Emotional Change Processes in Experiential Work with Personality Pathology

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Emotional processing has been proposed as a change mechanism in the context of personality pathology (PP). We start by providing a synthetic account of key developments in psychotherapy around experiential change, from both the experiential humanistic tradition and the experiential dynamic tradition. Some similarities between the two are presented in terms of a) five general emotional change processes which help to define the associated emotional processing mechanism and b) three relational arenas where experiential work is carried out. We then highlight a paradox of PP, which can both impel and interfere with emotional processing, as expressed in the dialectical tension between change and homeostasis. We interpret such conflicting self-strivings in terms of two self-organizations, one sustaining problematic habits of mind and another adaptive ones, and highlight them as potential targets of differential emotional processing, in an attempt to foster further habit-level change via state-level change. We present a three-dimensional matrix representing the first elements of a framework articulating the three in-session relational arenas used to facilitate emotional change processes in these self-organizations. We use it to review three clinical cases with PP informed by different experiential approaches. The framework proved to have heuristic transtheoretical value, illustrating emotional change processes and organizing the diversity of experiential work in the context of PP. We discuss the findings in the context of emotional processing as a change mechanism in PP, in particular, and in the context of the future of psychotherapy integration and research, in general.

Keywords. Experiential; Emotional Change Processes; Emotional Processing; Personality Pathology; Personality

Personality Pathology Impels Emotional Processing

The study of personality and personality pathology (PP) is as old as modern psychology itself, examining human experience and behaviors forming patterns (or habits of mind) over time. It has never been easy to define personality and its pathologies: currently, personality pathology is the only domain of psychopathology with two full parallel classification systems. Personality disorders (PD) constitute a major challenge for society, as well as psychotherapy. Fortunately, the notion that personality is stable and unchanging has been challenged, and we now know that a) personality is more malleable than previously believed and b) that psychotherapy for personality disorders works (Bleidorn et al., 2022; Clark, 2009; Livesley, & Larstone, 2018).

According to Livesley and Larstone (2018), from a clinical practice perspective, the focus on branded therapies for individual personality disorders is outdated: no single approach explains the full potential of the treatment of personality pathology. Many treatment methods are effective in changing at least some components of personality disorders. Clinical researchers have become very interested in targeting the common features shared by all personality disorders, and have made the case for transtheoretical and transdiagnostic treatments. Integrated approaches using a combination of interventions drawn from different approaches, selected where possible on the basis of efficacy, may be the optimal treatment strategy (e.g., Livesley, Dimaggio & Clarkin, 2016).

This type of integration allows for a modularity that can pave the way to combining domains of personality pathology with transtheoretical and transdiagnostic treatment modules, whose structure is based on general change principles (Critchfield & Benjamin, 2006) and focused on common change mechanisms. One possible type of answer to questions about the definition of PD and suggestions of common factors underpinning effective treatment is that PP is best considered, in part, as a problem with mechanisms A, B and/or C, and that the

therapists must foster change toward robustness in those mechanisms in order to transform PP. Empirical and clinical study on each potential mechanism is thus needed. But care needs to be taken in order not to fuel a new version of what could be a sterile debate about the "best" mechanism of change, like earlier fruitless debates about the best form of therapy.

Kramer et al. (2020) reviewed empirical evidence on a few effective change mechanisms in work with personality disorders, one of which is emotional processing. Building on this empirical groundwork, Kramer and Timulak (2022) elaborated a transdiagnostic conceptualization of personality pathology, with three dysfunctions of emotional processing at its core: (a) problems with emotion regulation, (b) problems with the interpersonal impact of an emotion, and (c) problematic emotion-based narrative. They argue that any personality pathology can be explained by these three dysfunctions, and designed new intervention pathways specifically targeting these three dysfunctions within a mechanism-based approach to the psychotherapy of personality disorders.

Next, we will briefly review some approaches that involve experiential work that we believe has the potential to power the change mechanism of emotional processing, some of which have historically been developed without explicitly addressing PP. We limit our selection to a set of four, although the quest to facilitate emotional change in the context of PP is open any approach willing to demonstrate so.

