**Lecture 8: Clinical expression of impaired emotional awareness**

Today’s talk is about working with emotion and promoting emotional awareness. To put the lecture in context, in some ways this is going to be a review and integration, and chance to look at new material. We are going to try to integrate memory reconsolidation. a developmental perspective and computational neuroscience, both predictive processing and active inference. We'll talk about recurrent maladaptive patterns from the perspective of predictive processing and active inference. We'll talk about what keeps recurrent maladaptive patterns in place, and, as you know, I think, major contributor to that is intolerable emotion. I will try to make the case that given the nature of the problems, there's a need for emotional growth and additional emotion processing. I will briefly mention the case of Becky, treated by Hannah Levenson. This is a 6-session treatment that's available for purchase from the American Psychological Association. We are going to talk more about the treatment of Becky next week. But then we will have a comparison of classic and integrative psychodynamic theory to lay out. In a straightforward manner, to explain what I think Mark Solms is saying, what I'm saying, and how we differ. Finally, we'll talk about how to enliven traditional psychodynamic psychotherapy, with enhanced emotion processing from a paper written by Hannah Levenson in 2020. My original plan was to talk about psychotherapeutic implications of levels in emotional awareness, and I have written 6 papers on this, and the last one is on your reading list. However, we're not going to get to it, because I decided that it was more important to talk about what I’m going to present today.

I think a good starting point is discussing the corrective emotion experience by F Alexander and T. French 1946. They said the corrective emotional experience was a fundamental therapeutic principle of all ideological psychotherapy. In their definition it meant to re-expose the patient under more favorable circumstances to emotional situations which he could not handle in the past. The patient, to be helped, must undergo a corrective emotional experience suitable to repair the traumatic influence of previous experiences. Intellectual insight alone is not sufficient. This was psychoanalytical literature in 1946, and this was not accepted by a psychoanalyst because it was thought that having directive experiences was contrived and it was not part of the natural process. It was artificial because it created manufactured unrealistic experiences. There was a de-emphasis on interpretation and insight. I mentioned this because these issues are going to show up in the contrast between my approach and Mark Solms. I should add that I don't think that Dr. During will necessarily agree with everything that Mark Solms says. I should also highlight that what I'm trying to do here is make the case for a particular approach to psycho dynamic psychotherapy based on memory, reconsolidation, and memory emotion interactions. Psychodynamic psychotherapy is very much influenced by psychoanalytic theory. There is a difference between the practice of psychodynamic psychotherapy once or twice a week versus psychoanalysis 4-5 times a week. One of the things I’m going to be really interested in knowing is to what extent this is not applied to psychoanalysis, but it does apply to psychodynamic psychotherapy. I feel comfortable presenting this to you as an updated neuroscientific view of psychodynamic psychotherapy. However, what I don't know is whether Dr. During and Mark Solms would say this applies to psychoanalysis, and if it doesn't, I'm going to want to know why. This compromises patient autonomy because you're being directive when you do certain things. It would provide an unneeded emphasis on emotional experiences because psychoanalysis pride, themselves on affect being at the center of the whole process. It does not consider the transference relationship with the therapist, which is really an important difference. Therefore, the traditional view is that in the psychoanalysis view you come to understand what those unconscious motivations were that were leading you to do things that were maladaptive. You become consciously aware of that and then you can make different kinds of choices, and you can understand your life in a new kind of way and carry it forward in a different way. That is psychoanalysis as the creation of a new narrative. Fonagy and Kachele say it's more than that. It is also the active construction of a new way of experiencing self with other. It is not enough just to have insight. You must have experiences and that's what we're going to be talking about. What are these experiences? I'm saying they're emotional experiences and they have an impact on the internal working model that is maybe even more effective than interpretation or insight.

