

# Positive Affects and the Transformation of Suffering into Flourishing

**Diana Fosha**

*The AEDP Institute, New York, New York, USA*

Three investigative realms with widely divergent methodologies arrive at uncannily similar conclusions about the vital role of positive affective phenomena in optimal adaptation, resilience, affect regulation, cardiac health, and subjective well-being: research on resilience and human flourishing; Indo-Tibetan practices and the emergent yogic sciences; and the practice of AEDP (Accelerated Experiential Dynamic Psychotherapy), a healing-oriented, transformation-based model of psychotherapy. AEDP has explored the vital role of positive emotions in the process of change in general, and, more specifically, in therapeutic work with painful and overwhelming emotional experience, and has identified and described a phenomenology of positive affective experiences, including the healing affects, and core state, which signal the operation of healing transformational processes. This chapter focuses on how, in the course of one therapeutic hour – through the moment-to-moment tracking of bodily rooted experience and dyadic affect regulation in the context of a relationship in which the individual feels safe and known – the processing of suffering, i.e., stress-based, traumatizing, painful emotional experiences naturally culminates in flourishing, i.e., deeply positive experiences of aliveness, hope, faith, clarity, agency, simplicity, compassion, joy, and truth. Key to this is the focus on and experiential processing of the experience of healing transformation. Thus, there unfolds a series of cascading transformations, with each transition somatically marked by positive transformational affects, until we arrive at core state, a state characterized by the positive affective phenomena that underlie some of our highest strivings and deepest joys.

**Key words:** positive affect; resilience; trauma; affect regulation; transformation; flourishing; AEDP; emergence

## Introduction

Three investigative realms with widely divergent methodologies – (i) research on resilience and flourishing;<sup>1–3</sup> (ii) Indo-Tibetan practices and the emergent yogic sciences;<sup>4–7</sup> and (iii) the practice of Accelerated Experiential Dynamic Psychotherapy (AEDP),<sup>8–14</sup> a healing-oriented, transformation-based model – have identified uncannily similar positive affective phenomena as both characteristic of and leading to the positive outcomes that are the aim of their respective practices. Upon reflection, the convergence

found in realms that evolved independent of one another is less uncanny, for, in fact, the positive affective phenomena under consideration are not the epiphenomena of a particular practice. They are qualities of mind that are wired within us, intrinsic properties of the organism, associated with healing and well-being. Spontaneously in the right conditions, and/or with attention, focus, and cultivation, these positive affective phenomena emerge; when they do, their power to effect beneficial transformations is thus entrained.

Moreover, as Bill Bushell, one of the editors of this volume, knowingly said in an initial conversation, we don't want to be too quick to get rid of the felt sense of the uncanny: such (positive affective) gut level experiences generate the

---

Address for correspondence: Diana Fosha, The AEDP Institute, 225 Broadway, Suite 3400, New York, NY 10007. Voice: 212-645-8465. dfosha@aol.com. Website: [www.aedpinstitute.org](http://www.aedpinstitute.org)

excitement and joy that fuel explorations to the less traveled regions which might not otherwise be undertaken.

## Phenomenology at the Nexus

At the nexus of science and optimization practices (e.g., meditative contemplative practices, experiential therapies) we find phenomena, positive affective experiences. These phenomena are our way into, in one direction, (i) mechanisms of healing change, be they at the level of gene, molecule, cell, organ, system, body, brain, function, experience, self, dyad, group, or culture; and, in the other direction, (ii) striven for cascading changes, contributing to longevity, plasticity, resilience, and well-being.

“...[A]ny rigorous attempt to link Western research with Asian practices that may advance basic science or clinical application requires a more or less coherent translation between widely divergent cultural paradigms of valid knowledge and method” (p. 4).<sup>15</sup> Descriptive phenomenology provides that coherent translation. The phenomenological realm of the positive affects and positive affective states is the common ground shared by Western science and Asian practices alike, and also by Western therapeutic methods, such as AEDP and hypnosis, and Asian practices. In addition, through the unlikely mediation of Asian practices, the bidirectional dialogue between Western scientists, especially affective neuroscientists, and Western clinical practitioners, especially experiential ones, has also been enhanced.<sup>16</sup> The language of phenomena facilitates communication and translation between seemingly divergent but de facto overlapping domains.