Experiential Approaches and Work Stimulating Emotional Processing

Historically, key developments around experiential work in the field of psychotherapy came out of two conceptual frameworks: the experiential-humanistic tradition and the short-term psychodynamic tradition. We begin by briefly reviewing both and then highlight some similarities between them.

The experiential humanistic tradition in psychotherapy was steered by person-centered and experiential approaches, the third force after the prevailing models in 1940s North America, psychoanalysis and behavior therapy. Humanistic-experiential approaches to psychotherapy consisted initially of classical client-centered, Gestalt, and existential psychotherapy approaches. Over time, neo-humanistic approaches emerged: most notably the focusing-oriented and emotion-focused/process-experiential approaches, along with some others that integrate principles of interpersonal psychotherapy. A central characteristic of humanistic psychotherapy is its focus on promoting in-session experiencing, as well as knowledge gained through experience. Methods that stimulate emotional experience are used in the context of an empathic facilitative relationship, based on the hypothesis that dysfunction results from the disowning of experience. The client's ongoing experiencing process is a continuous point of reference for the therapist's process-directive responsiveness, offering their clients specific processing proposals. This process-oriented approach is fundamentally phenomenological, working with a client's subjective experience of the world as it emerges and (potentially) shifts (see review by Greenberg et al., 2013).

Modern conceptions of experiential theory, as featured, for example, in emotion-focused therapy (EFT), are based on three main ideas: (a) emotion is central in many forms of psychological dysfunction, as well as for change; (b) both acceptance of and change in emotions are important to transform suffering; and (c) work on transforming the underlying emotional underpinnings of psychological distress is important to change enduring maladaptive patterns (Greenberg, 2021).

In EFT as put forward by Elliott et al (2004), there are three types of tasks with three usual elements; the marker of a problem state that signals the client's potential readiness to work on a particular issue, the performance sequence, and the desired resolution or end state; a) interpersonal contact tasks, which center around baseline person-to-person contact between

client and therapist, marked by presence and acceptance; b) experiential search tasks, which emphasize the exploration and processing of inner experiencing, usually arriving at some form of new symbolic representation; and c) active expression tasks, aimed at the promotion of client enactment of experiences or aspects of self in order to access, heighten, and process underlying emotion schemes. At the low, concrete level of abstraction, all three are used to implement emotion change principles or processes at an intermediate level of abstraction.

The second conceptual framework which stimulated key developments on experiential change in psychotherapy emerged from the short-term dynamic tradition (STDP). In an attempt to overcome its limitations, Davanloo (1980) extended its treatment methods and performed detailed process-based research over a period of many years, establishing intensive short-term dynamic psychotherapy (ISTDP) as a treatment of choice with experiential status. Here, one of the therapist's main tasks, using the triangle of conflict, is to help the client to become aware of: (a) means or processes they have adopted to avoid mental pain, conflict, or unacceptable feelings (defense); (b) feared consequences of expressing these hidden feelings (anxiety); and (c) the nature of the hidden feelings themselves. ISTDP endorses a process-directive and challenging approach to experiential change, where confrontation or pressure may be actively used. Abbass (2002, 2015) accumulated more evidence and detailed the procedures more extensively.

Although ISTDP was found to be effective, there was some controversy around this style, leading to the development of warmer, gentler, less confrontational and more clarification-oriented variations following the work of Davanloo (1980): namely, affect phobia therapy (APT; McCullough Vaillant, 1997) and accelerated experiential dynamic psychotherapy (AEDP; Fosha, 2000). These two approaches showed that emotional depth and transformation can also be elicited by support, validation, affirmation, and clarification. A safe and encouraging relationship is the context in which the therapist helps the patient