I am going to kind of take you through this idea of memory and development and computation. We've talked about this previously. The Boston Change Process Study group. They were interested in how we can take advantage of newer insights from relational psychodynamics in which the intersubjective emotional field is the focus of therapy. I would say that within the different schools within psychoanalysis it's the relational school of psychoanalysis that best fits with what I’m talking about. There is this focus on the inner subjective emotional field. Traditional theory is that observable behavior, kind of relationships people have with one another, is a function of deeper unseen forces. The Boston Change Process Study group said we think this is backwards because interpersonal interaction experiences, the implicit process of relational knowing, is in fact the foundation and conflict, defense, and fantasy are secondary abstractions. The implicit process of relational knowing (IPRK) is the operational expression of the internal working model in action because lived experience is represented at the implicit level. When you're interacting with people you're just on autopilot, you're not reflecting on how you're feeling now. Emotions are guiding what you're doing. The implicit process of relational knowing involves what is expected regarding what other people will say and do, how you will feel, how you're expected to behave, how events typically unfold, etc. This is the internal working model in action in real time. The lived experience of interaction with other people is where development occurs and where change happens. Concepts of conflict, defense, and fantasy are abstractions that are higher level constructs that are superimposed on the more basic implicit automatic level of lived experience. This view is consistent with implicit emotion, is continuously active in the background guiding behavior.

The internal working model on the social world is a schematic memory updated by emotional experiences. Now we are connecting development to memory reconsolidation. We're going to review the definition of a “schema,” which is a “superordinate knowledge structures that reflect abstracted commonalities across multiple experiences exerting powerful influences over how events are perceived, interpreted, and remembered.” The internal working model of the social world is a schematic memory. Memory is selectively updated by emotional experiences, (the internal working model is a schematic memory) and was created by abstracting commonalities across interpersonal emotional experiences, and that happened automatically. The schematic memory can be made labile through recall, reminder, or reactivation of any kind, and can be updated or reconsolidated by unexpected information. This is how the internal working model continues to evolve in adaptation to current circumstances. With recurrent maladaptive patterns people are stuck. I want to make the case that there's a need for emotional growth in the context of recurrent maladaptive patterns. As we've talked about, a recurrent maladaptive pattern arises and persist because of the need to avoid intolerable emotional distress. Defenses are deployed automatically because it is sensed that to consciously experience the emotion or conflict would be overwhelming. When inflexible avoidance strategies don't work well distress is experienced which brings people in for treatment. The pattern is persistent and thus recurrent because there is a limitation and processing capacity, making avoidance necessary. As such, although defenses or avoiding strategies are present and need to be overcome, to make behavior and adaptation more flexible, a certain kind of emotional growth is needed. Defenses will remain active as long as their skill limitations, or deficits, persist. I say, hey, there’s a deficit here, and Professor During. I say, No, it's defense. They go together.

What keeps recurrent mail that the patterns in place? Why is painful emotion avoided? I have a list of a dozen different possible contributing factors that apply to different people. Number one. Why don't you focus on your painful emotion. Well, it's unpleasant. You might prefer to avoid experiencing it unless attending to it is necessary. You might think that emotions don't have value. There are a lot of people out there who believe that. Or you don't know that bodily sensations in the moment are due to emotion. Or, you might have an emotional experience, but you have no idea where it's coming from so you just ignore it. There's another possibility. Certain emotions are forbidden to express or even experience. So, this is very common in cases of child abuse inflicted by the parent for example. You’re not allowed to be angry. I have been struck meeting with patients who are unable to feel anger because it was beaten out of them. That's an example of why someone who might be out of touch with emotions. The fact of the matter is we are not able to make sense out of our experience. The reason we're able to make sense out of experience is that we've had responsive caretakers through the years. The argument can be made that you need another person to make sense of your own experience because oftentimes there are contextual factors that you may not consider that the therapist for example, my facilitate your awareness of. You need the support of another person to help tolerate the painful emotion, and you need to have faith that another person can be helpful. If you're lacking a systemic trust, that's kind of a severe deficit that might be an indication for high frequency psychoanalysis. And then you need to feel confident that you can survive if the worst happens. For example, if getting in touch with emotion and acting based on that understanding of what you need results in the rejection that you feared. You need to have some faith that it would still be OK. In other words, you need to transform intolerable into tolerable emotion. These are all the things that make it more than just defense and why defenses are in place.

