoeic imagery. This alignment with Hartmann's research suggests that the waking dream state primarily serves to contextualize dominant affective concerns through pictorial visualization. In the Dao (Yeung, 2024), or transformative cauldron[4] of the therapeutic encounter, these affective dynamics naturally

[4] I am delighted that my esteemed colleague Karen Pando-Mars (2026) resonates with my use of cauldron imagery, as she has already employed a strikingly similar metaphor of the crucible in her own work. As the Chinese proverb goes, "Heroines and heroes see eye to eye" (英雄所見略同).

organize themselves into vivid, metaphorical images—essentially acting as manifested oneiric imagery that facilitates profound psychological integration.

II c. The auto-therapeutic function: Hartmann, Bion, and AEDP

Going beyond a mere spectrum of states, Hartmann (1998, 2010) further argues for what he terms the auto-therapeutic function of dreams, including nightmares[6]. He explicitly equates the primary function of dreaming with the very process of psychodynamic psychotherapy, noting that both converge on a single objective: forming novel connections in a safe space. Far from the prevailing theory of simple memory consolidation, Hartmann asserts that the dream state dynamically integrates and weaves new, affectively charged material into our established memory systems, driven by an underlying wave of core affects.

This is precisely the operational model of an AEDP session. By intentionally co-creating a securely attached, dyadic relationship, the therapist provides an explicit sense of safety—a relational 'safe place'—wherein the client can safely experience, process, and metabolize core affects, previously deemed dangerous.

Notably, this neuro-phenomenology deeply resonates with Bion's construct of the alpha-function (Ferro, 2002, 2006). Through a Bionian lens, the mind constantly attempts to digest raw, unmetabolized somatic and emotional experiences (beta-elements) by transforming them into symbolic, conscious alpha-elements.

To this extent, since DHFI[7] is the explicit clinical process in which raw, proto-emotional experiences are facilitated into a waking dream state and transformationally processed toward

[6] Hartmann (1998) distinguished between the dreams and nightmares of individuals recovering from trauma and those of someone "stuck" in the repetitive dreams of PTSD. I propose that PTSD-related nocturnal dreams could become source material (Androff & Russell, this issue) to be processed in a daytime, DHFI-mediated waking dream state in the presence of a therapist as a "co-waking dreamer."
[7] This phenomenon is akin to a dyadic entry into an imaginal space (See Androff & Russell, this issue) or children entering each other's fantasy play (Ruggieri, 2026).

completion, it arguably functions as the live, dyadic, and dynamic equivalent of Bion's alphabetization.

II d. The biological vs. relational container

In the case of nocturnal dreaming, this "safe place" manifests as a biological container. The physiological safe place of the dream state is established through the stillness of lying quietly in bed, paired with the profound muscular inhibition—or REM-atonia—characteristic of paradoxical sleep. This somatic paralysis ensures that while the mind enters the high-entropy, anarchic state of dreaming, the physical body remains safely anchored and immobilized, isolated from the intense affective dramas unfolding within the cinema of the mind.

II e. Nighttime solutions, wakeful reflection as meta-processing

Furthermore, Hartmann notes a secondary therapeutic function that occurs upon waking, when dreams are successfully recalled. When we consciously reflect on these oneiric narratives—particularly in the morning—it can unveil entirely new aspects of the self.

This wakeful reflection frequently catalyzes a sudden, AEDP's felt-sensible *click of recognition,* a micro-transformational moment in which the individual decodes the emotional core of the dream and uncovers creative, adaptive solutions to the challenges of waking life. It is this exact phenomenon that inspires my proposed axiom: *dreams are nighttime solutions to daytime problems.*

The parallel between Hartmann's dream phenomenology and the DHFI-facilitated waking dream state culminates in this final integrative step. The wakeful reflection and processing of a nocturnal dream is the functional equivalent of the explicit meta-processing initiated at the end of a DHFI-facilitated waking dream sequence.

In both instances, by inviting the client to reflect in meta-processing while safely anchored in alert wakefulness, the therapist allows the newly generated luminous archetypal symbols to be

consciously integrated. The raw emotional insights are thus transformed into permanent, structured updates within the client's biographical narrative, completing the cycle of profound psychological healing.

In the case of *Still Eye / I in the Storm* (See detailed elaboration in section VI (beginning on page 36 of this paper), the client was receptive to my invitation to savor and deepen his State 4 experience of felt-sensible
somatic energy in his interoceptive core self and the reconstruction of self-world relational narrative.

Part III: A Primer on Triple Network Model of the Brain, Free Energy Principle, Active Inference and the 5-Ps Mnemonic

III a. Triple network model made simple

For the purposes of this paper, the triple network model of the brain can be understood simply as the dynamic interaction of three large-scale intrinsic networks (Menon, 2021; Sridharan, Levitin & Menon, 2008): the Default Mode Network (DMN), the Salience Network (SN), and the Central Executive Network (CEN).

The Default Mode Network functions exactly as its name implies (Menon, 2023; Raichle et. al., 2001); it is the brain's baseline state of processing when the mind is wandering and not focused on a specific external task. Crucially, it houses the deep generative models and predictive priors (prior beliefs that predict).

However, when we apply conscious, intentional focus, we activate the Salience Network—the system responsible for detecting what is emotionally or cognitively significant to us. Once engaged, the Salience Network acts as a neurobiological switch, dialing down the Default Mode Network. In the process of downregulating the DMN, the Central Executive Network is

simultaneously dialed up, owing to the inherent anti-correlated relationship between these two networks. We can visualize this dynamic elegantly: the Salience Network acts as the central pivot of a seesaw, with the Default Mode Network resting on one end and the Central Executive Network on the other (See figure 1).

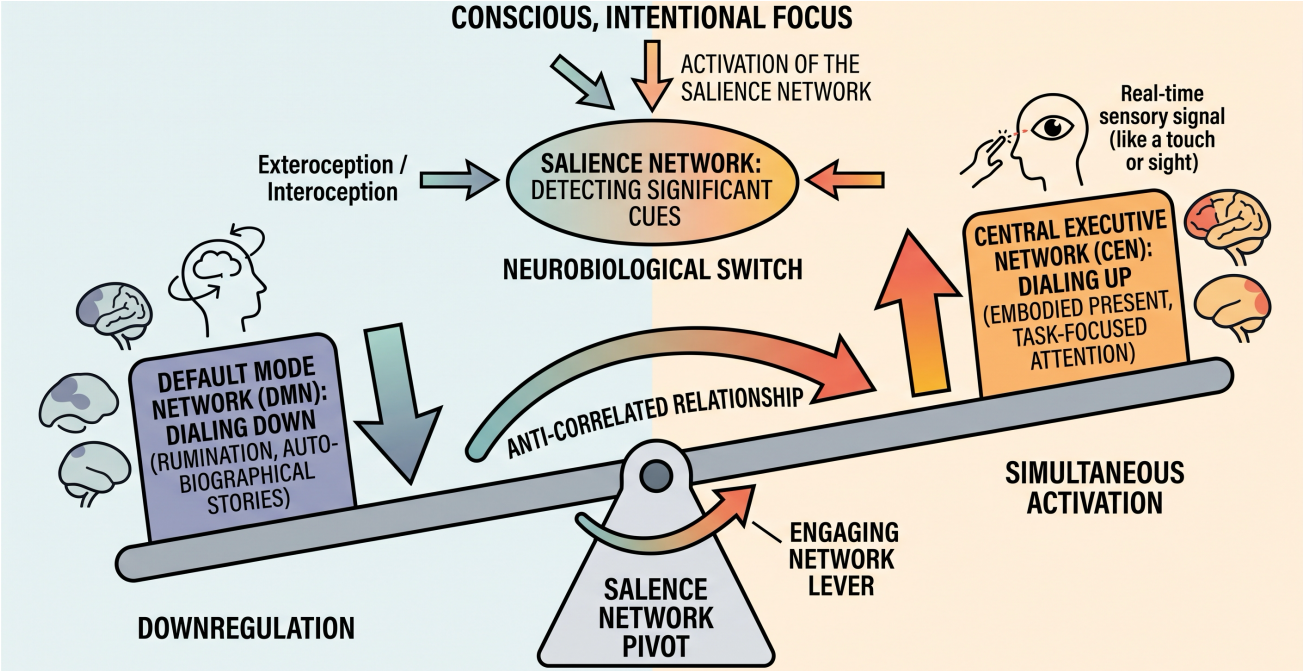


Figure 1. The Triple Network Model. This diagram illustrates the seesawing anti-correlational relationship between the default mode network and the central executive network. Image generated by Google Gemini under authors detailed direction.

The clinical relevance of this architecture to our exploration is profound: phenomenological ruminative looping is neurobiologically mediated by the DMN. The DMN is the seat of self-referential processing, manifesting as the autobiographical stories we tell about ourselves and our constructed way of being in the world.

Therefore, the mechanism to dial down the impact of this entrenched default processing is the application of intentional focus. This draws our attention either interoceptively toward the somatic core of our bodies, or exteroceptively toward environmental cues. In short, by anchoring into these real-time, moment-to-moment viscero-sensory signals, we intentionally engage the Salience Network, effectively pulling the brain out of the DMN's ruminative narrative and into the embodied present.

III b. Free Energy Principle, active inference cycle and the five Ps made simple

At this juncture, allow me to briefly unpack the Free Energy Principle as developed by Karl Friston (2010). Widely regarded as a unified theory of brain science, the Free Energy Principle is a neuro-computational and mathematical framework applicable to all sentient systems (Friston, 2010; Friston & Penny, 2011; Friston et. al., 2013, 2016). When applied to the brain, it conceptualizes the mind as a "prediction machine." Under the guidance of the Free Energy Principle, the brain's fundamental directive—or biological imperative—is to minimize prediction error, which is experienced phenomenologically as minimizing surprise.

Furthermore, free energy can be understood mathematically as a measurement of entropy. As such, we can understand the brain's imperative as a continuous drive to minimize entropy. However, this process is arguably best understood not as the outright elimination of chaos, but rather as a dynamic optimization between chaos and order, a concept central to the anarchic brain theory.

Operationally, when applied to the brain, the Free Energy Principle translates directly into the cycle of Active Inference (Parr et. al., 2022), which we will outline below.

To fully explicate the mechanism of Active Inference within the dyadic encounter, we can model the process through the lens of Bayesian inference. This neuro-computational cycle can be structurally organized into a mnemonic consisting of the Five P's[8] (See Figure 2).