process both *painful* and *pleasant* emotions. In these more tender approaches, the therapist's stance remains process-directive, active and involved, as well as emotion-focused and emotionally challenging. These three exemplars of the experiential dynamic tradition (ISTDP, AEDP, APT) present emotion-focused objectives, such as removing or reducing blocks to affective expression (defense restructuring); acquiring new, adaptive modes of affective experiencing and expression (affect restructuring); and identifying, affirming, and increasing the adaptiveness of feelings associated with self and others (self-other restructuring). Capabilities like a) recognizing defensive behavior and experiencing it as undesirable; b) containing and experiencing conflicted feelings, and then expressing them appropriately with the therapist and/or in the context of tasks; and c) altering inner representations of self and others, are continuously built and broadened to support the resolution of so-called dynamic conflict. While guiding the patient toward adaptive function, the client is encouraged to take the needs of self and others into consideration in a balanced way. Adaptive function requires the ability to (a) express what is experienced inside in a way that can be best received by others, and (b) adaptively experience inside what is expressed by and received from others. Expressive and receptive capacity also constitute emotional relational experience. Human connection and mutuality are the optimal result of personal development and growth (Davanloo, 1980; Fosha, 2000; McCullough Vaillant, 1997).

Overall, these three approaches from the experiential dynamic tradition incorporate specific interventions to elicit the expression of emotion and to overcome obstacles to it. In each, distinctive maps of processes or markers are laid down, based on the client's observable processing vulnerabilities and capacities. These serve as heuristics to guide clinical decision-making, guiding toward the incorporation of specific types of work or therapeutic tasks to responsively help build capacity for increasingly productive emotional processing. Patients are encouraged to experience emotions (sometimes even increasing their intensity) and the

associated action tendency physically in the body. Excessive anxiety or affects created by dysregulating defenses need be (down)regulated, so that the patient can be helped to express the underlying emotion (see Frederickson et al., 2018; Grecucci et al., 2020).

Differentiating Emotional Processing into Emotion Change Processes

In the general clinical context, all four of the approaches briefly reviewed above have been found to be associated with positive outcomes like symptom reduction and other positive changes in self and relational variables (Elliott et al, 2021; Iwakabe et al, 2020; Iwakabe et al, 2022; Town et al 2017; Osborn, 2020). Our brief review suggests these four experiential approaches have more in common with regard to power the change mechanism of emotional processing, in general, and also in the context of PP. Later, in the clinical section, we will select vignettes of two approaches from the aforementioned four, which, historically, have had comparatively less explicit associations with PP, to illustrate their natural implementation within this particular context.

Their primary aim in all four of the experiential approaches discussed here is not direct modification of presenting symptomatic behavior, although symptom reduction is achieved. The type of process these therapists foster is called experiential because it involves learning from the client's own experience, not from the therapist offering psychoeducation, skill training or explanation, at least as predominant interventions. All four involve maps and sequences of steps or stages that a therapist guides the client through in order to improve their emotional well-being and address psychological difficulties.

The most distinctive principle of change present in all of them, we believe, has been variously termed as emotional transformation, transformative emotional sequence, emotional sequencing or changing emotion with emotion (Welling, 2012; Greenberg, 2021). It is built on the premise that there are distinct ways of differentiating and accessing different types of

emotion, and uses a corresponding process-directive approach to facilitate emotional change following particular sequences (Pascual-Leone, 2018). This principle has strong connections to the change mechanism of memory reconsolidation, which are beyond the scope of this paper. Nonetheless, proponents of all four approaches would agree that productive emotional processing is one of the central mechanisms of change explaining their outcomes.

They share a common aim of transforming underlying painful emotions, often not initially in awareness or expressed, but understood as the underlying determinants of the presenting problematic arousal or symptoms. The fact that each involves slightly different ideas of the nature of emotional processing calls our attention to the need to operationalize the change mechanism of emotional processing. As in psychotherapy integration, we believe, common ground can better be found at an intermediate level of abstraction, that of emotion change processes or principles that can be observed at work when fostering productive emotional processing. This may provide the basis for a preliminary consensual definition of the change mechanism of emotional processing in each of the experiential approaches.