Emotional distress, I would say, is an expression of prediction error in social context. The internal working model is a set of predictions in social situations. In computational terms, when we talk about predictions, we talk about priors. The brain is always seeking to minimize prediction errors or minimize expected free energy. Distress in a social context can be understood as prediction error. So why do I say that? Well recall that emotional responses are activated by an automatic, usually unconscious evaluation of the extent to which needs, goals or values are being met or not met in interaction with the environment at that moment. The set point for that evaluation is a prediction of what you'll experience. The deviation from that set point activates an emotional response. Distress indicates that needs are not being met at that moment. Distress is an expression of prediction error. How is computational neuroscience helpful in explaining recurrent maladaptive patterns and the need for more emotion processing to update the internal working model. Prediction error can be minimized in one of two ways. You can update the priors, or you can change the sensory input so that expectations are accurate. Updating priors in this context is not easy. It means changing the internal working model which is schematic memory that's built up over time. Updating the prior requires updating it based on prediction error, which means attending to and working with the prediction error which is emotional distress. Recurrent maladaptive patterns can be understood to arise with an expression of the second option. taking actions to ensure that the predictions are met by repeating the usual behavioral patterns and ignoring the distress that it generates, which is familiar, prediction error is minimized. Successful psychotherapy involves updating the prior, the internal working model by incorporating the information provided by the prediction error or distress. Priors get updated based on the precision of the sensory signal or prediction error.

The brain is a predictive organism and operates under the premise that it is much more efficient modifying perceptions than creating perceptions from scratch. The brain is always seeking to predict the environment accurately and minimize prediction error to minimize expected free energy. Predictions or priors are activated and then updated by the sensory data which creates a prediction error if it is inconsistent with prediction. The ability to update the prior depends on the reliability or precision of the prediction error. On the right-hand side, the Prior, which is a distribution of possibilities regarding what you're preceding. A high precision sensory signal is this peak here on the left. The prior is updated by this high precision sensory signal. This creates a prediction and it's updated to this new perception which is close to the high precision sensory signal. When you update a prior, it's called a posterior. A low precision sensory signal, represented by the lower peak, is more spread out, less precise, less reliable, and has less of an influence in updating the prior. The posterior is closer to the prior here than it is over here. An example of high precision versus low precision sensory signals would be your driving, and the weather is clear, and you can see perfectly well versus it's rainy and foggy, and the windshield wipers are going, and the visual information isn't that helpful in updating your plan. The most important point of all in psychotherapy is focusing attention and enhancing informational value increases the precision of the prediction error that is focusing attention on emotional distress and increasing your understanding of it, therefore increases the precision of it and is more likely to update the schematic number. 

Perception and action are highly interrelated. The sensory consequences of a range of options are anticipated before an action is selected. The action can be internal, such as choosing to think of something, or attend to something, or external such as an observable behavior. The consequences of that action can be internal or external. The consequences could be emotional, for example, or they could be sensory in the outside world. The action selected in each circumstance is determined by consideration of two factors, the instrumental and the epistemic. Which coping strategy is selected? How recurrent maladaptive persist by avoiding attention to emotional distress. We have mathematical terms which determine which actions have the highest value or the lowest expected free energy. The first one “instrumental.” You maximize current positive emotion by minimizing the deviation between expected and preferred outcomes. In a problematic interpersonal situation, when negative emotion is activated and before you've been in therapy, the preferred outcome does not seem possible. You anticipate little positive emotion by attending to distress, and therefore you focus on or do something else. You're not going to focus on your distress. For “epistemic,” you want to maximize the information gain which increases confidence in which future actions will lead to preferred outcomes later. You have no confidence that attending to emotional discuss will increase the likelihood of preferred outcomes in the future and therefore it's avoided. How might attention to emotional distress change in psychotherapy? The calculation changes. Regarding the instrumental term, to maximize current positive emotion by attending to distress with the help and support of a therapist, there's a relative increase in positive emotion, and that the experience is not as bad as feared. Secondly, regarding the epistemic term maximizing information gain which increases confidence in which future actions will lead to preferred outcomes, treating distress as helpful and informative about needs will inform strategies for better meeting needs in the future. There's more motivation and it's less aversive. This is what people do when they engage in therapy and do so in a way that it's helpful.