## The Role of Positive Emotions in the Transformation of Human Suffering

Positive affective interactions and the positive affects they evoke are foundational to health, mental health, longevity, and well-being throughout the life span.<sup>2,17–25</sup> Fredrickson’s<sup>1,2</sup>

broaden-and-build theory of positive emotions holds that positive emotions widen the scope of attention, broaden behavioral repertoires, and alter people’s bodies in a positive direction as they are associated with increased immune function, cardiovascular benefits, lower cortisol, and reduced risk of stroke. Furthermore, they “widen the array of thoughts and actions called forth (e.g., play, explore), facilitating generativity and behavioral flexibility... [and] broaden [thought action] repertoires... Broadened mindsets carry indirect and long-term adaptive value because broadening builds enduring personal resources, like social connections, coping strategies and environmental knowledge” (p. 679).<sup>2</sup> The positive affects are also organismic sources of vitality and energy. In addition to feeling good, i.e., engendering subjective well-being, itself a powerful contributor to health and longevity, positive affects and the vitality and energy that characterize them motivate and fuel explorations and other expanding, growth-fostering endeavors.<sup>12</sup>

Fredrickson’s research focuses on the constituents of resilience and the comparative responses to stress of resilient and non-resilient individuals. Resilience in the face of stress involves a capacity to maintain positive affects and to recover quickly from negative affects without relying on denial, which echoes what security engendering mothers promote in their children,<sup>22</sup> and what yogic and contemplative practices achieve.<sup>5,7,8</sup> Such resilience, the positive affects that are intrinsic to it, and the cascading transformational processes they engender correlates highly with cardiac health, longevity, happier marriages, fewer colds, and just about everything good that you can think of.<sup>2,3,17</sup> The positive affective phenomena are motivators of healthy behavior,<sup>26</sup> and they themselves have neurochemical and physiological correlates associated with health and optimal development.<sup>22</sup> Furthermore and noteworthy, the health-fostering power of positive affect is potentiated by myriad types of positive dyadic interactions between individuals in relationship:

coordinated dyadic interactions themselves are powerful self- and dyad-expanding transformational processes.<sup>25,27–29</sup> Thus, positive affects are (1) causative of, (2) correlates of, and (3) the result of health enhancing practices.

Transformational processes at either end of the continuum are by their very nature recursive processes,<sup>12,29–32</sup> where more begets more. At one end we find languishing,<sup>2</sup> patterns of declining function as the result of maladaptive responses to environmental challenges, resulting in chronic anxiety, high stress reactivity, depression, etc. These in turn have been linked with decreased neurogenesis, low resilience, compromised immune function, impoverished cognition, impaired memory, and restricted social networks. Such patterns are not just the effects of chronic stress, trauma, depression, etc., but are also “causative factors in the stabilization and reinforcement of stress-reactive maladaptation . . . [they are] the cognitive, affective and behavioral forms of allostatic . . . drag” (p. 5).<sup>15</sup> Recursive processes of allostatic drag<sup>31</sup> lead to further languishing, impoverished modes of automatic information processing, decreased attention and learning,<sup>15</sup> and progressive restriction of adaptive activities,<sup>12</sup> with concomitant progressive deterioration in memory, mental functioning, and immune and cardiac health.<sup>31</sup> At the other end, we are in the realm of flourishing,<sup>2</sup> thriving, and enhanced functioning in the face of environmental challenges: resilience,<sup>3</sup> affect regulation, adaptive functioning, creativity, increased neurogenesis, and well-being. They are “linked with enlarged working memory, enhanced cognitive association, positive affect and behavioral spontaneity and creativity . . . . Since such patterns are not just the effect [of enrichment and resilience] but also causative factors in stabilizing and reinforcing optimal adaptation, . . . [they are] the cognitive affective and behavioral forms of allostatic . . . lift” (p. 6).<sup>15</sup> And of course, recursive processes of allostatic lift lead to further flourishing, further neurogenesis, better stress- and affect regulation, and enhanced functioning.<sup>2,3,31</sup> In mapping opti-

mization practices, Loizzo<sup>15</sup> distinguishes between practices that aim to reduce allostatic drag (“fixing what is broken” models) and practices that seek to promote allostatic lift (“non-finite maximizing of what is right” models). The practice of AEDP describes an arc that starts with needing to deal with recursive processes of allostatic drag and ends with entraining recursive processes of allostatic lift all within the space of one session of psychotherapy, and then throughout the treatment.

Like Tibetan psychology, AEDP aims for the cultivation of positive states of mind.<sup>33</sup> But in AEDP their cultivation occurs as a result of processing to completion the emotions associated with the suffering that brings patients to seek psychotherapeutic help. Its therapeutic process, which I will summarize below, allows us to transcend the dichotomy between the trauma/stress/mental deterioration/languishing end of the continuum where allostatic drag dynamics operate and the growth/plasticity/enhancement/optimization/flourishing end of the continuum where allostatic lift processes operate: the two ends of the continuum are organically linked through the experiential process in the context of a dyad where the patient feels safe and known. Key to AEDP’s ability to do so is the discovery that the focus on and experiential exploration of the experience of transformation itself constitutes a transformational process. Like other experiential therapies, AEDP achieves therapeutic results through the processing of intense painful emotions to their adaptive conclusion. However, AEDP further enhances and optimizes its therapeutic results by also experientially processing the individual’s experience of transformation, thus unleashing a nonfinite transformational spiral fueled by positive affects.<sup>12–14</sup>

## AEDP

Healing is a biologically wired in process with its own phenomenology and dynamics, fundamentally different and separate from the