1. **Prior beliefs (the generative model):** Encoded as implicit memories, priors could be understood as a person's internal working model through the lens of attachment theory (Bowlby, 1969, 1973, 1980). In the language of the Free Energy Principle (FEP), these are the generative models that predict the causes of sensory inputs. As speculated in earlier

[8] I am pleased to capture this intricate concept in a simple, memorable mnemonic.

clinical formulations (e.g., Yeung, 2010), a primary objective of AEDP is the somatic restructuring of these implicit memory networks. Neurally, these predictive generative models find their neurobiological correlate within the Default Mode Network (DMN).

2. **Present-moment signals (sensory inputs)**: These constitute the real-time, ascending visero-sensory signals arriving moment-to-moment. They comprise both interoceptive channels (visceral, homeostatic signals from inside the body) and exteroceptive channels (visual and sonic cues from the immediate external environment).

3. **Precision weighting (the predictive match)**: This is the critical step in which the brain dials up or down the "volume" or salience of prediction errors. Here, the top-down representational generative model is dynamically compared against bottom-up present-moment signals to assess predictive accuracy.

4. **Posterior revision (model updating)**: When a significant mismatch (prediction error) is detected, the brain initiates a posterior update. This represents the moment-to-moment optimization, upgrading, or structural revision of maladaptive generative models in response to novel, disconfirming experiential data.

5. **Praxis (active inference)**: This is the embodied, real-world lived experience of action. It represents the "active" component of active inference, in which the person alters their behavior or environment to satisfy their revised predictions and minimize future free energy.

In short, the active inference cycle is the *how* - neuro-computational perspective - of *what* makes adaptive tendency “adaptive.”

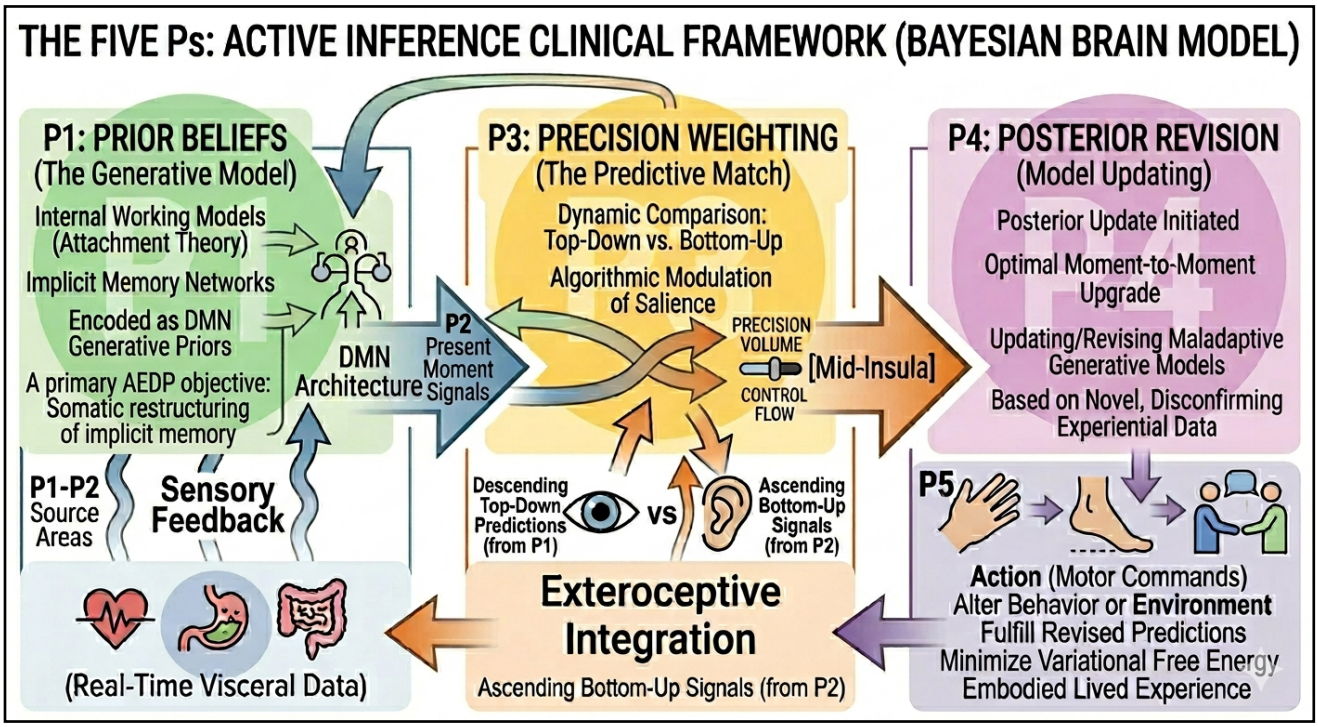


Figure 2. The Five Ps: Active Inference Cycle Map. This diagram illustrates the neuro-computational cycle of the five Ps in a therapeutic encounter. Image generated by Google Gemini under authors detailed direction.

III c. The anarchic brain model: the critical balance of optimal state of chaos-order

Building on the free energy principle, the anarchic brain model proposes that relaxing prior expectations gives internally generated sensations, emotions, and associations greater influence over conscious experience. Recent work on the Anarchic Brain model (Carhart-Harris, 2014, 2018; Carhart-Harris & Friston, 2019) further lends support to the phenomenon of a waking dream state accompanied by vivid visual imagery. It appears that the Default Mode Network (DMN) and its usual stream of spontaneous cognition are suspended or interrupted during periods of sustained, externally directed attention (Carhart-Harris & Nutt, 2014).

As this paper will further elucidate, this highly focused, externally directed attention is deliberately induced and facilitated by Dyadic Heartfelt Imagination (DHFI). In essence, DHFI represents a non-pharmacological pathway to generating these dream-like states—a phenomenological shift that can alternatively be induced through psychedelics such as psilocybin.[9]

Let us zoom in closer by examining the integration of the Free Energy Principle with the Entropic Brain Hypothesis (Carhart-Harris & Friston, 2019). Under this integrated model, it is proposed that psychedelics relax the precision weighting of high-level priors (prior beliefs or expectations), thereby freeing the upward flow of information from the limbic system. Furthermore, it is precisely this relaxation of rigid, high-level priors that allows for the revision of entrenched, restrictive, and maladaptive priors into adaptive ones. Crucially, it is my proposition that this exact relaxation of priors—associated with the phenomenology of a waking dream—can be induced in a non-pharmacological way through DHFI.

As we zoom back out to look at the broader mindscape of consciousness, the Anarchic Brain model (Carhart-Harris, 2018) posits that consciousness arises within a 'critical zone' in which entropy—or complexity—is ‘neither too ordered nor too disordered’. In my own words, it sits dynamically within the spectrum of chaos and order - a chaos-order continuum. Normal waking consciousness is calibrated to inhabit this critical zone optimally, though it naturally leans somewhat toward the pole of orderliness.

However, when brain entropy (a measure of unpredictability of brain activity) is shifted higher within this zone of criticality—whether through the action of psychedelics, deep meditative work, or, as I propose, DHFI—what we observe phenomenologically is greater cognitive flexibility and emotional lability, accompanied by a softening and relaxing of rigid prior beliefs and the everyday sense of familiarity.

[9] Note that the work presented here is not intended to replace groundbreaking developments in psychedelic-assisted psychotherapy; rather, I contend that both modalities can mutually enhance and deepen each other's clinical efficacy.

While this flexibility of mind and emotional lability are therapeutically significant, the phenomenology associated with a highly entropic brain can, if pushed to the extreme, tip toward psychotic hallucinations. It is precisely here, within the DHFI framework, that the dyadic anchoring of a self-reflective other—namely, the therapist—must come into play to provide grounding. As the client's brain function shifts toward higher entropy and heightened criticality, it is the therapist who actively contains and grounds the client, mitigating the risk of near-hypomanic or psychotic fragmentation.

The imagery that comes to mind is that of parasailing. Whether under the influence of psychedelics or engaged in deep DHFI meditative work, the client is like a person flying high in the uplifting winds of this high-entropy state. Yet, just as a parasail must remain firmly tethered to the boat below by a rope to prevent the sail from being blown away by the wind, the client requires the therapist's grounded presence. The therapist acts as that vital dyadic tether, preventing the client's high-flying consciousness from becoming untethered and carried away into chaotic fragmentation.

Ultimately, what allows DHFI to facilitate a true waking dream—rather than devolving into a nocturnal REM dream or a psychotic hallucination—is the sustained maintenance of a 'double state of consciousness'. Even as the client becomes deeply immersed in the noetic, dream-like flow of spontaneously arising primary-process imagery, the presence of the therapist's guiding voice—acting as a 'co-waking dreamer'—provides an external, reality-based, self-reflective anchor.

Vignette 2 beginning on page 37 provides a clinical application of this principle.

Part IV: Dyadic Heartfelt Imagination: The Practice and Underpinning Neurobiological Substrate

The practice: the how and why

Building upon earlier formulations of Dyadic Heartfelt Imagination (Yeung 2024, 2026), its practice within the session is dual-layered. It is intended first as an implicit, embodied practice sustained by the therapist to cultivate a reciprocal dyadic intersubjective field. Following this inner engagement, Dyadic Heartfelt Imagination can then be utilized explicitly and secondarily as a clinical tool to directly guide the client into deeper states of integrated experiencing.