This now brings in what might be called common factors in psychotherapy, here's a necessary ingredient for change. You know the literature and psychotherapy shows that many kinds of psychotherapy work. One of the ways of understanding that, is there are certain common factors in psychotherapy that are necessary ingredients of whatever the therapy is. I don't think that's the whole story. That's why we're going through this course. I think it's important to mention these elements because it's relevant to what I'm talking about. So first, there's a therapeutic alliance which involves an agreement on goals, the method of treatment, the expectations of each party, experiencing the therapist as helpful and experiencing the therapist as competent and will continue to be of help. Another important ingredient is the ability to rely on the therapist for support and assistance in facing previously intolerable emotion. There’s this concept of the therapist as an auxiliary ego. That comes from the idea that defenses are deployed because the emotions from the ID are overwhelming, and the ego can't integrate that emotional expression, or instinctual drive expression. But the therapist provides additional ego resources if you will so that it can be experienced and examined. Essential to create a sense of safety which enables exploration of emotional distress that was assumed to be overwhelming requiring defenses or other avoidance strategies. You have this alliance with the therapist, and you can now look at the stuff that you've been avoiding. You also need to activate or express emotion and promote emotional awareness. These are common factors in all psychotherapies.

What do you do with an emotion that you have been kind of ignoring? How can you process it and make use of it? Less Greenberg and his colleagues discuss what he calls productive emotion, processing or being mindfully aware. Now all the things that are listed here are done in emotion focused psychotherapy. What I've highlighted in yellow corresponds to CBT and act as a as an example of acceptance and commitment therapy. What I've highlighted in green are the things that are highlighted in a psychodynamic therapy, but they all are done in emotion focus therapy. You have this bodily built sense that you've been ignoring so now you must attend to it. Then you must symbolize it, which means you put it into words, but you might not get it exactly right when you first select some words because you want to focus on what it feels like in your body. There needs to be congruence between what you feel in your body and the words that you use to describe it. You need to accept that you feel this way. We talked about certain kinds of feelings that are not permissible You need to accept that you feel this way, and you must have agency, which is, I feel this way. Then there's an element of regulation to keep the arousal the level under control. When the arousal level comes down sufficiently, then you can begin to figure out additional feelings in the situation. For example, you might present with anger, but then realize that you also feel sad, or the reverse. This is part of the process of making use of attention to emotion. A very important thing that you can do in psychotherapy, and this is always very helpful in the people that I supervise is that emotions tell you about what you need and knowing what you need is extremely important in figuring out what to do in a situation. I am using the concept of emotional homeostasis to illustrate the idea that by consciously identifying your needs and understanding what they are, you can act accordingly, and get to the source of what initiated the emotion in the first place. Emotion is initiated by a preceding change in interaction with the environment. It's a deviation from a set point or expectation pertaining to the extent to which needs, goals, or values have been met or not met. The emotional response starts in the body by conceptualizing and attending to this response the emotion can be labeled, and the associated need which triggered the emotion can be identified. This informs what action can be taken to either address the source of the emotion or make internal adjustments such as acceptance if action in the outside world to address the changes that feasible. So primary, emotions are informative. I feel sad because I'm all alone. I need to connect with other people. Or I'm angry because I am being mistreated. What is the emotion to me? I need the mistreatment to stop. You can act ideally to get to the source. If you do that, that's I'm calling emotional homeostasis. Taking to returning to baseline. Or maybe you're in an abusive situation, and you can't make it for that. Hopefully, you can get out of it, but you can start making internal adjustments. They need to accept how you feel and do the best you can with it. In other words, you can make internal adjustments that can reduce the distress. You can't necessarily get to the source.

