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In the Light: On Meta-Experience and Spiraling Effects in Psychotherapy— Commentary on Louis Sass's Commentary on Diana Fosha's Commentary on Nicole Vigoda Gonzalez's Case of "Rosa"

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ABSTRACT

In the previous issue of this journal, I commented (Fosha, 2018) on the psychotherapy case study of "Rosa," written by Nicole Vigoda Gonzalez (2018). To address Rosa's relational trauma and major depression, Vigoda Gonzalez effectively put into clinical action the psychotherapy model I developed, called Accelerated Experiential Dynamic Psychotherapy (AEDP). In my commentary, I discussed how AEDP's four-state transformational phenomenology can be used to guide the therapist's choice of interventions. I also showed how the moment-to-moment tracking of the vitality affects accompanying affective experiences is crucial to (a) the processing of core emotions to a healing conclusion, and (b) the metatherapeutic processing (or metaprocessing for short) of this healing—two core concepts in AEDP. In the current issue of the journal, Louis Sass (2019), an internationally recognized expert on phenomenology and psychopathology, has commented on my commentary, endorsing the importance of a phenomenological perspective in psychotherapy. He also raised some concerns about the use and usefulness of metaprocessing for some types of clients, especially those with the distancing defenses of derealization and depersonalization. In this article I respond to Sass's important and very thoughtful points.

Key words: Accelerated Experiential Dynamic Psychotherapy (AEDP); phenomenological description; transformation; healing; case study; clinical case study; embodiment; depersonalization; derealization; vitality affects

I am grateful for this opportunity to be in dialogue about my work, first through its embodiment in Vigoda Gonzalez's work with Rosa (2018), and now through a conversation with Louis Sass (2019) about it.¹

¹ My thanks to my esteemed AEDP colleagues, Kari Gleiser, PhD and Jerry Lamagna, MSW, for being my go-to experts on matters of depersonalization and derealization.

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I want to (i) meta-commend (i.e., commend him for commending her) Louis Sass for commending Nicole Vigoda Gonzalez on her successful treatment of Rosa; to (ii) express heartfelt appreciation for his commending me on the development of AEDP: coming from him, the description of AEDP as “phenomenologically sophisticated” is deeply meaningful; and, in turn, to (iii) commend him for a thought-provoking, sensitive, erudite, and respectful review that raises an important clinical issue, which I am happy to address.

For one who is a fan of transformational spirals and meta-processing, the triply meta-nature of my role (here I am commenting on Louis Sass's commentary on my commentary of Vigoda Gonzalez's case report) is blissful. Only Dan Fishman, the editor of this special issue, will be in a position to determine whether this “recursive spiraling process” is finite.

THE SHADED PART OF THE VENN DIAGRAM: DESCRIPTIVE PHENOMENOLOGY AND ALIVENESS ROOTED IN THE BODY

To begin with the shaded part of the Venn diagram, where Louis Sass and I, both fans of descriptive phenomenology and the importance of tracking vitality affects, are in resonant agreement.

It is particularly gratifying to have someone of Sass's sophistication and phenomenological erudition be a fan of “AEDP's focus on descriptive phenomenology, emphasizing the richness of each client's moment-to-moment experience” (2019, p. 99). Not only does the tracking of each client's moment-to-moment experience have richness and allow for exquisite attunement by the therapist, including the awareness of misses and lapses: it is also a great tool for communication with other clinicians, regardless of orientation. It is the close description of the moment-to-moment phenomena of Rosa's treatment, as reported through transcript excerpts and through descriptions of the nonverbals in Vigoda Gonzalez's (2018) case study, that allows both of us to so unequivocally be enthusiastic about the treatment, confident of its effectiveness.

At a higher level of abstraction, the tracking of moment-to-moment experience allows communication and a common language of phenomena that transcends the barriers of the ghettos of specific models. It is what allows some of the 19th century and barely 20th century giants like Darwin (1872) and James (1890, 1902) to have written great works that don't get old. Darwin's treatise on emotions in man and animals, the incorrectness of the gendered noun aside, will never get old because the face of anger in a cat, a chimp, a baby, and a madman will speak to us through the ages through fashions and morays. Similarly William James's writing on emotions (1890) or on transformational experiences (1902) doesn't get old. James doesn't have transcripts of videotaped material, but he does use testimonials written in the first person. If you are a human who has ever gone through a transformative experience, whether of the religious variety or other, you will recognize the experiences James's subjects are describing.