A number of authors have reviewed a substantial amount of theoretical and empirical support for five trans-theoretical emotion change processes or principles, which are shared between these two historical currents in experiential work. They are as follows: engaged emotional *awareness* (acceptance, symbolizing and experiencing); *expressive arousal* (intensifying emotion or increasing arousal via emotional enactment or expression); emotion *downregulation* (emotional soothing or reducing emotional arousal); emotional *sequencing* (emotional transformation or changing emotion with emotion); and *reflection* on emotion (making narrative sense of or attributing meaning to one's experiences) (Grecucci et al., 2020; Greenberg, 2002; Greenberg & Pascual-Leone, 2006; Whelton, 2004).

In the present study, this list of five emotion change processes or principles serves the purpose of operationalizing the change mechanism of emotional processing in a

transtheoretical, generic, and patient-near fashion. The aim is to examine how emotional processing is facilitated in the context of diverse experiential approaches as practiced in the context of personality pathology, rather than rely on theoretical explanations, As Greenberg (1999) put it, we want to observe the process of (emotional) change in order to arrive at the kind of explanation that involves a new understanding of what actually occurs.

To guide our observation, a list of emotion change processes can be found in Table 1 below. It is worth noticing that most experiential tasks designed to build emotional processing capacity make use of the relation with the therapist, with oneself, or with a significant other (Self-Self/Other). The general mechanism of emotional processing and its constitutive emotional processes can be facilitated both in intrapersonal and interpersonal arenas. Although all change processes occur primarily *within* the individual, the arenas to actively stimulate those processes need not be intrapersonal. These three relational arenas are reflected in Table 1. They characterize the procedural, interactive or/and enactive nature of the experiential work stimulating bottom-up processes and concrete experiential contents, and help to differentiate the here and now of the therapeutic interaction. It serves to clearly distinguish these types of therapeutic work from other also relevant work still focused on emotion, but more based on psychoeducation, skill training or explanation.

It is not currently known whether a direct focus on emotion processing as a change mechanism in treatments for personality pathology presents an outcome advantage. But assuming that PP has emotional underpinnings, we believe that these experiential approaches can help build a differentiated framework for ways to restructure emotional processing difficulties, as proposed by Kramer and Timulak (2022). In order to better understand variations in experiential work and how it can facilitate emotional processing in the context of psychotherapy for PP, we now turn to potentially relevant self-processes.

From *Multiple* Self-States and Self-Processes to *Duality* in Personality and Self-Strivings

In experiential approaches, constructing the self in psychotherapy involves the process of identifying, symbolizing, and differentiating various self-experiences, self-states – reflecting an understanding of the self as a singular multiplicity. Kramer and Timulak (2022) also synthesize knowledge about the core emotional co-determinants of personality pathology from a transdiagnostic perspective, and point out that self can be understood as an emergent property of schemes and the interactions among them. But between changes in self-states and changes in personality at the level of traits there is a *gap* that needs to be filled. The fact that each of us comprises multiple selves creates the risk of a formulation too scattered and diffuse to capture the frequent and recurrent emergence of specific emotional processing difficulties.

In the clinical reality, therapists tend to be more often confronted with two conflicting motivations in their clients with PP than in those without it. On the one hand, clients exercise capacities that are developing, allowing flexible and dynamic patterns of human interaction, expanding functional capacity (change, growth or development), and negotiating needs for self-definition (agency). On the other hand, clients also express vulnerabilities, engaging in ambivalent resistance and transference, defensive activities, security operations, etc., that maintain enduring problematic patterns (stability, homeostasis), and negotiating needs for relatedness (communion). Many psychotherapeutic approaches to the treatment of personality disorders have highlighted variations on this common dialectical tension, and the need for dynamic equilibrium between homeostasis and change (e.g., Ghent, 2002, Mahoney, 1991; Safran & Muran, 2000; Wachtel, 2014).

How can these two conflicting motivations or self-strivings best be formulated to assist in experiential work in the here and now of the session? Could therapists benefit from some type of bifocal formulation lens, in order to facilitate the building of emotional skill in their clients with PP?