To continue the case of Becky. Becky's mother was alcohol dependent. Becky learned that that she needed to attend to her mother's needs and not her own. Her father was also quite demanding and expected top performance from her. As a result, Becky became perfectionistic, and learned not to impose her needs on others for fear of rejection if she did. That was the intolerable emotion that she spoke of. She would be rejected, and she didn't want to experience that again. Well, she had a similar situation with her boyfriend. She loved her boyfriend, but he was often inconsiderate. She kept her feelings to herself, and often cried herself to sleep. Therapy involved paying attention to her emotional pain and recognizing what her needs were. That is step one – recalling these memories and experiencing that pain. Through interaction with Hannah Levenson, a variety of things we're done, including corrective emotional experiences. As a result, she came to feel that she was worthy of being treated well. That was step 2. And then the third step was that she started acting in her relationships to increase the likelihood that her needs would be met. She practiced that, and that was step 3.

Within a traditional approach, the therapist would organize his or her interventions to emphasize the feelings that arise in interaction with the therapist in the hope of recreating the conflict with the patient. Which may be the basis of the maladaptive pattern. Recreating it in the here and now in the transference relationship with the therapist. The prediction in this case is that people, including the therapist, won't meet her needs if she is simply who she is, and she must ingratiate herself in the hope that she'll then get the love that she needs. You would expect that pattern to emerge during psychotherapy or psychoanalysis. The therapist will then point out how this experience and therapy repeats the pattern with her parents and the boyfriend. He is going to promote insight. The patient will experience the frustration and will consider alternatives because she wants her needs to be met, but they're not going to be met by the psychoanalyst and she'll experience that as like, ‘Maybe I need to do something else.’ By recognizing the behavior that was unconsciously motivated she will now have the freedom to consciously make new choices. The working through process involves repeated experiences of doing things differently with the therapist and in other relationships.

Comparison of classic versus integrative emotion focused approaches to psychodynamic psychotherapy. I have different 5 variables here. We're going to start with Number one. What is the prediction, Error? I would say that the prediction error is the emotional experience that's activated in this problematic situation that she's not attending to, and that needs to be constructed. Mark Solms would say that the prediction is a procedure or basically a defense. The prediction is that other people will not be responsive to my needs, and I need to do my best to kind of win their love. The point is that this is a procedure or action that is a defense, and he's focusing on that defense or as he would say, he's problematizing it. Becky keeps doing this repeatedly but nothing changes. He's increasing the precision of the behavior. You bring that behavior to her attention. Now, what's interesting about this is that I’m focusing on a slightly different aspect of the exact same moment because I’m focusing on the emotions that need to be constructed that are leading to this procedure. And he's focusing on the procedure. He's problematizing the procedure. This is very important because he's conceptualizing this as procedural memory that cannot be reconsolidated. I'm conceptualizing it as a schematic memory that can be reconsolidated. If it can't be reconsolidated, you're prone to relapse because it's still there, and you just must keep practicing an alternative way of doing things. I'm saying, no, if you update the schemas, it's not going to be such a struggle, and the risk for relapse is going to be greatly reduced.