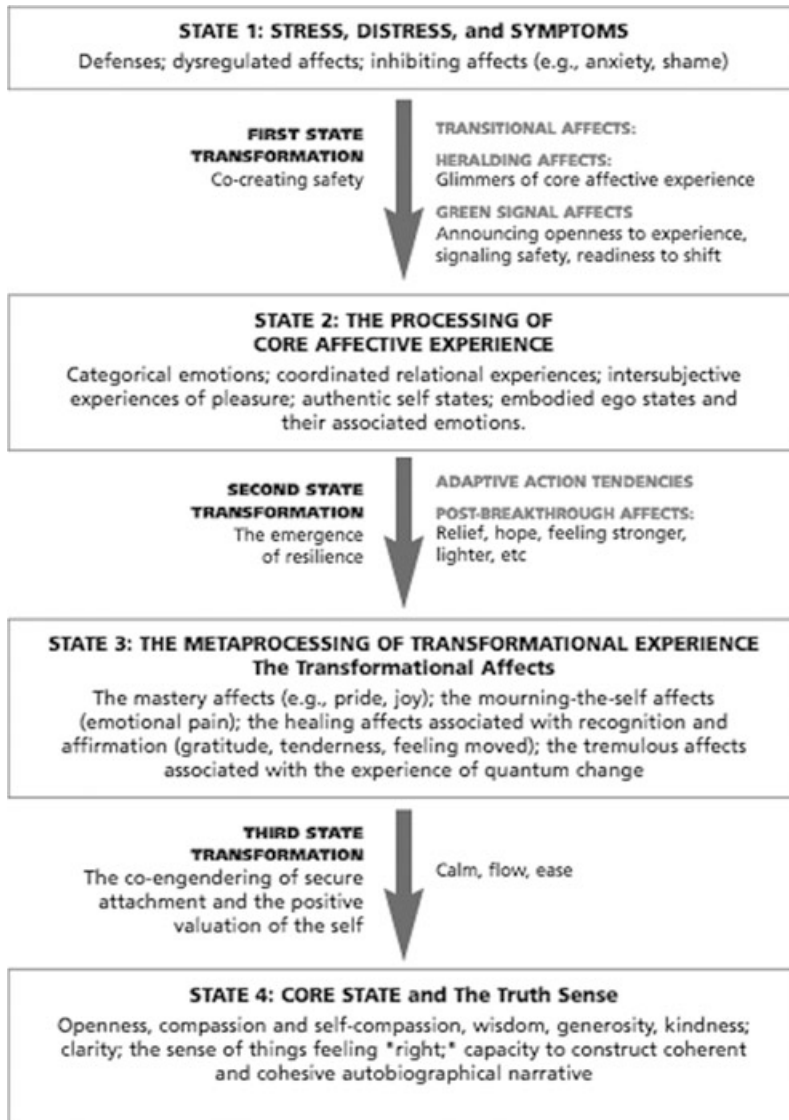
process involved in repairing psychopathology. In AEDP, healing is not just the sought after outcome of successful therapy; we view it as a multi-component process, there to be activated from the first moments of the first encounter, as demonstrated in a published DVD of an initial session.<sup>12</sup> Aiming to lead with a corrective emotional experience, we seek to facilitate conditions conducive to engaging the healing strivings always present in people as dispositional tendencies. How we meet the patient, from the first encounter on, will constitute the features of sensitivity to initial conditions, and will influence whether transference<sup>12</sup> (the motivational aspect of allostatic lift processes), or resistance (the motivational aspect of allostatic drag processes) strivings will be in ascendance.

High stress in general and trauma more specifically compromise the individual's capacity for affect regulation.<sup>10,22,34,35</sup> AEDP conceptualizes aloneness in the face of overwhelming emotion as the central factor in affect regulatory psychopathology and undoing emotional aloneness through dyadic affect regulation as central to its healing.<sup>8-14</sup> Through the dyadic regulation of physiological arousal and emotional experience, the individual is able to process the intense emotions which before had proved so disturbing as to require dissociative or other defense (i.e., protective) strategies: keeping physiological arousal at an optimal level (neither too high where it leads to flashbacks and disorganization, nor too low where it leads to numbing and deadening), the processing of core adaptive emotions to completion culminates in the release of adaptive action tendencies and the accessing of psychic resources and resilience. Thus individuals are able to benefit from the adaptive advantages core adaptive emotions, when regulated, confer upon the organism.<sup>17</sup> Once that is accomplished, patients are helped to adapt to the new status quo through the metatherapeutic processing of transformational experience (see below). With dyadic affect regulation continuing to operate in the background, the application of metatherapeutic processing facilitates the emergence of

remarkable capacities and generates the highly positive affective states that are similar to those generated by contemplative practices, and underlie the health and longevity benefits amply documented in other papers in this volume. However, to my knowledge, of all the practices (e.g., diet, meditation, yoga, exercise, hypnosis, mindfulness based stress reduction, visualization) detailed in this volume, AEDP is the only one which, in addition to other transformational processes, recruits the transformational power of dyadic relational processes.<sup>10,29</sup>