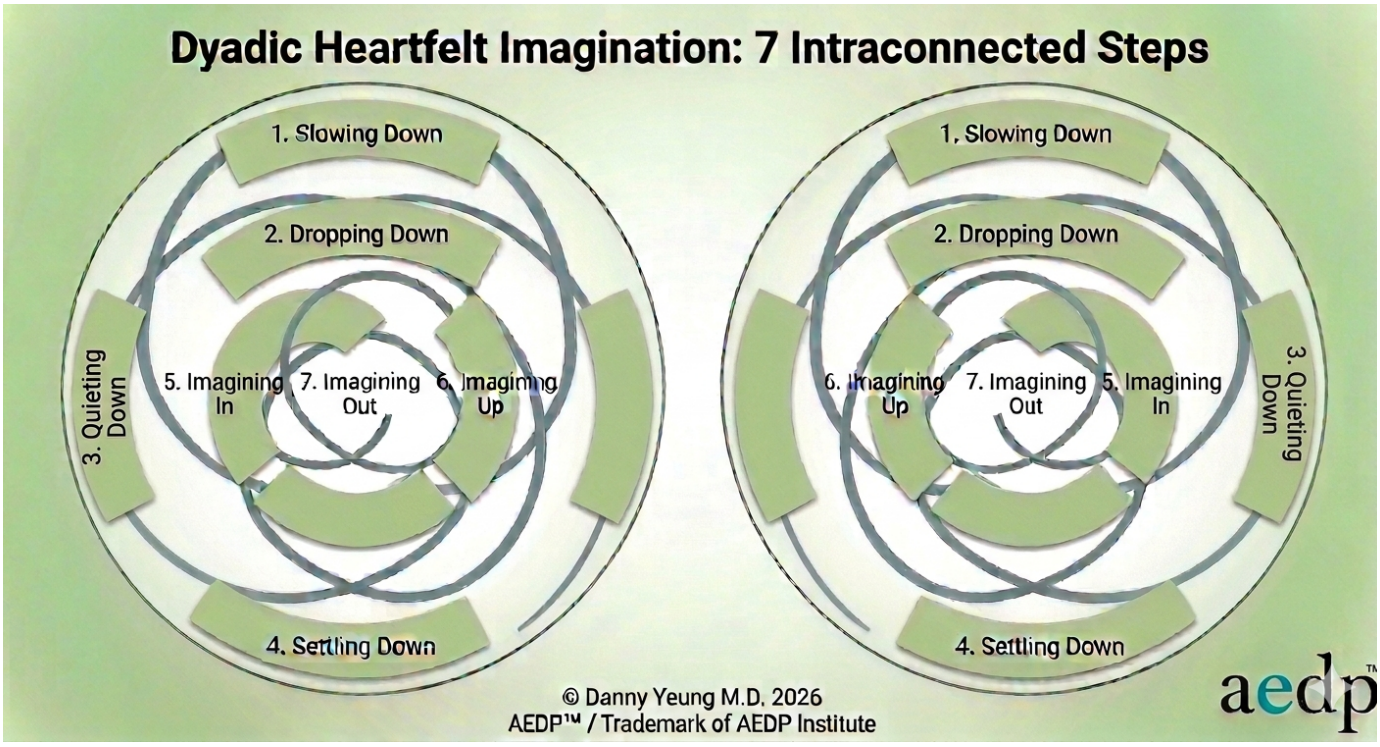


Figure 3. DHFI. Image generated by Google Gemini under author's detailed instruction.

How and why does DHFI facilitate the subjective, phenomenological experience of a waking dream state? Deeply resonant with the brain's primary process thinking, a waking dream state is characterized neurologically by an optimally calibrated chaotic-creative state that corresponds to the core affective and unconstrained mental activities typically associated with REM sleep (Alcaro & Carta, 2019; Carhart-Harris, 2018). Crucially, however, Dyadic Heartfelt Imagination achieves this facilitation through conscious induction within a waking, dyadic therapeutic intersubjective field (Alcaro & Carta, 2019). By grounding the experience in this safe, interactive relational space, Dyadic Heartfelt Imagination harnesses the wired-in, auto-therapeutic function naturally associated with the dream state (Hartmann, 1996, 2010). With this theoretical framework in mind, we now turn to the seven intra-connected steps–slowing down, dropping down, quieting down, settling down, imagining in, imagining out, imagining up—through which DHFI unfolds.

The 7 intra-connected spiral steps of Dyadic Heartfelt Imagination:[10]

Step 1. Slowing Down

How: Therapists can implicitly model and facilitate this shift through nasal-breathing techniques that pair a deep inhalation with an extended exhalation (Zelano et al., 2016). Maintaining this deliberate, slow tempo—approximated at five to six breaths per minute—offers the foundational physiological platform for the "instinct of imagination" (Alcaro & Carta, 2019).

Why: By slowing nasal breathing down to approximately five breaths per minute, the cerebral cortex—specifically the Default Mode Network (DMN)—is flooded with slow-frequency delta and theta oscillations (Jerath et al., 2006; Kluger & Gross, 2020; Zelano et al., 2016), corresponding to the highly synchronized neural activity associated with primary process thinking and REM sleep (Alcaro & Carta, 2019). Decelerating the clinical pacing in this manner

[10] See Appendix B for practice script

serves a precise neurobiological function: it engages the ventral vagal system to down-regulate red-signal affects and melt entrenched defenses (Yeung, 2024), while generating dynamic, synchronized patterns usually reserved for deep, slow-wave sleep (Menicucci et al., 2009).

Critically, this conscious deceleration acts as a primary physiological trigger for the REBUS effect (relaxed beliefs under psychedelics), relaxing high-level prior beliefs endogenously—without the use of external psychedelics (Carhart-Harris & Friston, 2019). By shifting the brain out of its hyper-alert, beta- and gamma-dominated waking states, this profound neuro-respiratory entrainment gently slides the alert, wakeful consciousness toward the optimally chaotic-creative twilight zone of the sleep-wake spectrum (Hartmann, 1996, 2010). The client is thus liberated to inhabit an unconstrained mental space while remaining safely anchored within the dyadic, intersubjective therapeutic field, ultimately activating the wired-in, auto-therapeutic function of the waking dream state.

Step 2. Dropping Down

How: "Pay attention inwardly" functions as the sine qua non of AEDP's experiential work, which bypasses defensive structures through deep interoceptive awareness. This inward somatic descent requires dropping down toward the level of the anatomical heart, and further down into the lower intra-abdominal core (Loisso, 2016; Lü & Cleary, 1991; Wilhelm, Jung, & Wilhelm, 2002; Yeung, 2024, 2026).

Why: The conscious act of interoceptive awareness operates as a critical entry point, emulating the neurobiology of REM sleep by suspending secondary-process thinking and the rational constraints associated with deliberate, top-down cognitive control (Alcaro & Carta, 2019). Here, the right fronto-insular cortex—the core node of the Salience Network (SN)—acts as the crucial switch (Sridharan et al., 2008), tipping the scale away from the hyper-focused, ruminative looping of the Default Mode Network (DMN) and activating the Central Executive Network (CEN) (Menon, 2011, 2023). This initiates a rapid redirection of spatial attention via the CEN,

shifting head-level rumination inward toward the body's somatic core (Corbetta & Shulman, 2002; Tripathi & Garg, 2022).

As previously noted, the neurobiological battlefront lies in the functional borderland between the anterior insula and the mid-to-posterior insular cortex. Where the anterior insula was previously flooded by top-down, anxiety-driven predictions from the DMN, this deliberate inward draw of attention allows the posterior and mid-insula to receive real-time, raw viscerosensory signals arriving directly from the heart and abdomen (Craig, 2002, 2009).

With the simultaneous relaxation of old, maladaptive priors from the DMN (Carhart-Harris & Friston, 2019) and a gentle slide toward the optimally chaotic-creative twilight zone (Hartmann, 2010), these unopposed, present-moment interoceptive signals reverse the informational flow. They cascade forward from the posterior and mid-insula, through the anterior insular gateway, and up to the DMN, generating a profound posterior update of the brain's internal generative map (Seth & Friston, 2016). This neural restructuring naturally releases adaptive action tendencies, opening a critical phenomenological window for deep mental flexibility and therapeutic suggestibility (Carhart-Harris et al., 2015; Schacter, 1976).

In short—akin metaphorically to the periodic software updates of our operating systems—this conscious interoceptive awareness "uploads" a profound posterior update via the active inference cycle, transforming old, maladaptive default priors into newly integrated, adaptive ones. As secondary process thinking recedes, the primary process flow of a deeply therapeutic, dream-like waking state comes to the fore.

Step 3. Quieting Down

How: By consciously slowing down the clinical tempo and anchoring an intentionally attentive, interoceptive focus (Price & Weng, 2021; Trowbridge, this issue) within the somatic core—specifically at the level of the heart or the lower intra-abdominal core—we facilitate a profound quieting of intrusive, inner-looping mental chatter. This experiential shift actively helps both

clinicians and clients "not to stay in the head" (Fosha, 2006), effectively lowering the interference of defensive rationalizations, intellectualized ideas, rigid prejudices, or historical projections.

Why: This specific inward redirection of attention mimics the neurobiology of REM sleep to the extent that it suspends the hyper-rigid, deliberate cognitive control typically exerted by top-down prefrontal structures (Alcaro & Carta, 2019; Hobson et al., 2000). At the network level, the right fronto-insular cortex—the core node of the Salience Network (SN)—acts as an important switch to dial down the ruminative Default Mode Network (DMN), thereby silencing the neural substrate of that mental chatter (Menon, 2011; Sridharan et al., 2008).

Concurrently, the Central Executive Network (CEN) is dynamically reallocated: rather than fueling top-down intellectualization, it is dialled up to anchor spatial attention firmly upon the body's viscera (Corbetta & Shulman, 2002). As these rigid top-down priors and maladaptive old narratives are relaxed, the mind "lies fallow" (Alcaro & Carta, 2019; Zavlis et al., 2026), entering a highly plastic, receptive, and optimally chaotic-creative resting state (Carhart-Harris & Friston, 2019). This profound downregulation leaves a conscious experience of deep inner silence, stillness, emptiness, equanimity, and radical openness (Hartmann, 2010)

Step 4. Settling Down

How: Our direct and willful conscious acts of slowing down, dropping down, and quieting down exert a balancing effect, settling and stilling both body and mind. The resulting felt sense in the heart area—a state of heartfelt sensing—is characterized by openness, centeredness, a distinct loosening, warmth, and aliveness. In turn, this profound physiological and mental settling prepares the ground for the deeply mindful act of imagination (Alcaro & Carta, 2019)

Why: The "Settling Down" stage uses precise interoceptive predictions of safety to effectively enslave autonomic reflexes into a state of profound physical calm (Seth & Friston, 2016). This

state closely corresponds to the physiological configuration of REM sleep, wherein profound physical stability and peripheral muscle relaxation create a protected somatic safe haven that allows inner, dream-state realities to flourish safely (Hobson et al., 2000).

Neurodynamically, this is achieved by the viscero-motor areas of the Salience Network (SN)—specifically the anterior insular cortex (AIC)—sending descending efferent projections to subcortical and brainstem targets, including the periaqueductal gray (PAG) and the parabrachial nucleus (Craig, 2002). Concurrently, the relaxation of old, maladaptive priors allows the AIC to issue highly precise, top-down interoceptive predictions of safety (Barrett & Simmons, 2015). Under the active inference framework, these predictions act as homeostatic set-points that actively "enslave" autonomic reflexes via visceromotor descending pathways (Friston et al., 2013).

Consequently, the liberated, bottom-up viscerosensory flow is met with a healthy, harmonized top-down regulation, restoring allostatic balance to an organismic system previously exhausted by chronic dyshomeostasis (Sterling, 2012). At this juncture, a palpable, physical release occurs. The patient consciously registers their heart rate slowing, muscle tension dissolving, and a wave of profound physiological calm and safety washing over their entire nervous system.

In short, top-down interoceptive predictions are harmoniously and perfectly matched with bottom-up present-moment signals. The predictive brain is now maximally optimized with paradise-like peace and serenity.