Interestingly, Benjamin (2018) depicts the aforementioned conflict in terms of two personality parts: a "Red," "Regressive Loyalist" or "Family in the Head" part, whose processes demand adherence to maladaptive rules and the values of significant figures; and a "Green," "Growth Collaborator," or "Birthright Self" part, whose processes need to be supported in developing adaptive attachment-based behaviors. The first part is linked to symptoms and problematic patterns (unproductive emotions), the second to normative behavioral patterns accompanied by adaptive parallel affects and cognitions (productive emotions). Red/Green conflict is manifest in two discernible states in everyone, with Red prevailing in personality disordered persons and Green in individuals without PP (see Critchfield et al., 2022 for a case example). According to this formulation, each has its brain system: Green processes sustained by the familiar, logical brain, more based in the cortex, and Red processes sustained by the primitive, not necessarily logical or conscious, more subcortical brain that monitors, among other things, whether there is a threat, and if so, how to stay safe. This primitive brain, with its mechanical, robotic logic, is formulated as being very powerful at cueing unproductive emotion to help the person respond to (perceived) threat with behaviors aimed at producing feelings of (perceived) safety (Benjamin, 2018). Even though the resulting experience and behavior is often interfering with adaptation, Red processes are nonetheless to be treated as valid, as the client is attempting adaptive functioning through them.

The theory of structural dissociation of the personality (TSDP; van der Hart et al, 2006), significantly influenced by Pierre Janet's work, also postulates such divisions in personality and their manifestations in therapy. It provides a rich conceptualization of post-traumatic conditions distributed within a psychopathological spectrum ranging from acute trauma and PTSD, on one end, to dissociative identity disorder, on the other end, with borderline personality disorder in the middle of the spectrum. TSDP postulates that the

personality may become divided among two or more prototype personality subsystems or parts, labeled as the Emotional Part of the Personality (EP) and the Apparently Normal Part of the Personality (ANP). This duality again bears some resemblance to the one presented above. Only the central part of the TSDP spectrum is specifically related to personality disorders, and any discussion on trauma and dissociation is beyond the scope of this paper. Nonetheless, a crucial feature of TSDP is that each part of the personality is primarily mediated by particular action (sub)systems and has its own first-person perspective and emotional experience.

Note, however, that when articulating concepts of mind, there is a constant danger of anthropomorphization by including a homunculus. The common belief that the mind is controlled or initiated by an individual's "I", self, or personality, does exactly this. It is important to realise that projecting such a unitary, agential entity is exactly what the mind does! The same is true of the parts of the personality (Red/Green, ANP/EP). There is no part hidden in the client's brain, although emergent part-like specific experience and behavior can be tracked and addressed in-session. Without incurring in such a trap, Gross (2021) proposed a paradigmatic shift, putting forward an integrative brain-based theory of emotionality as personality process, whereby personality is a genetically structured homeostatic system serving the brain's needs for establishing and returning to equilibrium. For Gross, personality process is the experience and behavior created by the brain to stabilize itself. Experience and behavior are thus mental processes that serve the brain in the process of keeping itself in its stable-state, homeostatic condition. He presents personality processes as systems of habits of mind: functionally autonomous, self-perpetuating structures.

Gross (2021) presents a view of the individual in terms of a twofold structure that is akin to both of the aforementioned theories. In his theory, character structure (Red/EP) is the face that serves to maintain the internal equilibrium of the brain. The other face, personal identity (Green/ANP), is the face that individuals use to engage with the physical and

interpersonal worlds. He asserts that character structure and personal identity are underpinned by different neurological networks feeding two different forms of personhood, different psychological persons, while preserving the emergent multiplicity of the self within each one. With such homeostatic definitions of cerebral information-processing systems, he is able not only to avoid postulating a homunculus, but to explain psychological movement while recognizing its underlying neurological structure. To Gross, PP arises from the dissonance between character structure and personal identity, with character structure dominating emotional experience and conduct. In the clinical section below, we will look at a clinical case vignette, to illustrate the translation of his theory into experiential work in the context of PP.