Key to AEDP's methods of enriching plasticity and learning is the generation of the positive affective phenomena that underlie optimizing capacities. AEDP's healing oriented focus and interest in evolving a metatherapeutics based on a theory of change, rather than a theory of psychopathology,<sup>9</sup> and *a fortiori* its focus on transformation not only as a goal but as an experience to be systematically explored, has led to the discovery that the affective phenomena that accompany the transformational process are invariably positive. By positive, I do not mean necessarily happy, but rather affective experiences which, even when painful, feel "right" and "true" to the individual having them. We have identified several classes of positive affective phenomena, which are causative of, markers of, and the effect of change for the better: they are the positive somatic/affective markers, the vitality affects, the transformational affects, and core state.

The *vitality affects*,<sup>36</sup> "spontaneous physiological rhythms that are manifest in arousal fluctuations, which are in turn expressed in fluctuating psychobiological affective states" (p. 21)<sup>21</sup> accompany processes that eventuate in allostatic lift and cascading positive change. These vitality affects have positive somatic/affective markers (deep sighs, fleeting smiles, head nods, sideways head tilts) which are present at all stages of emotional processing. The positive somatic/affective markers operate moment-to-moment, signaling that the transformational process is on track, while bigger transformational junctures are marked by the vitality



**FIGURE 1.** The four-states and three-state transformations of the transformational process (copyright 2008 ©Diana Fosha).

affects, which suffuse the organism with vitality and energy. Both the vitality affects and the positive somatic/affective markers are the result of organismic recognition processes,<sup>12</sup> probably mediated by the subcortical-cortical midline networks involved in what Panksepp calls self-related processing,<sup>20,37</sup> i.e., the primitive viscerosomatic coordinates concentrated in central midbrain regions such as the periaqueductal gray and ramifying through the core of the higher brainstem to medial cin-

gulate/frontal regions. The transformational affects and core state which emerge when the experience of transformation is experientially explored and processed will be described below.

“The sequence of changes that occur in states of consciousness is predictable, describable, and measurable” (p. 377).<sup>38</sup> The emotion-based transformational process that characterizes the therapeutic action of AEDP has four-states and three-state transformations (see Fig. 1).

### **State One: Transforming Stress, Distress, and Symptoms**

State One work involves working with the symptoms, stress, and distress that the patient comes in with. The aim is to reduce the impact of defenses and alleviate the alternately inhibitory or dysregulating impact of affects such as shame, anxiety, so as to help the individual have access to somatically rooted core affective experiences. It is here that the reversal from allostatic drag to allostatic lift processes begins. Defense mechanisms, inhibitory and/or dysregulating affects drain energy and motivate constriction and withdrawal. In State One, the motivational and energetic flow of wired in affective change processes begins to be reversed, and the latter can now be processed so that their adaptive benefits can be restored. Here, dyadic affect regulation is achieved through right-brain-to-right-brain communication: Through eye contact, tone of voice, gaze, tone, rhythm etc., and the use of simple, evocative, sensory-laden, imagistic language, we seek to entrain (and facilitate nontraumatic access to) right-brain-mediated, somatically rooted emotional experience. The transition from blocked access to core affective experience being awakened constitutes the first state transformation and is marked by the heralding affects, transitional affects, and green signal affects (see Ref. 12 for definitions).

### **State Two: Processing Emotion-Based Experience**

State Two work exemplifies the kind of experiential processing work that is the mainstay of all experiential therapies. It is crucial in AEDP but constitutes only the first half of its transformational process. State Two dyadic affect regulation has patient and therapist working together to help the patient access, deepen, regulate, and work through subcortically initiated<sup>20</sup> and right-brain-mediated<sup>22</sup> emotional experiences, so that the seeds of healing contained in

such experiences can be released. The completion of a round of processing of core affective experience is marked the release of the adaptive action tendencies wired into each affective change process, as well as the post-affective breakthrough affects, i.e., feeling relief, hope, feeling lighter, etc. The adaptive action tendencies and the post-affective breakthrough affects constitute the second state transformation. Basically the change process has gone through to a positive conclusion.

### **State Three: The Processing of Transformational Experience**

What in most therapies is often seen as a natural endpoint of experiential work, i.e., the completion of a round of processing of emotion, is for AEDP the herald of another round of work. In metatherapeutic processing, the focus shifts to the patient's experience of that transformation. Using alternating waves of (right-brain-mediated) experience and (left-brain-mediated) reflection, here the goal is to integrate the fruits of intense emotional experience into the personality organization. The dyadic affect regulation characteristic of metatherapeutic processing entrains the integrative structures of the brain, i.e., the corpus callosum, the prefrontal cortex (especially the right prefrontal cortex shown to mediate emotionally loaded autobiographical narrative),<sup>39</sup> the insula and the anterior cingulate.<sup>40,41</sup> These structures have been shown to be adversely affected by trauma<sup>40–42</sup> and to play a significant role in the healing from trauma through the coordination of left-brain and right-brain aspects of emotional experience.<sup>40,41</sup> Entraining them through metatherapeutic processing is both a one-brain process and a two-brain process: while the dyad supports the integrative work that takes place within the individual's neural processing, it also supports a dyadic brain-to-brain communication process involving the integrative brain structures of the dyadic partners.