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Furthermore as we (my colleagues and I) recently wrote:

At the nexus of neuroscience and clinical process lie phenomena. The phenomenological sensibility informs both clinical and conceptual aspects of this work, with the goal of extending the work on the phenomenology of emotion (Darwin, 1872; James, 1890, 1902; Tomkins, 1962) to include the positive affective phenomena associated with the cascading transformational processes. A commitment to descriptive phenomenology can thus substantively contribute to the emergent conversation among clinicians, affective neuroscientists and developmentalists, transcending territorial battles fought through different traditions of terminology that impede rather than foster progress. A descriptive phenomenology of positive affective phenomena can function as a trans-theoretical vehicle of communication to explore their neuroplastic potential and allow the eventual elucidation of the neurobiological mechanisms responsible for therapeutic change (Fosha, Thoma, & Yeung, 2019, submitted for publication)

Another shared enthusiasm is for the vitality affects that mark the experience of aliveness, rooted in bodily experience. As Winnicott wrote:

The True Self comes from the aliveness of the body tissues and the working of the body functions, including the heart's action and breathing. [It is] at the beginning, essentially not reactive to external stimuli, but primary... (the True Self) collect[s] together the details of the experience of aliveness... [and is] the summation of sensori-motor aliveness (Winnicott, 1960, p. 148-9).

Now also listen first to Panksepp (Panksepp & Northoff, 2009), and then to Damasio (2010):

The core-SELF, i.e., the respective neural networks, provides primordial neural correlates that represent organisms as living creatures" (Panksepp & Northoff, 2009, p. 195; use of capitals in original).

[The core self is] a dynamic collection of integrated neural processes, centered on the representation of the living body, that finds expression in a dynamic collection of integrated mental processes (Damasio, 2010, p. 9).

A psychoanalyst writing in the 1960s, a neurologist primarily working with people with brain lesions, and a research neuroscientist doing experimental work mainly with animal species, many of them rats, can be clearly seen to be writing about and describing the same thing. This is an illustration of what I meant above when I said that a descriptive phenomenological orientation allows us to transcend the barriers of time, discipline, and orientation.

I could go on, but for reasons of time and space, I won't.

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THE UNSHADED PART OF THE VENN DIAGRAM: FURTHER ILLUMINATIONS ON METAPROCESSING IN THE CONTEXT OF WORKING WITH DEPERSONALIZATION AND DEREALIZATION

The metatherapeutic processing of transformational experience, especially the metaprocessing of the experience of the change itself, is where differences come into view. Addressing them presents a wonderful opportunity for clarification and for either the emergence of a new platform for shared understanding or the further articulation and clarification of genuine and substantive differences.

Again, I appreciate the quality of the dialogue, for both Sass and I know what we don't know and what we can't know. Indeed, as I acknowledged in my commentary on Vigoda Gonzalez's work, my assumption that further metaprocessing of Rosa's experience would have further broadened and built on the positive changes that she already experienced is only a speculation. And similarly, Sass, despite his doubts, which I will address below, graciously acknowledges that indeed things might have unfolded precisely as I said they might.

Nevertheless, it is here that Sass and I diverge. His discomfort with metaprocessing comes to the fore, as he worries about

dangers in explicitness and in the encouraging of self-consciousness. Indeed, as discussed below, these latter can, in certain persons or at certain times, be as likely to foster forms of alienation as they are to encourage self-understanding and self-integration (Sass, 2019, p. 101-102).

He goes on to discuss that

potentially self-alienating dangers of self-consciousness occur in persons with a largely schizoid personality orientation. ... There can indeed be times when too direct a focusing on something may be futile or even counter-productive, serving less to illuminate something than to rob it of its essence (Sass, 2019, p. 102).

In some cases, with some people, this can be true—for several reasons. First, no intervention is ever guaranteed to produce a particular effect. The therapist may make an intervention with a certain intention—invariably (absent countertransference) in the service of deepening experience and /or contactfulness. However, that will either happen or not. And descriptive phenomenology and moment-to-moment tracking are particularly useful to be able to ascertain the impact of any intervention. I have always said that the unit of intervention is the therapist's intervention *and* the client's response to it.