What is the context of the work? Well. Mark and Professor During would say it must be in the transference relationship with the therapist. I would say, fine. If it comes up in the transference, great. That's ignored in other kinds of psychotherapy like CBT. That is absolutely what we'd like to see in psychodynamic psychotherapy. The problem is that it doesn't happen that readily, and we don't have forever. I would say either the transference relationship with the therapist or in other relationships. Why do I say that? Freud and Breuer's discovery of transference was brilliant, and we know it's a real phenomenon. In fact, not only is it real, but it’s also an expression of predictive processing which is ubiquitous. And we're dealing with predictions that are problematic, and those predictions are active in other relationships, not just in the transference relationship with the therapist. I really believe that the psychoanalysts need to focus on needing to activate the emotion in the room with the therapist with the analyst, because any other kind of discussion isn't going to have the emotional vitality or salience in the room will have. My answer to that is, there are these techniques for making emotion more active, more fully experienced, that are not done in traditional psychodynamic psychotherapy and psychoanalysis. That is why there's special emphasis that Hannah Levenson, for example, puts on these additional things that you can do, which we will go through. My point is, if we really believe that its memory reconciliation updating by emotion, then it doesn't just have to be an interaction with the therapist or analyst. It can also be working with discussion of other relationships where these faulty predictions are activated, and where the prediction errors are there to be dealt with if you care to do so. The focus classically is on resolving conflict. Beth has a conflict. She wants to be with her boyfriend, but she is afraid she'll be rejected. So, we're working at that level. I'm saying the problem is the intolerable emotion that's being kept out of awareness, and the issue is transforming that intolerable emotion, not resolving a conflict. It will resolve the conflict, but this is getting at what the conflict stems from. What is the method? Mark Solms, and professor During would say interpretation, understanding, insight. I’m saying corrective emotional experiences. Reconsolidation is not possible because it's a procedural memory. I'm saying it is possible because it's a schematic memory. The different models make all the difference. It's huge. I would love to see psychodynamic psychotherapy be made more effective and efficient by taking this entire framework that I'm presenting to you in this course, and we'll turn into a book and to have that influence how psych dynamic psychotherapy is done.



This is a model of cognitive emotional neural basis of memory processes proposed to play a role in successful psychotherapeutic change. This is from our final chapter in our book, and we will get to the contents of that chapter in another session. But the point I want to make here is that this is like a schematic diagram of what happens in the brain when something happens. You have exteroceptive input. You make sense of what’s going. You perceive what's going on. You draw on experience from the hippocampus. It immediately will activate emotions, and the amygdala is connected to the midbrain and cortical striatal system where there's action value learning, and action selection. You have the medial prefrontal cortex up here where you have abstractions and schemes. When you change how you think about a situation that's going to change your emotions and communication with motor systems. This is why I am using this as evidence that we're talking about a schematic memory. It's not just a procedure. It is amenable to cognitions and emotions, and they all interact. That's consistent with the view that emotion is mediated by multiple networks that interact. You can have the view that it is just procedure if your model is there are these little subcortical circuits alone that mediate the emotion and that's associated with certain ways of behaving, and that's repressed, and the end of story. You can only change it by overriding it with different ways of behaving. You're always going to have that vulnerability.