The focus on the experience of healing transformation evokes one or more of the four types of phenomenologically distinct transformational affects (see Fig. 1) identified to date: (1) the mastery affects, i.e., pride and joy, that come to the fore when fear and shame respectively are transformed; (2) emotional pain, the transformational affect associated with the process of mourning-the-self; (3) the tremulous affects, i.e., fear/excitement, startle/surprise, curiosity/interest, and a feeling of positive vulnerability, associated with traversing the crisis of healing change; and (4) the healing affects, i.e., gratitude and tenderness toward the other, and feeling moved within oneself in response to affirming recognition of the self and its transformation, as well as of the role of the other in the process.

I will briefly zoom in on the healing affects, which emerge in response to experiences of recognition and affirmation. Phenomenologically distinct, they manifest qualities of freshness, innocence, openness, purity, clarity, and simplicity. The eyes are moist and light filled. The tears that patients cry when having these experiences are not tears of grief, sadness, or fear; they are described by patients as “happy tears,”<sup>8</sup> or “truth tears,”<sup>9</sup> or “tears of possibility.”<sup>12</sup> They are also marked by an uplifted gaze and somatic experiences of sensations with an upward sensation, such as “uplift.”

The completion of the metaprocessing of the healing affects or any of the transformational affects is marked by calm, flow, and ease. These constitute the third state transformation and signal the ushering in of the next state, State 4, or core state.

### State Four: Core State

In core state, the patient has a subjective sense of “truth” and a heightened sense of authenticity and vitality; almost always, so does the therapist. The defining qualities of core state overlap with qualities characteristic of resilient individuals<sup>3</sup> and also with

those cultivated by contemplative and spiritual practices – wisdom, compassion, self-compassion, generosity, vibrant well-being, equanimity, confidence, creativity, naturalness, enhanced initiative and agency, a sense of the sacred, more. “As pure awareness pervades the vast interconnectedness of the potential universe and has nothing further to alight upon, it eventually turns back upon itself. The practice of awareness of awareness sets up a profound shift known as *enlightenment*” (p. 390).<sup>38</sup>

Core state refers to an altered state of openness and contact, where individuals are in touch with essential aspects of their experience. Experience is intense, deeply felt, unequivocal, and declarative; sensation is heightened, imagery vivid, focus and concentration effortless. Anxiety, shame, guilt, or defensiveness is absent. Self-attunement and other-receptivity easily coexist. Mindfulness prevails. In this “state of assurance,”<sup>43</sup> the patient contacts a confidence that naturally translates into effective action.

The affective marker for core state is the truth sense. The truth sense is a vitality affect whose felt sense is an aesthetic experience of rightness, the rightness of one’s experience. This is not about being right, but about things that feel right, like the calm that obtains when a picture that’s been crooked comes into alignment. There is an internal experience of coherence, of cohesion, of completion, of essence.<sup>12,44</sup>

Through the transformational process, we hope to foster the patient’s greatest degree of experiential contact with emotional truth. Often, the most powerful work can be done when both patient and therapist are in core state (which is not unusual), and therefore fully able to move back and forth between compassion and self-compassion, wisdom and generosity, and True-Self/True-Other<sup>44</sup> relating. One result of being in core state is the capacity to generate a coherent and cohesive autobiographical narrative, the single best predictor of resilience in the face of trauma.<sup>39,45</sup> Others include the generation of intensely positive states.

## Positive Affective Phenomena Associated with Healing: The Transformational Affects and Core State

Below is a non-exhaustive list of the phenomena associated with the *transformational affects* (which William James<sup>43</sup> called the “melting emotions and the tumultuous affects associated with the crisis of healing change”) and *core state* (which William James called the “state of assurance”), organized by dominant quality. Many if not most spiritual practices have specialized terms to refer to similar affective phenomena that emerge as a result of their respective practices.

- a. naturalness: ease, flow, well-being, calm
- b. energy: centered, relaxed, and/or energetic, vital, vibrant
- c. clarity, transparency, simplicity, innocence
- d. photisms,<sup>43</sup> i.e., phenomena associated with light
- e. effectiveness: action, competence, confidence, initiative, agency
- f. integrated harmonious functioning and the optimization of mental capacities: integration, flexibility; the coherent and cohesive autobiographical narrative
- g. contact and relatedness: openness, connection, I-Thou, True Self-True Other
- h. compassion, self-compassion, kindness
- i. expansiveness and liberation of the self: creativity, enthusiasm, exuberance, spontaneity, playfulness, generativity
- j. generosity
- k. faith, hope
- l. extreme positive affects: joy, bliss, passion, ecstatic states
- m. a sense of the sacred
- n. truth, wisdom, essence, knowing: the “truth sense”<sup>12,44</sup> in AEDP; the “cognition of ultimate reality”<sup>33</sup> in Indo-Tibetan practices.