Step 5. Imagining Out

How: Imagining can be divided into its primary sensory sub-channels: listening and gazing. Listening is far more than mere auditory reception; while hearing concerns the simple detection and perception of sonic signals, listening requires a disciplined, non-judgmental presence. When we expand this faculty, listening—alongside its visual equivalent, gazing—reveals itself as a specialized subtype of imagination operating through active outward perception. At its

foundation, this outward listening or gazing serves as an imaginative bridge, anchoring mindful, multi-sensory attention upon the external object existing beyond the boundaries of the self.

Why: The dynamic switch in the right fronto-insular cortex (via SN) issues high-speed control signals to the Central Executive Network (CEN), demanding active, goal-directed, exteroceptive spatial attention (Menon, 2011; Sridharan et al., 2008). Concurrently, the therapist employs gentle, verbal guidance to supply safe, exteroceptive social signals. In turn, the therapist's voice acts as a supportive, top-down active inference update that disconfirms and systematically undoes the rigid, maladaptive priors of aloneness (Fosha, 2021). Ultimately, bottom-up viscerosensory data are met in collaboration with the exteroceptive, caring attachment and intersubjective signals emanating from the therapist's real-time presence, creating a unified sensory stream that cascades forward to the anterior insular and prefrontal cortices to safely update the client's internal generative map (Friston, 2010; Seth & Friston, 2016).

It is worth emphasizing that following this profound relaxation of high-level, top-down priors, the brain enters an optimally chaotic-creative resting state resembling the neuro-phenomenology associated with dreaming and psychedelic states (Carhart-Harris & Friston, 2019; Hartmann, 2010). Liberated from rigid cognitive constraints, the neuro-dynamical system enters an inward SEEKING state that actively explores the inner landscape (Alcaro & Carta, 2019; Panksepp, 2012; Panksepp & Biven, 2012). Guided by Bion's formulation of the alpha-function and waking dream thought, this state dynamically translates raw, unconscious, and proto-emotional data into vivid, percept-like images and affective symbols (Ferro, 2002, 2006). For the client, this translates into an experiential phenomenology characterized by awe, vastness, and ego dissolution, ultimately facilitating a transpersonal, unitive, non-dual realization of an I-and-Thou / Dao in the here-and-now (Yeung, 2024).

Step 6. Imagining Up

How: Directing our imaginative attention upward serves as an implicit guide to lift our physical gaze. Within the AEDP framework, this "gaze-up" phenomenon is recognized as a somatic

biomarker of transformational processing, associated with heralding the emergence of integration and resilience (Fosha, 2005, 2009, 2017). Crucially, while the upward gaze typically manifests in AEDP as a spontaneous, non-induced sign, the protocol proposed here is a consciously induced, deliberate maneuver (Austin, 2014). Upon engaging in this intentional shift, clients report profound phenomenological expansions, describing experiences such as "visualizing the throne of God," feeling "at one with the universe," or realizing that their "problems became minuscule" by comparison.

Why: With the Central Executive Network (CEN) dialled up to its maximum capacity, the deliberate exteroceptive focus—imagining past the ceiling, into the clouds, and out into the cosmos—demands immense executive spatial control from the frontoparietal network (Corbetta & Shulman, 2002). This rapid, sustained shifting of spatial attention functions as a rigorous 'brain gym' workout for the Salience Network (SN). Here, the SN switch continuously redirects computational resources away from internal threat-monitoring, ensuring that the rigid, old priors of the Default Mode Network (DMN) remain deeply relaxed (Menon, 2011; Sridharan et al., 2008).

This vast, unrestricted spatial projection mimics the pinnacle of the psychedelic state, sliding the brain along its optimally chaotic-creative continuum into an experiential phenomenology where the boundaries of the self become highly permeable (Carhart-Harris & Friston, 2019). Freed from its default role of anxious rumination, the DMN's innate capacity as an endogenous virtual reality generator is activated (Hobson & Friston, 2012). The client feels a transcendent connection to the cosmic realm, expanding beyond the confines of their physical body and historical personal narratives into a profound, unitive, non-dual state of limitless potential (Millière et al., 2018).

Step 7. Imagining In

How: As we direct our imaginative attention toward the interior of the anatomical heart and the

intra-abdominal core, the experience of inner listening or gazing is often accompanied by a profound somatic shift. This manifests as a dynamic, warm, centering, expansive, and vitalizing felt sense (Prendergast, 2019; Sardello, 2008). Building upon the activation of our intuitive capacities initiated during the previous step of dropping down, deep inward listening and gazing within the heart center allows us to connect with an authentic "inner knowing" (Prendergast, 2019). This inner wisdom frequently emerges phenomenologically in the form of spontaneous thoughts and images (Gendlin, 1981, 1996)—or what I conceptualize as "images or ideas, visions or whispers."

Why: As this 'brain gym' workout continues, the Salience Network (SN) assumes its role as the master integrative hub (Menon, 2011). It pulls the expansive spatial signals of the CEN back inward, synthesizing them with the deep, self-referential introspection of the DMN to physically encode a new internal working model across the cortical hierarchy (Fosha, 2000, 2021).

At this juncture, the critical posterior belief update occurs. Operating via abductive logic—inference to the best explanation—the predictive brain permanently integrates the visceral experience of physical safety with the therapist's exteroceptive guidance to predict an entirely new future (Friston, 2010). This effectively installs a healthy, highly adaptive generative model of the self (Zavlis et al., 2026).

The patient then gently comes 'back to earth' and re-anchors into their body. This neuro-computational update lands experientially as a profound 'aha' moment—a somatic 'click' of recognition, emotional insight, and integration (Fosha, 2021). They consciously experience the realization of their 'deepest, most authentic self,' characterized by an emerging baseline of self-compassion, relational security, and lasting wholeness.

Ultimately, what allows DHFI to facilitate a true waking dream—rather than devolving into a nocturnal REM dream or a psychotic hallucination—is the sustained

maintenance of a 'double state of consciousness' (Alcaro & Carta, 2019). Even as the client becomes deeply immersed in the noetic, dream-like flow of spontaneously arising primary-process imagery, the presence of the therapist's guiding voice—acting as a 'co-waking dreamer'—provides an external, reality-based, self-reflective anchor (Alcaro & Carta, 2019).

Part V: Archetypes as Neural Hyper-Priors, the 6th 'P' and the Self as a Teleological Strange Attractor[11]

In anticipation of the powerful symbols described in the upcoming analysis in the clinical transcript, I would like to first unpack the phenomenology of archetypes as originally proposed by Carl Jung, followed by their contemporary re-conceptualization through the lens of the Free Energy Principle (FEP) and active inference.

According to Jung (1959), archetypes are understood as pre-existent, *a priori* forms of apprehension, often referred to as primordial images. The concept can be traced back to Plato, Philo Judaeus, Irenaeus, Dionysius the Areopagite, and St. Augustine (Jung, 1959; Jung, Shamdasani, & Hull, 2012). They are natural structures inscribed upon the human psyche—prototypical forms that operate across historical time and culture as universal templates shaping how we perceive and organize the world (Stevens, 2003).

Way ahead of his time, Jung (1958) further speculated a link between archetypes and subcortical structures in the brainstem:

> "I have long thought that, if there is any analogy between psychic and physiological processes, the organizing system of the brain must lie subcortically in the brain-stem. This conjecture arose out of considering the psychology of an archetype of central importance and universal distribution represented in mándala symbols. It appears spontaneously and independently of all tradition in the products of the unconscious. It is easy to recognize and

[11] The 6th 'P' refers to post-hoc Bayesian model selection, which is discussed in further detail below.

> cannot remain hidden from anybody who has experience of dreams. The reason that led me to conjecture a localization of a physiological basis for this archetype in the brain-stem was the psychological fact that besides being specifically characterized by the ordering and orientating role its uniting properties I have long thought that, if there is any analogy between psychic and physiological processes, the organizing system of the brain must lie subcortically in the brain-stem."[12]

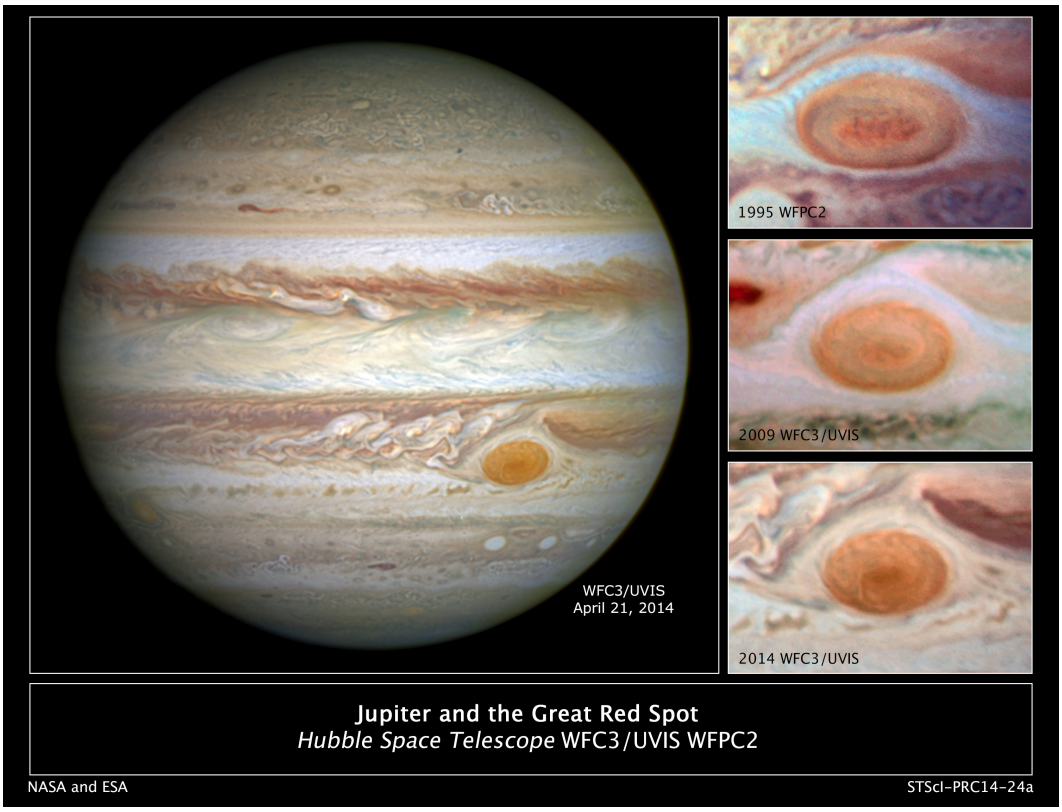
Fast-forwarding to a contemporary framework, Jung's theory of archetypes can be powerfully reinterpreted from a neuroscientific standpoint using predictive processing. Conceptually, archetypes can be distinguished across three levels: the *archetype-as-such*, the *archetypal image*, and the *archetypal story* (McGovern et al., 2025). For the purposes of this paper, we can understand the *archetype-as-such* as the deepest neuro-archaeological priors—recurrent, brain-based predictive patterns or generative models that give rise to the phenomenological emergence of archetypal images and stories (McGovern et al., 2025).