In addition, greater distancing of experience brought on by metaprocessing can happen and does happen. (And, as we know, that can also be the result of empathy, affirmation, interpretation, silence, and/or what have you. Any intervention can have just about any outcome at any moment with any patient.) I do think it is helpful to acknowledge that, despite the

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existence of a clear transformational metapsychology, there are hardly any hard and fast *a priori* rules in AEDP. The intersubjective emergent co-creation of the moment rules the day. It is the moment-to-moment tracking of the client's response to an experience or intervention that inspires/determines the next step. If metaprocessing shuts the client down, we do not proceed with additional rounds of "What is it like?" AEDP has heightened sensitivity to the immediate conditions occurring in the intersubjective space.

When Sass raises specific concerns about metaprocessing especially with clients with depersonalization and derealization, it is then that a misunderstanding of a fundamental feature of metaprocessing, or a mis-assumption, becomes apparent. Metatherapeutic processing, and more specifically the metaprocessing of transformational experience, is an intervention that is engaged in *only* when the client is in State 3 of the transformational process. By definition, that means that defenses, inhibiting affects, and resistance (State 1) are largely absent and no longer in the picture, that the client has "dropped down" into embodied experience (State 2), and that the client has had and/or is having a transformational experience of change for the better, one that makes them feel even more connected, more in touch, more embodied, more real. Again, by definition, a client exhibiting evidence of depersonalization and/or derealization—or even more garden variety distancing from experience—would be considered to be in State 1 and metaprocessing would not be the intervention of choice: it would be contra-indicated. Interventions aimed at encouraging and facilitating embodiment, or understanding the need for the distance, would be more the order of the day.

Sass almost has it. On page 100 of his commentary, addressing metaprocessing, he writes:

Specifically, what Fosha terms the "Second Avatar" (p. 92) of AEDP places the emphasis not just on the inspiration and processing of positive emotions and on the sense of safety and sharing that these imply....

Yes, the positive emotions of State 3 do imply safety and sharing. *And* they imply one more thing: embodiment and access to somatically based experience. It is this that is implied in the client's having a transformational experience and being on the cusp of, or in, State 3.

Secondly, and just as important, metatherapeutic processing is first and foremost still an *experiential* technique, the aim of which is to facilitate experience, to which, then, and only then, reflection, and experience-near reflection at that, is brought. Thus, when Sass says that there are "dangers in encouraging self-consciousness" or hyperawareness, we're back in agreement. For metaprocessing is not about self-consciousness. There is a fundamental misunderstanding of metaprocessing as primarily an invitation to self-awareness *rather than an invitation to experience* (even when it's the experience of the experience). The awareness that's invited is as a step toward deeper experiencing. We need to know what to focus on to be able to deepen experience. And when experience-near meaning-making or reflection is invited in response to a new experience, often yet another new experience emerges, and so on (see also Gendlin, 1996).

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Sass (2019, p. 99) says:

I will focus on the issue of self-awareness or self-monitoring and on the associated “recursive spiraling processes” (p. 90) in psychotherapy that are discussed in Fosha’s (2018) remarks.

“Self-awareness” as such and especially “self-monitoring” are not terms I use. If we are talking about aiming for self-awareness and self-monitoring, then most of the Venn diagram would be shaded, for we would be in agreement. For I too would not want to use these processes, for fear of the same thing.

Metatherapeutic processing is much more about the experience of experience and experience-near reflection that allows further experience than it is about anything else. Reflection on experience is important for integration and the emergence of new meaning.

And experience-near reflection on experience aspect of metaprocessing can be particularly important for patients at the opposite end of the continuum from the clients that Sass is talking about. Or maybe precisely for those clients Sass discusses if their depersonalization and derealization (State 1) have given way to emotional experiences (State 2) and transformational experiences (State 3). In other words, to use a bit of AEDP shorthand lingo here if I might, when change happens too quickly and right-brain-mediated experience is galloping ahead, having left the left brain in the dust, clients who are used to being in control (maybe clients whose distancing defenses have been a little all too well transcended) become frightened when there is too much experience and too little understanding, even when the experience is good. That’s when reflection and words rather than experience and body might be preferred (Fosha, 2017).