Descriptive phenomenology can help transcend local differences and explore global effects.<sup>5</sup> It is likely that different clusters of emergent positive affective phenomena are

manifestations of different neuro-psycho-biochemical processes which in turn play a role in different aspects of, for instance, the regulation of the inflammation response,<sup>46</sup> recovery rates from breast cancer,<sup>26</sup> or stress regulation.<sup>14,15,34,35</sup> It would be interesting to explore which different optimization/contemplative practices give rise to which set of clusters, and, in turn, what basic mechanisms, and thus what specific effects, might be associated with each of them. Do, for instance, experiences of hope and faith have different underlying neurotransmitter circuitry than experiences of playfulness, spontaneity, exuberance, and creativity? Do extreme positive affects reflect different bidirectional communication between aspects of the ANS and the CNS,<sup>27</sup> than do states where kindness and compassion are in the forefront? Might one or the other have a differential impact on plasticity?<sup>30</sup> And if so, are the respective roles they play in recovery and optimization different?

For instance, certain aspects of core state – calm, social engagement, attunement and relatedness – suggest its mediation by the newest branch of the parasympathetic system, the myelinated or ventral vagus.<sup>27</sup> This certainly links emotion based therapies to other optimization practices such as meditation, and relaxation therapies, which have been shown to have powerful effects on many different aspects of health and rejuvenation.<sup>5,46</sup> However, given the intimate link between the central nervous system and the immune system,<sup>27,46</sup> we can also wonder if the systematic emergence of affective phenomena that suggest ventral vagal mediation might not have an impact on the immune system, specifically via an inhibitory effect on inflammation?<sup>46</sup> While this is speculative, it is only one of a myriad of possibilities of exploring the effect of specific positive transformational affective phenomena as reflecting specific underlying mechanisms involved in producing different desired effects in the realms of health, plasticity, and longevity. The positive affective phenomena that are the emergent properties of the experiential exploration of the experiences

of emotion and transformation might very well be an aspect of the “systemic signaling” that Bushell *et al.*<sup>5</sup> hypothesize to be the link between the modulation of or modification of tissue regeneration (to take a specific area of action) and optimization practices.

## Conclusion

Positive affective phenomena and states are the phenomenological expression of processes that underlie optimal adaptation, resilience, plasticity, immune function, subjective well-being, and longevity. Furthermore positive affects and affective states themselves have been shown to play a vital role in the fostering of health, longevity, and well-being and to be key components of the cascading processes that characterize flourishing. AEDP links the opposing realms of languishing and flourishing in one fell swoop: through the methodologies of dyadic affect regulation, experiential processing of experience to completion, and the metaprocessing of transformational experience, the suffering that brings an individual to therapy is transformed, giving rise to emergent transformational affects and core state phenomena.

Through harnessing processes marked by and leading to positive affective phenomena and states, with their cascading benefits, Indo-Tibetan practices and AEDP recruit new capacities that open new horizons usually available only to the fortunately resilient individuals studied by Fredrickson and her colleagues (whose resilience is due to fortunes of nature, i.e., temperamental endowment, and/or of nurture, i.e., being the recipient of security-engendering caregiving). AEDP seeks to make those capacities and cascading allostatic lift phenomena also the province of those whose mental suffering has had them in the grip of allostatic drag. Its transformational practices paradoxically aim to activate what was there all along: the natural adaptive wired in dispositional tendencies toward healing and self-righting residing in each person. In this way we can say that AEDP’s way to heal mental suffer-

ing is through helping people access and entrain the therapeutic equivalent of what in Tibetan Buddhism is called “the Buddha within.”

## Conflicts of Interest

The author declares no conflicts of interest.