Now, let us focus on integrating emotion focused interventions into psychodynamic psychotherapy. Thank you, Hannah Levenson, for writing this paper. To start, maintaining the therapeutic relationship. Any good psychodynamic psychotherapist would do number one. The therapist responds to the client conveying a respectful, collaborative, empathic and non-judgmental stance. The therapist shows evidence of listening receptively. Number 5, the therapist addresses obstacles, silences coming late, avoidance, meaningful topics and opportunities that might influence the therapeutic process. So is, inquisitiveness, assertiveness. willingness to be vulnerable. We also have recognized the client's, strengths and prizes, admires, values, and appreciates the clients. Why is this so different? Well, it's a deviation from therapeutic neutrality which is thought to be essential for working within the transference. Part of the thinking is that if you're too positive to a patient, then they'll have difficulty expressing, negative feelings, or having the negative transference come out. I can tell you that in the work that I do in our application clinic in Arizona, we don't have endless time, and the benefit of doing this far outweighs the disadvantages in my experience. Accessing and processing emotions. Number one: encourages the client to experience and express affect in the situation. Facilitates clients becoming aware of emotions on the edge of awareness and uses various strategies to help clients deepen their emotional experience. Focusing on their bodily experience, saying certain things to heighten the experience, repeating the experience, using I words. Helps clients label their emotional experience and recognizes its goal directive significance. When I was in analysis, it’s like you're on your own man, you know. You come up with what you can come up with, and I’ll interpret your defense. But I think empathic conjectures can be very helpful and recognizing its goal directed significance. What is the emotion telling you that you need? Help the person understand that. Helps the client access experience and deepen attachment related feelings, and our primary emotion specifically related to the CMP: a cyclical maladaptive pattern very similar to RMP. Hannah points out that the problems arose in their personal context in childhood. Patient comes in, they have problems in their interpersonal relationships in the present. The therapy is an interpersonal relationship that can be transformative. Bringing out attachment related feelings is very important. Obviously, in the case of Becky she needed to be loved and that was the idea that she wasn't intolerable. You’re working in that domain in real time with the patient. Uses therapeutic presence and emotional resilience with the client for emotion regulation processing and transformation. It isn't just based on transference. It's also based on helping people deal with and regulate their emotions when they talk about other relationships. Uses emotion to induce change. Step 2: in addition to reactivating old problematic emotions in step one. I really think that when psychoanalysts say, oh, you know, affect is at the center of this, it is in terms of reactivating the old conflict. To what extent is affect at the center of it in terms of change and transformation? Corrective experiences. Do you conceptualize it that way?

Exploration. Exploration uses open ended questions, inquiries into the personal or unique meanings of their clients’ words, responds to the client statements or descriptions by seeking concrete detail. Trust in the client’s intrinsic motivation towards growth. You're trusting that emotional processing with the strong support and assistance of the therapist will lead to adaptive primary emotion and that will be transformative. Relationship focus can facilitate the client's expression and exploration of feelings, thoughts, and beliefs in relation to significant others, Including the therapist. Encourages the client to discuss how the therapist might feel or think about the client. Discloses some aspects of the client’s behavior in general and to the client CMP. Meta communicates about the interpersonal process that is evolving between therapist and client. Uses the real relationship evolving between therapist and client. I am emphasizing something that I think is a little bit different from what Hannah intended. Hannah made it clear to Becky that the positive regard that she had for her was real, and it wasn't because she was her therapist. She really didn't care about her. Now, another aspect of this real relationship, is it includes therapist self-disclosure related to the recurrent pattern. Counter transference is considered so valuable, your emotional response as you interact with the patient, because there's this concept of cyclical psychodynamics from Moktell, which says that the reason why these recurrent patterns keep recurring is that they induce emotions in other people and people react to the person, and they keep the problem going like act in certain ways to make people angry and maintain a distance. You as the therapist will be on the receiving end of that, and a good therapist will allow themselves to feel angry but won't act on it. You experience it, and you reflect on it, and it's like what's happening here that is making me angry? What does the patient need? You don't enact it. You might share with the person, “you know when you the fed, or did such and such, I had a feeling that was similar to what I think Other people experience with you.” That is something that Hannah would do, but it's not done in an angry manner. I don’t think a psychoanalyst would do that, but I could be wrong.

Cyclical patterns asked about various aspects of the client. Cyclical maladaptive pattern helps the client link his or her emotions and personal meanings to recurrent pattern of interpersonal behavior. They would all do that. Deepens the clients emotional and conceptual understanding of how the CMP has affected their interpersonal and personal functioning. Links the need for disowning primary emotions to the client’s early experience with caregivers. Helps the client incorporate his or her more adaptive, healthier feelings, thoughts, and behaviors into a new narrative. I am commenting that this is adding visceral emotional experience to the cognitive content of a new narrative. It is enlivening the new narrative. Promoting change directly provides opportunities for the client to have new experiences of him or herself in interaction with the therapist, and to have new relational experiences and interaction with the therapist in accord with the goals for treatment. This is the corrective emotional experience. I believe that Professor During very much believed in that. He liked the idea of corrective emotional relationship. Gives process directives in session and outside of session that is, homework to help the client take steps toward new emotional and or interpersonal experiences and understanding. This is a no no in traditional psychodynamic psychotherapy. The homework is considered too directive. You're compromising patient autonomy.