To illustrate the point that I am making about the importance of promoting embodied experience of the emergent transformation, I will use an excerpt from a case I have published (Fosha, 2006). The excerpt comes from a lengthy first session with a patient with major dissociative defenses who was experiencing a crisis in her life and who was going to be in the country for only a very short period of time, thus the long session. In the first part of the session, the client’s distancing defenses were quite prominent, as were dissociative moments and some brief moments of depersonalization. By establishing a good connection—the client felt understood, we were able to transcend those State 1 defenses and we were able to drop down and do a piece of State 2 work with some emotions of anger and sadness concerning her parents. The client also told me a “secret” she had shared with few others: that growing up, at home with her parents, she had been “unhappy.” I asked her what it was like for her to share her “secret” with me, and she said, with a bit of surprise in her voice, “liberating; it feels liberating.” Since “liberating” is a transformational affect in AEDP’s phenomenology, the client’s experience marked the completion of State 2 work and ushered in State 3, a state with conditions optimal for metaprocessing. Specifically, these optimal conditions include a close connection between client and therapist; absence of defenses; access to embodied somatic/affective experience, with vitality affects indicating that; and finally, an experience of transformation or change for the better. And

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this is when the metatherapeutic processing began. The following is a transcript from a videotaped session, as it appears in the 2006 article (please note that I am resisting the temptation to tweak the comments describing the therapeutic process that I wrote then):

Cl: It feels liberating to not have the secret and to not have to hide it . . .

Th: If you let your body tell you a little bit what the feeling of liberation feels like? (*somatic exploration of the experience of transformation*)

Cl: (*eyes wide open, eyebrows raised, laughing, on the edge of surprise, fear*) Well, actually, now I am scared again in a different kind of way. . . . It's like a bigger feeling of fear, like . . . like I released something, untied a big knot, so there's more room for the fear to bounce around . . . and I opened up something . . . and . . . (*fear and the sensation of bouncing: tremulous affects in response to positive, but unexpected experience of change*)

Th: (*encouraging*) And . . .

Cl: And it felt good. But now it feels really different and I'm not sure about what it means. . . . (*unsettled facial expressions, taken aback*) It feels *really* different. (*articulation of the subjective experience of quantum change*)

Th: It's *really* different. (*mirroring intonation*)

Cl: (*eyes wide open, eyebrows raised, laughing*) Yes . . .

Th: (*gentle, reassuring, open-ended tone*) OK. And it feels scary. . . . (*empathy*)

Cl: Yes. It feels really very scary and. . . . Yes, (*it feels scary*) both from going back and from being here, it feels different, and I'm not used to that. . . . (*empathy promotes coherent articulation*)

Th: Right. And that's good. (*validation, valuing what is happening*)

Cl: It's like a big change. . . . I don't know. . . . The furniture in there has not been rearranged for such a long time. (*metaphor for the experience of change*)

Th: For so long...

Cl: Because I decided how things were; I decided what my memories were going to be. . .

Th: So stay for a moment, OK? Stay with the feeling . . . the experience. . . This is where you have a gift because you've got such huge capacity, so I know that I ask you these things and they seem a little crazy, but in a funny way. . . . (*affirmation; calling on patient's resources through self-disclosure of therapist's experience of patient resourcefulness; explicit statement of therapeutic intentions, and of explicitly asking consent to continue*)

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Cl: (*giggles*) OK. (*consent given*)

Th: . . . in a funny way, I can ask it of you. 'Cuz given what you've done...Stay with that experience of change, and I realize that there is fear attached to it, but let yourself at the very same time be very aware of my presence with you, of my not just witnessing it, but *being with you*. (*explicit urging to make use of attachment relationship in exploring something scary*)

Cl: Yes. (*green light*)

Th: So what does that big change inside feel like? . . . What's the experience of it? . . . (*metatherapeutic processing: experiential exploration of the subjective and somatic aspects of the experience of change*)

Cl: (*arched back, hands behind her back tracing an upward movement*) Yes, it was like an upward feeling. . . . I felt something going up my spine. (*tremulous affect*)

Th: (*interested, engaged tone*) Follow it. Follow it and let it speak. What was going up your spine? What was the sensation? (*inviting experience-specific language*)

Cl: (*soft tone, head cocked to one side, absorbed*) The sensation was of something relaxing that I didn't know was tense . . . and sort of unclenching a bit.

Th: And the unclenching is where? (*precisely localizing somatic experience*)

Cl: All the way from the small of my back to here (*makes motions that illustrate her words*) It's really pleasant in a way that I feel slightly suspicious about, because that is new, too. (*shift from fear to pleasure upon articulation of sensation, though the pleasantness is disorienting and still evokes suspicion*)

Th: Yes.