Neurobiologically, the primal origin of the Self is located in the deepest, most ancient parts of the brain (Alcaro, Carta, and Panksepp, 2017)—specifically, the subcortical midline structures (SCMS)—thereby validating Jung's early intuition that the archetype of the Self is fundamentally rooted in the brainstem (Alcaro et al. 2017; McGovern et al. 2025). Working in concert with the primary affective systems, this neurobiological core Self can be conceptualized in nonlinear dynamic theory as a *strange attractor* (Alcaro, Carta, and Panksepp, 2017) — characterized by local short-term unpredictability with global long-term recognizability.

Given that the phenomenological *True Self* of AEDP State 4 correlates directly with this neurobiological core Self (Fosha, 2000, 2021), I propose that True Self experiencing in State 4 functions clinically as a strange attractor. In nonlinear dynamics, an attractor exerts an inescapable "magnetic pull" over an organism's activity, drawing it toward specific "basins" of

[12] Note that while this exact quotation appears in Alcaro et al. (2017) and McGovern et al. (2025), both sources contain errors in their reference citations. The correct primary source reference is meticulously tracked and provided in the present work (Jung, 1958).

neural activation. It is considered “strange” to the extent that, while its local, moment-to-moment trajectory is highly chaotic and unpredictable, its global, long-term pattern remains remarkably stable and predictable (Van Eenwyk, 1991).



To visualize this, we need only imagine the Great Red Spot on Jupiter—a storm larger than Earth itself. Internally, it is turbulent, chaotic, and unpredictable, yet globally and over time, it maintains a highly recognizable, stable, flattened oval shape (Marcus, 1988). Clinically, this trajectory exemplifies the principles of chaos theory: while the healing trajectories toward experiencing the True Self vary uniquely across individuals, the destination itself operates as a strange attractor—"never predictable,” yet “infinitely recognizable” (Van Eenwyk, 1991).

Finally, according to Friston’s principle of Bayesian Model Reduction (BMR), among all the competing generative models generated by the active inference cycle, the brain ultimately selects

the simplest, most Occam's Razor-like model—a hyper-prior (Friston & Penny, 2011), or overarching prior of all priors, the "Queen of all Queens"—that accurately explains the sensory data (Friston, 2010; Friston et al., 2016). At a fundamental computational level, the brain adheres to the KISS principle (Keep it simple, silly). Because complex living systems naturally gravitate toward states of minimal variational free energy, they are inevitably pulled toward this neural archetypal Self. Provided we can relax, melt, or restructure our rigid, defensive priors, we are essentially destined by our own neurodynamic and computational processes to flow teleologically toward the integrative whole of the neuro-archetypal Self.

Part VI. A Preview of the Case Illustration: Multiple Levels of Dropping Down

Before diving into the clinical illustrations, I would like to establish an interpretive matrix for this case by exploring the multiple levels of AEDP's "dropping down."

- **The Phenomenological:** As seen in the following clinical material, the clients quickly entered into a dropped-down State 2 after Dyadic Heartfelt Imagination. As Diana Fosha notes (Ely, n.d.), the act of dropping down is not about tracking a heady, intellectualized narrative, but descending from the head to the body's experiential processing.

- **The Neurobiological:** This downward drop can be metaphorically mapped onto the insula. While the middle third receives top-down signals from the default mode network, the posterior third receives bottom-up interoceptive inputs. "Dropping down" is our metaphorical shorthand for privileging these somatic, bottom-up signals when we ask clients to track their bodily sensations.

- **The Schematic:** Expanding on this, the Triangle of Experience schematically illustrates "dropping down" as a descent past defense and anxiety to the bottom of the triangle: core affect. Ultimately, this movement aligns with the AEDP Four-State Map, representing the

figurative descent from State 1 through State 2, culminating in the profound relational and existential integration of States 3 and 4.

Keeping in mind that this constitutes the second step of Dyadic Heartfelt Imagination, the practice of "dropping down" is already well established as the AEDP question: 'What are you (the client) noticing in the body?' That being said, if DHFI contributes a new dimension to this traditional somatic concept, it does so by answering a specific, highly pragmatic question: "Dropping down to where?" Where, precisely, do we direct our attention 'in' the body?

This explicit directive extends beyond Eugene Gendlin's classic *Focusing,* which typically instructs clients to locate a vague, murky *felt sense* and sense how you (client) feel in your body (Gendlin, 1981). Because such a felt sense can often feel too abstract or elusive for clients to readily access, DHFI provides a clear, explicitly defined interoceptive and somatic center of direction (Craig, 2002, 2009; Critchley et al., 2004; Trowbridge, this issue; Yeung, 2024, 2026). Specifically, we guide the client to imagine the anatomical heart—the very center of the heart core.

From this heart center, an imaginative portal of entry opens, leading downward into the lower abdomen—a region recognized in traditional Chinese energy work as the lower *dantian*, situated in the intra-abdominal space just below the navel. By explicitly linking these regions, Dyadic Heartfelt Imagination offers a precise, dual-foci anatomical map. Crucially, these are the exact somatic loci from which rich interoceptive signals ascend to the posterior insula.

Ultimately, by guiding the client to track these specific anatomical locations of interoceptive awareness, we establish a practicable, step-by-step pathway to the neurobiological core self. This 'mastermind' effectively orchestrates, organizes, orients, and orders the various affective systems that have been so extensively researched (Alcaro et al., 2017; Panksepp, 2005; Panksepp & Biven, 2012; Panksepp & Northoff, 2009). Provided we can relax, melt, or restructure our rigid,

defensive priors, we are essentially destined by our own neurodynamic and computational processes to flow teleologically toward the integrative whole of the neuro-archetypal Self.

Clinical Illustration: Still Eye / I in the Storm

> The imaginal world is the precise place where the soul's desires are transformed into visible realities, a cosmic mirror where the invisible takes form so that the soul may encounter itself.
>
> — Henry Corbin, *Alone with the Alone*

The session began with a ten-plus-minute check-in, with Jonathan (pseudonym) reflecting on his return to full-time employment following a six-month medical leave for anxiety. Returning to a dysfunctional workplace characterized by systemic apathy and peer burnout, he experienced a profound sense of overwhelm that culminated in acute physical illness and temporary incapacitation. Jonathan noted a progressive escalation of anxiety alongside a defensive shift toward adolescent-like coping mechanisms—specifically compulsive video gaming, a 'yellow zone 'prelude to his problematic addictions. He was highly receptive to my explicit championing of his core transformance striving, specifically his engagement with Vipassana meditation and his 12-step sponsorship network. Ultimately, Jonathan recognized his heightened vulnerability to being pushed outside his window of tolerance, expressing a vital desire to cultivate the somatic and relational boundaries necessary to endure external chaos without slipping into apathy. The session continued with a collaborative invitation to focus on the treatment aim.

Vignette 1: Just More Anxiety

T: (*Friendly smile. Confident*) …I'm very curious — just so that I kind of know — if there's one thing that you would like to take away from our meeting today, what would that be?
[Zooming in session focus]

C: (*Regular pace. Sounding a matter of fact like*) I think tapping into that… that inner guide who offers a sense of peace amidst the whirlwind, the um… the hurricane of life. If I can be at its center in the stillness, the eye of the storm, just observing, I think that would be good. **[Therapist detects transformance manifestation]** Cause there is just anxiety. Just before this, I hadn't watched any news today, and I knew there were some inflammatory social media posts and guidelines around certain behaviors. And I said," I just want to check in on that," and… the news video I watched didn't calm me. It didn't help me in any way, it just made more anxiety around questioning what's happening next and…**[In State 1. Intellectualized defense. Moderate to high risk of acting out addictions to cope]**

T: (*Implicit slowing down. Tone begins to soften*) Yes, we'll work with and aim for that state of mind **[Affirming transformance manifestation: Client's desire to heal. Undoing aloneness a la pace and tone]**, to be…embodying the still…observer in the midst of a hurricane outside. The eye of the storm. Does that make sense? **[Aiming to disarm defense. Undoing aloneness a la matching the client's language]**

C: Yeah **[Green signal go ahead]**

T: Sure, let's do it together. **[Undoing aloneness a la explicit 'together-ness'. Getting ready to go beyond mirroring and lead with DHFI]**

T: (*Eyes closed*)…**[Aiming to guide the client through DHFI, noting that DHFI Step 2-dropping down, effectively guides the client into a dropped-down State 2]**

C: (*Eyes closed. Matching therapist*)…**[Green signal affect of willingness to trust the therapist. Collaboratively building a secure attachment base—creating a potential precision-weighting mismatch between the present-moment experience and the problematic prior predictions generated by the internal working model or generative model (Zavlis et al., 2026)].**

Micro-Analysis via FEP Lens

Given the client's anxious attachment history, he operates from an attachment-based internal working model rooted in an implicit memory of an unsafe world. Through the lens of the active inference cycle (Figure 2), we can establish a direct equivalence here: the internal working model (attachment theory) ~ the generative model (FEP). Both represent the brain's top-down predictive pattern, generating fixed prior beliefs that anticipate environmental threats and instability. In this hyper-aroused state, we can imagine a Default Mode Network (DMN) screaming "the world is unsafe," "I can't cope," and overwhelming top-down signals flooding the anterior insula. When the client compulsively checks for inflammatory social media posts, this incoming sensory data does not soothe the system; instead, it acts as a catastrophic confirmation of his anxious predictions. Because the negative external signals match the screaming top-down priors, they reinforce the maladaptive loop, validating the implicit memory and trapping the client in a self-perpetuating, self-defeating cycle of hypervigilance.

Vignette 2: Dyadic Heartfelt Imagination (DHFI)

In the following vignette, which lasted approximately eight minutes, I was explicitly guiding the client through the DHFI protocol (Appendix 1). I would like to emphasize that Step 1 (slowing down) and Step 2 (dropping down) were mutually and experientially enacted—first by myself and subsequently by the client—thereby reflecting the inherently dyadic nature of the model. I intentionally omitted Step 3 (quieting down) and Step 4 (settling down) from my explicit guidance because the experiential enactment of Steps 1 and 2 naturally yields Steps 3 and 4 as automatic consequences. Specifically, during Step 3 (quieting down), the inner chatter—the ruminative, looping thoughts characteristic of Default Mode Network (DMN) phenomenology—spontaneously dials down. Moreover, Step 4 (settling down) of both mind and body automatically ensues.