Corrective emotional experiences automatically update future emotional predictions. A corrective emotional experience is unexpected and adds to the episodic experiences that comprise schematic memories. What is experienced in interaction with the therapist becomes the basis for the clients’ predictions in future social contexts. And I think that happens and can happen away. This means the corrective emotional experiences directly change future construes in the internal working model, without the need for explicit interpretation or conscious understanding. It's an illustration of how a new way of experiencing self with other. can have transformative effects without interpretation.

New experiences, new understanding, or both. If we're seeking enduring change, a goal of therapy is to change the internal working model of social relationships. Insight consists of understanding what the internal working model is, but understanding alone doesn't change the working model. Talking about emotions without experiencing and expressing them, does not change the emotional elements of the schematic memory. Getting back to the implicit process of relational knowing it's getting updated by actual experiences. New emotional experiences update the internal working model, and thus change how future situations are construed and responded to. For example, instead of the anticipated ridicule, shame, and rejection, the therapist responds with compassion, empathy, and acceptance. The implicit emotional messages inherent in interpretation may matter more than the words use to promote insight, and I'm going to give a detailed example of that next chapter. Insight likely extends the gains achieve from new experiences. It's icing on the cake. Professor During and I would agree with that. It's not the cake and a conversation with my good friend in Cologne, Claudia, says at times, you don't even want to make the interpretation. You don't want to create the icing, just the cake.

Conclusions. This reconceptualization of how change occurs explains the mechanisms of change in neuroscientific terms and places greater emphasis on emotional experiencing as a mechanism of change in interaction with memory. Change in the internal working model can occur automatically through corrective emotional experiences in the same way that the internal working model arose from automatic experience. Insight and understanding can assist in the change process. Effective psychotherapy may be thought of as liberating the internal working model of the social world to enable interpersonal emotional growth to continue. This statement, by the way, is something that I've come to appreciate by virtue of teaching this course. I think it's fundamental. If you have a maladaptive pattern, it's like you're stuck, but this is enabling you to continue in your growth. What keeps your current maladaptive pattern stagnant is avoidance of intolerable emotional pain. Corrective emotional experiences update schemas and make emotions tolerable. These changes alter construes and response options and previously problematic situations thus revising recurrent patterns. Psycho dynamic psychotherapy can potentially be made more effective and more efficient by using the real relationship, not just the transferential relationship in an emotionally potent way. These propositions can be tested empirically, not necessarily easily, but they can be tested. I'll just point out that there are these 6 papers available on promoting emotional awareness, and the bottom one is available to you in the reading list. If you wanted others, I'd be happy to provide them. But the point of that paper, the last one is that basically promoting emotional awareness is necessary, just like the therapeutic alliance is necessary. It's necessary for change, but it's not sufficient. In this paper, we talk about 3 different modalities. A psychodynamic psychotherapy emotion focused psychotherapy, and acceptance and commitment therapy. And we talk about what else you need to do in each of these modalities, in addition to promoting emotional awareness. Basically, that's a kind of lead into next week's talk where we're going to be focusing on the chapter from the book that Hannah wrote on the treatment of Becky. We're also going to be focusing on memory reconsolidation, both in terms of this integrated psychodynamic psychotherapy approach, but also taking case material from a psychoanalysis and talking about how it's the implicit emotional messages as part of an interpretation that really make a difference as opposed to the insight per se. That concludes the talk.