## References

1. Fredrickson, B.L. 2001. The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *Am. Psychol.* **56**: 211–226.
2. Fredrickson, B.L. & M. Losada. 2005. Positive affect and the complex dynamics of human flourishing. *Am. Psychol.* **60**: 687–686.
3. Tugade, M. & B.L. Fredrickson. 2004. Resilient individuals use positive emotions to bounce back from negative emotional experiences. *J. Pers. Soc. Psychol.* **86**: 320–333.
4. Bushell, W.C., E.L. Olivo & N.D. Theise (eds.). 2009. Longevity, Regeneration, and Optimal Health. *Ann. N. Y. Acad. Sci.* Entire volume. doi: 10.1111/j.1749-6632.2009.
5. Bushell, W.C., N.H. Spector & N.D. Theise. 2009. From the global to the local: Possible pathways for the transduction of Indo-Sino-Tibetan cognitive-behavioral practices into site specific, tissue regenerative effects. *Ann. N. Y. Acad. Sci.* doi: 10.1111/j.1749-6632.2009.04412.x.
6. Davidson, R.J. & A. Harrington (eds.). 2002. *Visions of Compassion: Western Scientists and Tibetan Buddhists Examine Human Nature*. Oxford University Press, New York, NY.
7. Davidson, R.J., J. Kabat-Zinn, J. Schumacher, *et al.* 2003. Alterations in brain and immune function produced by mindfulness. *Psychosom. Med.* **65**: 564–570.
8. Fosha, D. 2000. *The Transforming Power of Affect: A Model for Accelerated Change*. Basic Books, New York, NY.
9. Fosha, D. 2002. The activation of affective change processes in AEDP (Accelerated Experiential-Dynamic Psychotherapy). In: J.J. Magnavita (ed.). *Comprehensive Handbook of Psychotherapy. Vol. 1: Psychodynamic and Object Relations Psychotherapies*, pp. 309–344. John Wiley & Sons, New York, NY.
10. Fosha, D. 2003. Dyadic regulation and experiential work with emotion and relatedness in trauma and disordered attachment. In: M.F. Solomon & D.J. Siegel (eds.). *Healing Trauma: Attachment, Trauma, the Brain and the Mind*, pp. 221–281. Norton, New York, NY.
11. Fosha, D. 2006. Accelerated Experiential Dynamic Psychotherapy with Diana Fosha Ph.D. Systems of Psychotherapy APA Video Series # 4310759. [www.apa.org/videos/4310759.html](http://www.apa.org/videos/4310759.html).

12. Fosha, D. 2009. Emotion and recognition at work: Energy, vitality, pleasure, truth, desire & the emergent phenomenology of transformational experience. In: D. Fosha, D.J. Siegel & M.F. Solomon (eds.). *The Healing Power of Emotion: Affective Neuroscience, Development and Clinical Practice*, Chapter 7. Norton, New York, NY. In press.
13. Russell, E. & D. Fosha. 2008. Transformational affects and core state in AEDP: The emergence and consolidation of joy, hope, gratitude and confidence in the (solid goodness of the) self. *J Psychother Integration* **18**: 167–190.
14. Yeung, D. & C. Cheung. 2008. *The Rainbow After: Psychological Trauma and Accelerated Experiential Dynamic Psychotherapy*. Ming Fung Press, Hong Kong.
15. Loizzo, J. 2007. Optimizing learning and quality of life throughout the lifespan: a global framework for research and application. Paper delivered at conference on Longevity, regeneration, and optimal health: Integrating Eastern and Western perspectives. Co-sponsored by The Complementary Care Center of Columbia Presbyterian Hospital & Tibet House. Menla Mountain Retreat, Phoenicia, NY.
16. Fosha, D., D.J. Siegel & M.F. Solomon (eds.). 2009. *The Healing Power of Emotion: Affective Neuroscience, Development and Clinical Practice*. Norton, New York, NY. In press.
17. Harker, L. & D. Keltner. 2001. Expressions of positive emotions in women's college yearbook pictures and their relationship to life outcomes across childhood. *J. Pers. Soc. Psychol.* **80**: 112–124.
18. Keltner, D. & J. Haidt. 1999. Social functions of emotions at four levels of analysis. *Cogn. Em.* **13**: 505–521.
19. Panksepp, J. 2001. The long-term psychobiological consequences of infant emotions. *Inf. Ment. Health J.* **22**: 132–173.
20. Panksepp, J. 2009. Brain emotional systems and qualities of mental life: From animal models of affect to implications for psychotherapeutics. In: D. Fosha, D.J. Siegel & M.F. Solomon (eds.). *The Healing Power of Emotion: Affective Neuroscience, Development and Clinical Practice*, Chapter 1. Norton, New York, NY. In press.
21. Schore, A.N. 2001. Effects of a secure attachment relationship on right brain development, affect regulation and infant mental health. *Inf. Ment. Health J.* **22**: 7–66.
22. Schore, A.N. 2009. Right brain affect regulation: An essential mechanism of development, trauma, dissociation, and psychotherapy. In: D. Fosha, D.J. Siegel & M.F. Solomon (eds.). *The Healing Power of Emotion: Affective Neuroscience, Development and Clinical Practice*, Chapter 5. Norton, New York, NY. In press.
23. Seligman, M.E.P. 2002. *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*. Free Press, New York, NY.
24. Shiota, M., D. Keltner, B. Campos & M. Hertenstein. 2004. Positive emotion and the regulation of interpersonal relationships. In: P. Phillipot & R. Feldman (eds.). *Emotion Regulation*, pp. 127–156. Erlbaum, Mahwah, NJ.
25. Trevarthen, C. 2001. Intrinsic motives for companionship in understanding: Their origin, development and significance for infant mental health. *Inf. Ment. Health J.* **22**: 95–131.
26. Charlson, M. 2007. The effect of positive affect on quality of life among breast cancer survivors. Paper delivered at conference on Longevity, Regeneration, and Optimal Health: Integrating Eastern and Western Perspectives. Co-sponsored by The Complementary Care Center of Columbia Presbyterian Hospital & Tibet House. Menla Mountain Retreat, Phoenicia, New York.
27. Porges, S.W. 2009. Reciprocal influences between body and brain in the perception and expression of affect: A polyvagal perspective. In: D. Fosha, D.J. Siegel & M.F. Solomon (eds.). *The Healing Power of Emotion: Affective Neuroscience, Development and Clinical Practice*, Chapter 2. Norton, New York, NY. In press.
28. Trevarthen, C. 2009. The functions of emotion in infancy: The regulation and communication of rhythm, sympathy, and meaning in human development. In: D. Fosha, D.J. Siegel & M.F. Solomon (eds.). *The Healing Power of Emotion: Affective Neuroscience, Development and Clinical Practice*, Chapter 3. Norton, New York, NY. In press.
29. Tronick, E.Z. 2003. "Of course all relationships are unique": How co-creative processes generate unique mother-infant and patient-therapist relationships and change other relationships. *Psychoanal. Inq.* **23**: 473–491.
30. Doidge, N. 2007. *The Brain That Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science*. Penguin Books, New York, NY.
31. McEwen, B. & T. Seeman. 1999. Protective and damaging effects of mediators of stress: Elaborating and testing the concepts of allostasis and allostatic load. *Ann. N. Y. Acad. Sci.* **896**: 30–47.
32. Theise, N.D. 2009. Beyond cell doctrine: Complexity theory informs alternate models of the body for cross-cultural dialogue. *Ann. N. Y. Acad. Sci.* doi: 10.1111/j.1749-6632.2009.04410.x.
33. Brown, D. 2008. *Personal communication*.
34. Fosha, D., S.C. Paivio, K. Gleiser & J.D. Ford. 2009. Experiential and emotion-focused therapy. In: C. Courtois & J.D. Ford (eds.). *Complex Traumatic Stress Disorders: An Evidence-Based Clinician's Guide*, Chapter 14. Guilford, New York. In press.
35. Gleiser, K., J.D. Ford & D. Fosha. 2008. Exposure and experiential therapies for complex posttraumatic