T: (*Eyes occasionally closes then opens to watch client responses. Tone tenderly and softly*) Again feeling into…if I may invite you to…**[3 seconds pause. Implicit slowing down. DHFI Step 1]…**check in with the body…The feet…the buttocks…the back…upper back….Allow your head to be straightened but not stiff….**[Watches client follow guidance]**. If I may invite you to breathe in and out through your nostrils, and allow the in-breath to go low, as low as it could, even to the lower belly. **[Watching client's breathing via nostrils. Aiming for 5-6 breath cycles per minute. Explicit DHFI Step 1, slowing down.** And then breathe out slowly…through the nostrils…but slowly. So we'll do this low and slow….Again, breathe in… and…out….Low…and..slow….In…and…out…In…and…out…Low…and slow….In…and…out….Low…and…slow…. [**Further explicit DHFI Step 1 slowing down]** Hmm….**[Proceeding to DHFI Step 2 dropping down - equivalent of State 2 drop down]**…And then as you have your hands, feel free to put one hand over your heart…one hand over your lower belly…**[Watches client follow guidance and places hand over heart]…**Your left thumb touching your belly button…and allowing the palm touching the lower belly….Or if you want, you could have both hands touching the lower belly as well. And this way, draw your attention inwardly to the heart…**[Interoceptive awareness zooming in specifically to the anatomical heart]** Noticing your physical heart is the portal of entry to your deepest, most soulful self, situated inside your lower belly. **[Interoceptive awareness zooming in specifically to the lower intra-abdominal space]…**So as you draw your attention inwardly…imagining yourself taking an elevator down…where your head is the ground floor…your heart is lower level 1…and your lower belly is lower level 2….Just imagine going down…and down…and down to the lower belly…And next, you gently allow yourself to stay at lower level 2…If you notice the elevator doors opening up, what do you see that is outside of this elevator?[13] **[Dyadic Co-Imagination: Therapist's own DMN looping thoughts are dialled down through slowing down and dropping down, thus receptive to messages from the imaginal realm. As the image of a descending elevator emerged in my awareness, I became attentive to these**

[13] This micro-intervention draws inspiration from Christopher Nolan's film Inception (Nolan, 2010), which is cinematically striking for its layered, "dream-within-a-dream" narrative structure.

images and used it to gently guide the client's next steps, symbolizing a deeper entry into the unconscious]

Micro-Analysis via FEP Lens

By guiding the client through Dyadic Heartfelt Imagination, I am deliberately leveraging the pivot of focused interoceptive awareness to systematically down-regulate the top-down signals from the Default Mode Network (DMN) that are flooding the anterior insula. This targeted shift effectively relaxes the rigidity of the client's prior beliefs—a mechanism experientially akin to Carhart-Harris and Friston's REBUS model (2019) yet achieved entirely without psychedelics—thereby softening and safely bypassing entrenched defensive structures.

Vignette 3: Waking Dream: Bright Blue. Fiery Red. Melding into One.

Immediately following the previous vignette, the client crosses into a deep, somatic "waking dream" state. Guided by the therapist's continuous "undoing of aloneness," the client describes an unfolding archetypal landscape: a red bridge and a flickering blue firefly. As the client loses geographical awareness, imagery evolves into ascending spinal energy, shifting into entwined blue and red dragons (Daly, 2020). The therapist co-imagines the scene, prompting a double ouroboros imagery as the dragons swallow each other's tails. This transformative melding of opposites forms a swirling mandala of blue and red energy, symbolizing integration and movement toward the Self. The vignette concludes as the therapist grounds this integrated somatic state back into the client's real-world workplace narrative.

C: I see a bridge, it's red. **[Emerging archetypal imagery. Intuitive sense that client is dropping down to State 2]**

T: Go on. **[Privileging the emergence of State 2 drop-down]**

C: There is a blue light that's swirling like a firefly, or a floating star that's flickering and swirling around the bridge. It's a warm space, kind of all red, it's kind of hellish but not scary, just kind of a red space with a bridge that looks kind of like it has lava around it or something. And…[**Highly symbolic descriptions. 'Bridge' as an archetypal symbol crossing over from 'conscious to unconscious' (Ronnberg et. al., 2010) and State 1 to State 2. Portrayal like in an archetypal layer**]

T: You see a bridge (C: Hm-hmm). You see a blue firefly. And you see red around the bridge (C: Hm-hmm). Is it a bridge that is between you and the elevator? **[Further undoing of aloneness via matching language]**

C: It's as if I step out onto the bridge, but I do not necessarily know where it's going. **[This 'not knowing' indicates the client is observing an emergent waking dream phenomenon rather than consciously constructing the imagery.]** It's just… it's in front of me, that I'm walking across and onto a bridge. **[Unfolding imagery with a sense of flow. Absence of ruminative looping. Influence of ruminative priors clearly dialing down]**

T: Right. You can walk across this bridge. There's a firefly; there's some red, hellish, but not scary. You feel the warmth. Stay with that image. It could continue to shift. Go on, I'm with you. Noticing you are not alone. Even though there is almost a red, hellish environment. I'm with you. **[Privileging positive flow like unfolding. Cautious about the 'hellish' imagery, hence the explicit undoing of aloneness]**

C: Just kind of picturing the bright, light blue ascending in some way, and it turned into kind of… two dragons, like a bright blue one and red that were kind of, um… entwined in a way. [**Ascension suggests positive emotional states (Cassar 2020). Entwined blue and red dragons remind the therapist of Hermes' caduceus, symbolizing alchemical transformation**]

T: There's a red dragon and a blue dragon? Where are they in relation to me and you on the bridge? **[Dyadic co-imagining with the client]**

C: I lost my sense of my own geography, and I just felt as though there was just kind of this image, and it was one of an ascending kind of energy. **[Losing sense of geography as further evidence of waking dream state. Observing spontaneous and emergent imagery as opposed to conscious construction]**

T: Ascending energy. Yes. Let me double-check with you. Do you sense me with you? **[Intuitive double-checking of the client's receptive affect]**

C: I do now. **[Receptive affect confirmed]**

T: Thank you. And what's it like to sense me with you inside? **[Undoing aloneness: Deepening the client's experience of the therapist's being with]**

C: It's grounding, it just brings me back. **[Somatic experience. Deepening receptive affect]**

T: Brings you back. So the image of two dragons, one red, one blue. But there's an ascending energy. Help me feel this energy with you. How is it ascending, from where to where? Inside your body, that is. **[Undoing aloneness via match language. Dyadic co-imagining with the client]**

C: I think along my spine. **[Somatic experience]**

T: Along your spine. Mm-hmm. Along your spine, beginning where, and where is the ascending energy now? **[Therapist exploring TCM-based[14] subtle energy phenomena (Loizzo, 2016), specifically the therapeutic potential of ascending spinal energy]**

[14] TCM: Traditional Chinese Medicine

C: It's probably starting in my stomach, and kind of going up between my shoulder blades? **[Tracking somatic experience]**

T: So it's actually beginning at the level of the stomach, the spine, and ascending up to the back of your neck. Is that what you're noticing? **[Matching language. Dyadic co-imagining and tracking somatic experience with the client]**

C: Yeah, sort of in my mid back, kind of my thoracic spine. **[Confirming somatic experience]**

T: Your thoracic spine. (*Client sneezes 4 times*) Bless you. And where's the energy now? **[Noticing sneeze as a meaningful coincidence. Dyadic co-imagining and tracking somatic experience with the client]**

C: I feel like the energy sort of went through my body when I sneezed. I just kind of felt it wasn't limited to my spine, but it just — I could feel it through my arms and in my chest and that sort of thing as well. **[Meaningful coincidence: Allowing healing energies to permeate the rest of the body]**

T: Wow. So just allowing the energy to radiate and percolate throughout your body. **[Deepening somatic experience of healing energies]** So there is me being with you, it is a bridge across, there's a blue firefly lighting the way. There is a red hellish environment, and there are two dragons, one red and one blue. Mmm. What else are you noticing? **[Explicit undoing aloneness. Dyadic co-imagination]**

C: The dragons are trying to kind of swallow one another. They were creating a, like a sphere of energy, like a ball of…**[Emerging imagery: Double ouroboros as meeting of the opposites as symbolism of integration (Daly, 2020)]**

T: So they're trying to swallow one another. How? If they do it like dinosaurs, trying to bite each other's necks, they won't be able to do it. The only way that they can swallow is to, one mouth holds the other's tail, and the other dragon's mouth tries to swallow the other dragon's tail. Does it fit your imagery? **[Dyadic co-imagining and tracking somatic experience with client]**

C: I can picture it **[Confirming double ouroboros imagery]**

T: You can picture it……Go on…**[Matching language. Deepening his flow]**

C: It's like the energy kind of coming out of their mouths was trying to, or in some way expanding into this ball. **[Ball as emerging imagery of mandala: Symbolism of the Self]**

T: Expanding into this ball. Help me picture the ball. Help me picture the ball. **[Dyadic co-imagination]**

C: I think it's a swirling combination of the bright blue, almost like electricity. Bright blue and then the fiery red, kind of in competition, but also… uh… melding into one. **[Deepening emergence of melding double ouroboros imagery: Symbolic integration of the opposites. Effortless flow towards the Self]**

T: Melding into one. Stay with the blue energy and the fiery red, melding into one. Stay with that. Thank you for allowing me to walk across the bridge with you. With the blue firefly. And now watching the two dragons — the blue dragon and a red dragon — trying to swallow each other's tail, and now with the blue energy and the red energy melding into one….**[Matching language. Dyadic co-imagination of the emerging integrative imagery towards the symbolism of the Self]**…If I may — just checking in with you — bring back the image of your dysfunctional workplace. Which is, your relatively outer world. Smaller, I guess, compared to the whole world, but that is your life world. As you bring back the image

here, what are you noticing? **[Invite reconstruction of the client's self-world relational narrative]**

Interlude: Reflection on Waking Dream and Archetypal Symbolism

Allow me to unpack the phenomenology described in Vignette 3. This conceptual breakdown is crucial, as some readers of this paper may be unfamiliar with the characteristics of waking dreams and archetypal frameworks utilized here.

On the phenomenology of waking dream

In understanding the phenomenological characteristics of a waking dream state, I have leaned heavily upon Cassar's (2020) explication of Robert Desoille's therapeutic method—a connection I discovered during the research process for this paper. At the same time, my primary clinical approach remains rooted in the classic epistemological dictum: follow the phenomenology (Fosha, 2022).