Cl: And, like, I also feel like I should. . . . I don't know about this change. . . . It happened really fast. (*eyebrows raised, on the border of apprehension and surprise*) I don't know. . . . (*the experience of quantum change is unsettling*)

Th: I'm going to ask you something. . . . Tolerate it for a few more minutes while we explore it, and then we'll put it in context . . . then we'll give your brain something to do. . . . We won't forget about your wonderful mind. . . . Can you give us 5 more minutes of experience? (*making explicit therapeutic intensions, seeking explicit consent to continue, introducing structure through heralding the finiteness of the process*)

Cl: (*open face, soft smile, sincere*) I'll try. (*consent granted genuinely*)

Th: It's scary?

Cl: It's scary to disconnect the frontal cortex. (*note that the patient is a neurologist*)

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Th: (*really laughing; disbelieving tone*) . . . to disconnect the frontal cortex?

Cl: Yes.

Th: (*big grin*) Uh-huh, all that executive stuff you put to the side.

Cl: Yes, go back into the limbic. . . Actually now (*eyebrows up, head cocked to the side, pleased and surprised tone*) . . . it's starting to feel pretty good. (*from scary, through pleasant but suspicious to change's starting to feel good*)

Cl: It's like 2 minutes ago, I wasn't at all sure I liked it, and then it started settling down, rearranging itself a little bit, like the natural order, you know, like gravity. . . . (*articulation of the changing sensations of transformation; metaphors of steadying*)

Th: It started to settle a little bit. (*mirroring*)

Cl: Like it's more symmetrical once again . . . (*new metaphor of order*)

Th: And again, in the body, what are you feeling, 'cuz you pointed to the belly? (*grounding new feelings in the body*)

Cl: Yeah, it's not bouncing around as much anymore. It seems like something I could learn to live with. Work with . . . a new set of order, maybe . . . It's still not totally comfortable, but it's starting to feel, not just overwhelming and frightening, but a little bit exciting. A little bit exciting. Like I have a whole new grip on it. I'm feeling . . . not exactly control. But some kind of faith that it will eventually settle down . . . I would like to not overcontrol it or force it, but sit back and watch it. . . . (*confidence and interest as fear morphs into tentative excitement; note increased capacity to articulate*)

Th: And watch it a little bit. That's a beautiful way of describing it, that sort of like this train of sensation and experience that's moving . . . And I just want us to describe it, to share it with me, to notice it . . . and to notice the change quality. (*therapist not quite coherent here, but affect carries message of validation, valuing*)

Cl: Because it doesn't feel like it's all settled. . . . It's moving around, but it's not like this anymore (*makes turbulent movement*), but more like this (*calmer softer movement*). . . . (*change in experience of tremulous affects: shift in frequency of oscillating sensations*) Maybe more two-dimensional . . . and I am trying to figure out where I am going to go, where is my place . . .

Th: And where your place is within it.

Experience, experience, and then *experience-near* reflection on experience, and then, experience of the reflection. And so on. That is the essence of metatherapeutic processing. And it is a robust process (except when it isn't). Sometimes though, even the awareness of the experience, rather than distancing, can deepen and soften, broaden and build.

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As a colleague of mine said,

It is also possible that the awareness of the novel moment has its own affective experience, which additional space can bear sweeter fruit. Anything that is meaningful to a human being is so because it is infused/imbued with affect (AEDP adds that this includes the moment of transformation itself). Reflection has affect in it, or it isn't reflection with meaning for the person . . . It is embodied and interrelated to the moment of transformation (Jerry Lamagna, 2019, personal communication).

And as another colleague of mine wrote me when I also asked her take on the questions at hand:

Having an embodied, integrated experience of positive emotion and reflection is just what someone with derealization or depersonalization needs as a healing process.

It just may be bumpier than average, but I don't think this means we give up, we just buckle up and prepare for the bumpy ride. In AEDP, we don't preemptively avoid an intervention because we are worried about the impact. That would be disconnected from the inherent phenomenological tracking process of the model. We do the best-informed choice of intervention and track the response, modify if necessary, and track the response, etc., etc. (Kari Gleiser, 2019, personal communication).

I end with a transformational affect of my own: gratitude. In AEDP we call it a healing affect: it arises in the context of the “affirming recognition of the self and of its transformation” (Fosha, 2018, p. 94). I feel grateful for colleagues like Nicole Vigoda Gonzalez and Louis Sass, and to Dan Fishman for the invitation to engage in such stimulating discussions.

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