- stress disorder. *Psychother. Theor. Res. Pract. Train.* **45**: 340–360.
36. Stern, D.N. 1985. *The Interpersonal World of the Infant: A View from Psychoanalysis and Development Psychology*. Basic Books, New York, NY.
  37. Panksepp, J. & G. Northoff. 2008. The trans-species core self: The emergence of active cultural and neuro-ecological agents through self-related processing within subcortical-cortical midline networks. *Conscious Cogn.* **18**(1): 193–215.
  38. Brown, D. 1993. The path of meditation: affective development and psychological well-being. In: S.L. Ablon, D. Brown, E.J. Kantzian & J.E. Mack (eds.). *Human Feelings: Explorations in Affect Development and Meaning*, pp. 373–402. The Analytic Press, Hillsdale, NJ.
  39. Siegel, D.J. 2003. An interpersonal neurobiology of psychotherapy: the developing mind and the resolution of trauma. In: M.F. Solomon & D.J. Siegel (eds.). *Healing Trauma: Attachment, Trauma, the Brain and the Mind*, pp. 1–54. Norton, New York, NY.
  40. Lanius, R.A., P.C. Williamson, M. Densmore, et al. 2004. The nature of traumatic memories: A 4-TfMRI functional connectivity analysis. *Am. J. Psychiatry* **161**: 1–9.
  41. Van Der Kolk, B. 2006. Clinical implications of neuroscience research on PTSD. *Ann. N. Y. Acad. Sci.* **1071**: 277–293.
  42. Teicher, M. 2002. Scars that won't heal: the neurobiology of child abuse. *Sci. Am.* **286**: 68–75.
  43. James, W. 1902/1985. *The Varieties of Religious Experience: A Study in Human Nature*. Penguin Books, New York, NY.
  44. Fosha, D. 2005. Emotion, true self, true other, core state: Toward a clinical theory of affective change process. *Psychoanal. Rev.* **92**: 513–552.
  45. Main, M. 1999. Epilogue. Attachment theory: Eighteen points with suggestions for future studies. In: J. Cassidy & P.R. Shaver (eds.). *Handbook of Attachment: Theory, Research and Clinical Applications*, pp. 845–888. Guilford, New York, NY.
  46. Oke, S.L. & K.J. Tracey. 2009. The inflammatory reflex and the role of complementary and alternative medical therapies. *Ann. N. Y. Acad. Sci.* doi: 10.1111/j.1749-6632.2009.04400.x.