I am deeply indebted to Desoille's pioneering historical work for validating that *what* I observed in this session was, indeed, a profound waking dream state. However, a critical divergence exists in the induction methodology—specifically, *how* we access this waking dream state. While Desoille's traditional approach relies heavily on facilitating a relaxing regression, my approach uses Dyadic Heartfelt Imagination, a framework independently developed to leverage direct interoceptive awareness and exteroceptive pathways rather than traditional regression.

What, then, characterizes this experience as a waking dream state?

- First, the primary thematic content of the client's imaginal experience resembles a timeless, mythopoetic narrative rather than a localized, concrete personal-biographical storyline. In

Jonathan's case, as detailed in Vignette 3, there is a complete absence of any mundane biographical material, such as details regarding his professional or personal life. Instead, the imaginal field is populated entirely by universal, symbolic elements: a bridge, luminous fireflies, a spherical orb, and ascending blue and red dragons.

- Second, this symbolic content is animated by a distinct multi-sensory cinematic flow—a *Bildstreifendenken*, that is, thinking in the form of a movie. Jonathan's imagination unfolds much like a slow-motion film, in which he actively participates across multiple sensory modalities, seamlessly blending vivid visual imagery with deep, energetic somatic experiencing.

- Third, throughout this process, Jonathan continually externalizes this internal phenomenon, vocalizing and actively describing the oneiric inner drama in real time as it dynamically unfolds.

- Fourth, there is a palpable sense of movement within the imaginal space that generates immediate, tangible affective and autonomic responses. Specifically, the vertical, ascending trajectory of the rising dragons corresponds directly to visceral feelings of profound well-being, as empirically evidenced by his subsequent transformative shift into an explicit State 4 stillness and calm.

- Finally, this process is fundamentally relational; I was deeply engaged in an ongoing state of dyadic co-imagination with the client. I would propose that my own subjective experience while micro-tracking Jonathan felt as though I were actively inhabiting this imaginal landscape alongside him. The intuitive sense of rightness and the seamless somatic resonance arising within my own interoceptive awareness both correspond profoundly with the classic phenomenological characterizations found in Desoille's therapeutic method.

On the phenomenology of archetypal symbolisms

- 1. *Luminous imagery*. The imagery in Vignette 3 is quintessentially luminous. By luminous, I mean the poetic quality of experience that elevates both waking dreamers—the client and the therapist—from the mundane to a transcendent space. As previously noted, when the client was inhabiting this psychic state, the biographical details of his life and work - the mundane - were simply absent.

- 2. Second, the moment he uttered the word "bridge," I experienced a profound aha! insight (Chevalier & Gheerbrant, 1996; Kounios & Beeman, 2014). Through my own top-down active inference, I was already anticipating the emergence of metaphorical language. This top-down prediction perfectly matched both the exteroceptive signals (listening to the client's words) and the bottom-up interoceptive signals arising from my own somatic core (Seth, 2013). This flawless synchronization of top-down expectation and bottom-up visceral reality generated a profound *global emotional moment* within myself—hence my undeniable sense of "rightness" (Craig, 2002, 2009).

- Third, the client's metaphorical language clearly engaged a sense of depth rooted in a viscerally felt emotional experience. (Citron & Goldberg, 2014). He was no longer speaking from a purely intellectualized cognitive space; rather, he was communicating in a fully embodied manner. This somatic grounding became explicitly evident later in the vignette when he vividly described the energy filling his body.

- Fourth, the specific imagery he spontaneously produced warrants highlighting. The vision of the two rising dragons—evoking the Hermetic Caduceus and the double Ouroboros—carries a powerful dual archetypal charge (Daly, 2020). The ascending, elevating trajectory of the imagery is inherently associated with an emerging sense of well-being, as discussed earlier. Furthermore, the entwining of the two dragons is a classic manifestation of Jung's Mysterium Coniunctionis—the union of opposites that serves as the ultimate prelude to integrated

wholeness in Jungian psychology. As this imagery subsequently evolved into a sphere, it unmistakably formed a mandala, the paramount Jungian symbol of the Self.

Vignette 4: Beautiful and Peaceful

C: There's a certain stillness, like the kind of… yeah, my body is calm. **[Emerging classic State 4 phenomenology]**

T: Your body is calm. You're noticing the stillness. **[Matching language]**

C: It's just… it's constant…It's not- when I think of the workplace, there is a kind of a, a fluttering or like, a kinetic energy that I feel. Like my body is more static, and just still, like a… so the contrast. **[Classic State 4 sense of stability]** I notice the contrast of the calmness of my body, versus the swirling chaotic notion of my workplace. **[Reconstructing the self-world relational narrative]**

T: So, picturing yourself, the stillness of your body, and how this is helping you to watch the hurricane of dysfunctionality. The hurricane of the chaotic world. Feel into the inner stillness. Feel into the still center **[Somatic equivalent of interoceptive core self]** and where it's located inside your body. **[Invite classic State 4 reconstruction of client's self-world relational narrative]**

C: It was in my core, sort of below my solar plexus, just in the center of my thorax, sort of thing. Between my heart and my stomach (T: Between your heart and your stomach). Maybe just around, kind of above my diaphragm, or where… right in the very center of my chest, just below my ribs. **[Deepening experience of interoceptive core self]**

T: Absolutely. Stay with that core. Stay with the stillness. Yeah. And what's that like for you now? When we began with the chaos outside, and now you are…**[Invite further deepening**

interoceptive experience of core self and classic State 4 reconstruction of client's self-world relational narrative]

C: (*Smiles*) It's interesting that the chaos- I mean, I'm with the stillness now, but I, you know, I can hear the noise of trucks passing outside, and my work phone is ringing, and I'm just… I'm just being still right now, and noticing myself…**[An ironic smile at the uncanny external chaotic synchronicity]**

T: Stay with that. What's it like for you to listen to, from your still core? As you listen to your ringing phone and the truck noise outside? **[Invite further State 4 reconstruction of the client's self-world relational narrative]**

C: It all made me smile, I guess, 'cause it felt symbolic. **[Confirming synchronicity awareness]**

T: It's powerfully symbolic. Powerfully symbolic. Wow. Stay with that. And what is it a symbol of? **[Deepening experience of synchronicity awareness]**

C: Just the noise, the noise of the chaotic hurricane. **[Confirming the meaning of the synchronicity awareness]**

T: The noise is mirroring… It's the noise of the outward hate, a chaotic hurricane. Yeah, absolutely. And what's it like for you to notice where we began, when you watched the hurricane, and where you are now? **[Invite further State 4 reconstruction of the client's self-world relational narrative]**

C: Well, it made me smile, so…

T: Absolutely. Stay with that smile. Noticing that smile inside. And what is that smile about?

C: Um… maybe a bit of amusement at the, the awareness of the contrast between the stillness and the noise. It's the smile of recognition. **[Spontaneous metaprocessing. Classic State 3 click of recognition]**

T: Smile of recognition. Absolutely. And when you feel ready, gently open your eyes. What are you noticing? **[Deepening experience of State 3 click of recognition]**

C: I notice the lights coming through the window in my bedroom, onto my blankets. It looked peaceful and beautiful (T: Oh). Yeah, I think just feeling… trying to bring the sense of calm with me now into my fully present state with my eyes open. **[Classic State 4 sense of peacefulness and beauty]**

T: With your eyes open. Indeed. Sure. And I'm curious, what's it like for you to have this whole work today? From where we began to where we are now. **[Invite explicit metaprocessing]**

As a concluding meta-processing of our shared journey, the client affirmed the accessibility of his internal state as a "pleasant reminder." In processing the dyadic connection, the client reflected on the newness of being accompanied "inside." He noted that while explicit awareness of the therapist occasionally fades during deep interior focus, the therapist's gentle presence allows him to actively internalize the shared journey, learning to carry the therapist's presence in both his visual imagery and his internal somatic sensations.

Micro-Analysis via FEP Lens

In my own metaprocessing of this client's experience, I found myself wondering: did he engage in a spiritual bypass? Formulated by Welwood (1984), a spiritual bypass is essentially an intellectualized defense mechanism whereby a client relies on prepackaged, cliché-like spiritual concepts to avoid emotional reality. In my client's case, however, the spontaneous imagery arose organically from the deep unconscious—a profound manifestation of the autotherapeutic function of the waking dream. Furthermore, when he deliberately rechecked his state post-waking dream against the original metaphor of the 'workplace hurricane,' his somatosensory and affective responses were drastically different. Hence, we can 'actively infer 'that he had successfully generated a newly updated prior, adaptively allowing him to fully embody the "Still Eye / I in the Storm."

VII. Concluding Postlude: Lorenz's Butterfly Effect and Zhuangzi's Butterfly Dream

During a presentation at the 139th meeting of the American Association for the Advancement of Science, the mathematical meteorologist Edward Lorenz posed his now-famous question: "Does the flap of a butterfly's wings in Brazil set off a tornado in Texas?" (Hilborn, 2004). This question in itself set off a conceptual ripple that endures to this day, widely known as the Butterfly Effect—the principle that microscopic initial perturbations in a complex, nonlinear system can cascade into unpredictable long-term consequences.

This sensitive dependence on initial conditions—the essence of the Butterfly Effect—is vividly evident within the 'anarchic brain' (Carhart-Harris, 2018; Carhart-Harris & Friston, 2019). As a brain state approaches high criticality and heightened entropy, minute psychic perturbations have the potential—if left uncontained—to cascade and amplify. Pushed to the extreme, this unchecked entropy manifests as psychotic hallucinations and psychological fragmentation.

How, then, do we prevent this chaotic cascade from spiraling out of control into a psychic tornado? This is precisely the safety mechanism that Dyadic Heartfelt Imagination (DHFI), rooted deeply in an attachment-based, intersubjective relational field, is designed to provide. Dyadic Heartfelt Imagination deliberately introduces a 'psychically tethering Other' to mitigate the risk of the client spiraling into psychic chaos.

In the Dyadic Heartfelt Imagination framework, the psychically tethering therapist functions as a co-waking dreamer, anchoring the client as their rigid, maladaptive priors are softened and melted in the waking dream state. Within such a fluid, highly entropic state of consciousness, the therapist—acting as the co-waking dreamer—intentionally remains grounded, leaning gently yet firmly toward the order pole on the chaos-order spectrum.

This stabilizing, anchoring, and tethering presence facilitates the auto-therapeutic function of the client's waking dream, allowing Bion's alpha function to be actively realized—metabolizing raw, chaotic proto-emotional data into integrated meaning for the client. Ultimately, this relational tethering culminates in a state of profound integrated wholeness for both dyadic waking dreamers, representing the clinical materialization of the neuro-archetypal strange attractor of the Self in both the client and the therapist.

As we draw this exploration to a close, allow me to turn to the Daoist sage Zhuangzi's famous butterfly dream (Höchsmann, Zhuangzi, & Yang, 2007):

'Once I, Zhuang Zhou, dreamt that I was a butterfly fluttering about happily. I did not know that I was Zhou. Suddenly, I awoke, and there I was, Zhou again. I did not know whether it was Zhou dreaming that he was a butterfly or a butterfly dreaming that it was Zhou. Between Zhou and a butterfly, there must be a distinction. This is called the transformation of things.'

In the esthetic wisdom of Zhuangzi**,**

Life itself is a waking dream.

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Declaration of Generative AI in the Writing Process: During the preparation of this work, I used Notebook LM to organize the literature and Google Gemini to assist with conceptual structuring, reference verification, and stylistic copyediting. After using these tools, I thoroughly reviewed, evaluated, and edited all generated material. I assume full and sole responsibility for the original insights, theoretical integration, and final content of this manuscript.

Appendix A: Glossary of Neuro-Phenomenological Terms

Dyadic Heartfelt Imagination (DHFI): A dual-focused exercise comprised of implicit, embodied practice held by the therapist and an explicit guided protocol for the client. These 7 intra-connected steps are designed to facilitate the emergence of neurophysiological luminous states associated with a waking dream state.

Waking Dream-Thought: A Bionian concept describing the ongoing work of the alpha-function, knitting symbols together into a coherent internal story that allows for the processing of underlying affective experience in real time.

Bion's Alpha-Function: The process of translating "beta-elements" (raw, undigested sensory proto-emotional stimuli) into 'alpha-elements" (digestible symbols and pictograms). DHFI functions as the "live, dynamic and dyadic equivalent" of this function, assisting the client to digest proto-emotional states.

Hartmann's Waking-to-Dreaming Continuum: The fluid spectrum of consciousness showing that nocturnal dreaming and alert wakefulness are not discontinuous states with permeable boundaries. Sliding towards dream-like states evokes the "auto-therapeutic function", thus facilitating new and adaptive connections within the brain.

Free Energy Principle (FEP): Conceptualizing the brain as a prediction machine, FEP is the innate biological drive to reduce surprise, uncertainty and minimize "variational free energy". When applied to the brain, FEP operates through the process of the active inference cycle.

Active Inference: A moment-to-moment cyclical process in which the brain generates predictions about incoming exteroceptive and interoceptive signals based on a prior generative model, compares these predictions against present-moment sensory input to compute prediction error, and minimizes that error either by updating its internal model (perception) or by acting on

the world to bring sensory input in line with its predictions (action). This is the neuro-computational mechanism underlying homeodynamic regulation and adaptive behavior.

REBUS (Relaxed Beliefs Under Psychedelics): In the context of DHFI, the "REBUS effect" is achieved without any pharmacological agents through slowing the pace of nasal breathing to 5-6 cycles per minute, thus relaxing or "dialing down" rigid priors and dialing up neuroplasticity.

Triple Network Model: A model of large-scale brain network comprising the default mode network (DMN), salience network (SN) and the central executive network (CEN).

Default Mode Network (DMN): The neurobiological substrate manifesting phenomenologically as ruminative looping of mental chatter, self-related narratives and rigid maladaptive priors. In DHFI, DMN activity is dialed down to interrupt anxious or depressive ruminations to allow for real-time present-moment exteroceptive and/or interoceptive visero-sensory signals
Salience Network (SN): With the right insular cortex at its pinnacle, the SN functions as a "master switch" or pivot where the activity of the DMN could be dialed down and the anti-correlational CEN could be dialed up.

Central Executive Network (CEN): Responsible for goal-directed spatial attention. In DHFI, the rapid switching of imagining out, imagining up, and imagining in functions as a "brain gym" that dials up an intense demand for spatial attention, activating the seesaw anti-correlational effect and dialing down the ruminative DMN activity.

The Self as Strange / Teleological Attractor: A non-linear dynamical system concept signifying AEDP's construct of transformance as going beyond an innate push towards healing and also as a pull towards "homeodynamic balance". It is the force that draws the organismic system through the "Dao" (Way) towards ultimate wholeness.

Archetypes as Neural Hyper-Priors: Brain-based models universally transcending historical time and geo-sociological cultures. Neuro-archetypes thus act as neurobiological templates that unfold phenomenologically into symbols and imagery, guiding the system towards wholeness.

Appendix B: Practice script for the art of dyadic heartfelt imagination (DHFI)

Description

This 15-to-20-minute experiential practice is designed for flexible clinical adaptation; therapists are encouraged to utilize their own authentic language to suit individual AEDP sessions, personal self-care routines, or group formats. Mechanistically, the practice is initially structured around a sequential, seven-stage trajectory of deep interoceptive processing: Slowing Down, Dropping Down, Quieting Down, Settling Down, Imagining Out, Imagining Up, and Imagining In. Crucially, Dyadic Heartfelt Imagination is conceptualized as a co-imaginative practice rooted in precise dyadic attunement. The therapist leads the process by remaining just a micro-step ahead of the client's current emotional state, actively pacing the relational field so the client can safely follow. To maintain maximum phenomenological flexibility during delivery, the guiding clinical language is fully interchangeable; depending on the client's emerging primary sensory channel, the word '*imagining* 'can be seamlessly replaced by, or integrated with, '*listening* 'or '*gazing*'. For the purpose of this practice, unless stated otherwise, we will use the word '*listening*'.

Introduction

Welcome to the practice of Dyadic Heartfelt Imagination, or Dyadic Heartfelt Imagination. There are seven distinct steps in Dyadic Heartfelt Imagination that we will travel through together: Slowing Down, Dropping Down, Quieting Down, Settling Down, Imagining Out, Imagining Up, and Imagining In. Our aim throughout this journey is to access the deep, intuitive wisdom of your heart through the simple act of imagining, listening, or gazing. Practicing Dyadic Heartfelt Imagination regularly can have a profound impact on your well-being. Over time, you may begin to notice a significant easing of depressive symptoms, a gentle settling of anxiety, and a much deeper, richer sense of self-compassion and authenticity. But most important of all... You will notice that you are truly not alone.

Practice

Let us gently prepare our minds, hearts and bodies for this dyadic heartfelt imagination practice.

Sit in a comfortable but alert posture. Gently close your eyes.

[Inviting the specific example]
Bring to mind something that has been going on for you, whether negative or positive, or both. Notice the details in your mind, sights, sounds, senses or scents. Notice what comes up for you without needing to solve or change anything…

[Slowing down]
Let us begin to slow down by taking a few deep, grounding breaths together…We are aiming for a gentle, steady rhythm of about five to six breath cycles per minute…Breathe in deeply through the nose… hold it for just a few quiet moments… then breathe out through the nose as well… allowing that out-breath to be a little longer than the in-breath…Again, inhaling through the nose… allowing the clean air to completely fill up your lungs… holding it for a few moments… then exhaling through the nose as well… allowing the exhale to be longer and slower than the inhale…One final round… breathing in through the nose… feeling the chest expand as it fills up… hold it for just a few moments… and now, breathing out softly through the nose… just letting it go a bit longer than breathing in…

[Dropping down]
Keeping that slow, gentle pace of breathing…Now, let us draw our attention down to the heart area… Allow your attention to gently drop down inwardly… moving from the level of our heads… to the level of our throats… and all the way down to the level of our hearts…We could invite that shift by placing one hand over our chests… Sensing that inside our chests are our anatomical hearts… Feel the gentle, steady vibrations of your heartbeat…Our anatomical hearts are the true portals of entry to our metaphorical hearts… to our soulful selves… our innermost selves…And also situated in the lower abdominal cavity… You can put your other hand over near the lower abdomen… with the thumb gently touching the navel… so that the palm is comfortably covering up the lower abdominal area…Inside here is the core… where we could

connect with our deepest, most authentic self… This is the true heartfelt-ness of our experiences…Feeling into the inside of our hearts here… and feeling deeply into the core… into the inside of that lower abdominal area now… just for a few quiet moments…

[Quieting down]
By now, we will begin to notice a gentle quieting down of the inner chatter of our minds… The looping thoughts…We are simply dialling down the volume of these inner chatters… We may still notice some of them whispering in the background… and that's all good…Or, we might notice a complete, beautiful silencing of these inner chatters… and that's all good, too…

[Settling down]
As we continue to practice slowing down, dropping down, and quieting down…
At this present moment, let us become aware of the gentle settling down of our hearts, our minds, and our bodies…Notice the calming down of our nervous systems…Letting go of any lingering tensions in our faces… shoulders… arms… hands… chest… back… buttocks… thighs… legs… and our feet…Just letting go… moment-to-moment…

[Listening out]
Now, let us turn our attention to listening outwardly…Begin by listening simply to my voice… Noticing that you are not alone… I am right here with you through my voice… Feel my presence through my voice…Listen to the sounds in your room… Listen to the ticking of your clock… Listen to the silence… the space between the sounds…Listening to the sounds outside your room… Imagine the chirping of the birds… the rustling of the leaves… the softness of a breeze… the howling of a gust…Just listen… and simply notice…Or, we could imagine listening to a voice coming from a person, or persons, that we know…who love us unconditionally…noting that we are not alone…Just listen… and simply notice…

[Listening up]
We will now shift our listening attention upwardly… slightly to our left… beyond our ceilings…

Imagine listening beyond the roofs… up and further up… to the clouds… Imagine what the clouds sound like…Listen even further up… through the atmosphere… beyond the atmosphere… and into space… Listen to the sounds of silence in space… the planets… the music of the spheres… the stars… even the galaxies…Imagine the sounds of these celestial bodies through a radio telescope… pulsars… quasars…Some could imagine communications with the Universe… with a capital U…Some could imagine communications with the Source… with a capital S…Some could imagine communications with a transcendent Being or Beings… with a capital B…Just listen… and simply notice…

[Listening in]
Gently come back to earth and to ourselves… to our bodies…At this present moment, we turn our listening attention inwardly to our hearts… the anatomical heart…Listen into the low-frequency vibration of each heartbeat…Go deeper into the center of our hearts… the portals of entry to our metaphorical heart… or our soulful hearts… our innermost self… in the lower abdominal core… our deepest, most authentic self…Notice what we could be aware of… communications in the form of images… pictures… thoughts… ideas… rising up to the surface of our minds…

As we finish this brief practice, just allow yourself to come back to the space between us… Gently open your eyes…Congratulate yourself on taking the time to listen sonically… somatically… or soulfully… with whatever, or whoever, you were able to connect with…

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