Exploring the complexity of such integrative theories is beyond the scope of our paper. Borrowing from the convergent aspects of these three authors' theories, we will now seek to better understand the facilitating of emotion processing in the context of PP, with such a bifocal formulation lens. While other theories or approaches may have similar formulations, our selection comes from authors who are highly experienced in PP and complex trauma, to support our claim for its potential heuristic value in further facilitating the building of emotional skill in clients with PP. While it is generally believed that we only have one person in session, we tentatively claim that each individual usually contains (at least) two persons, each of whom can be met in the consulting room. We thus propose to articulate the multiplicity of the self within the context of a bifocal formulation of the individual with two competing self-strivings. In doing so, we attempt some integration of changes in self-states (momentary/varying, situation-specific, most changeable/responsive) and changes in habits (learned, habitual, automatized, routine) (see the conceptual framework of Allemand & Fluckiger, 2017) to fill the gap between states and traits.

A translation of this formulation into the terms of a dualistic organization of the individual using emotion-focused vocabulary might be helpful to the reader. According to

Greenberg (2021), with the activation of a particular self-schema comes the emergence of a corresponding emotional experience—a particular state of mind or self-state (coloured by a particular emotion). Self-states are the experiential products of the various processes and structures of the self, crystallizations in subjective emotional experience of an underlying schema. Above the level of emotion schemes come self-organizations. The synthesis of multiple schemes forms the basis of one's current self-organizations in any one moment—the self one finds oneself to be in a situation—such as feeling confident, or small. These situational self-organizations provide the bodily felt referent of experience. The resulting self-experiences are not a product of will or deliberation, but of an automatic, non-conscious, dynamic self-organizing process with certain aspects of self-experience out of focal awareness when others are dominant. Self-organizations, according to Greenberg (2021) are based on combinations of a variety of emotions and ways of coping with emotion, and constitute individuals' *habitual* way of managing feelings.

Putting it together, we translate the bifocal or dualistic formulation of self-processes or self-strivings in terms of one Red self-organization (Red SO) sustaining problematic habits of mind, frequently (but not necessarily) associated with unproductive emotions, and one Green self-organization (Green SO) sustaining adaptive habits of mind, frequently associated with productive emotions (but not necessarily). These two self-organizations are also presented in table 1 and captures the notion that the therapist can be aware of which of the two persons of the client he or she is addressing in the here and now of the therapeutic interaction.

The present paper aims to illustrate emotional processing as facilitated through emotional change processes implemented by interventions from three different experiential approaches. More than looking at concrete interventions or tasks, we want to observe emotional change processes as they are facilitated in the context of the client's dominant self-organizations. We hypothesize that despite the fact therapists are usually observed as

engaging with the client as a single person, they might also be observed as engaging with two persons in the room, separately. The choice, or at least the awareness, of which of the two competing self-organizations (Red SO, sustaining unproductive habits of mind, or Green SO, sustaining adaptive habits of mind) is dominant, or which of them one wants to bring into focal awareness can be important, as each may involve different emergent emotional states and processing requirements.

All clients whose cases are featured here presented with personality pathology, as evaluated by their therapist. The clients were de-identified and pseudonyms used to protect their privacy. Direct comparison between the cases is not possible by design. A brief description of each case in session is presented, followed by a transcript and brief commentary on observed emotional and self-processes. We apply a three-dimensional matrix designed based on the literature reviewed above to check its heuristic value in verifying similarities and differences among cases. In our Table 1, representing such dimensional structure, the x axis denotes the relational arena, the y axis denotes self-organization, and the z axis represents emotional change process. Exemplars of emotional change processes are presented in modules in the table. Following the transcripts moment-by-moment, note that we use the term 'emotional change process' as it occurs in a single-line statement or short set of them, rather than a more extended event covering the whole segment. For easier reference, all statements are numbered, and the numbers inside the modules reflect the beginning and end of such micro-processes.

CASE A - emotion-focused therapy (EFT)

Barbara was 39 years old when she presented for psychotherapy, and had been consulting a 40-year-old male psychotherapist over two years. When the client presented for therapy, she met criteria for borderline personality disorder, with repeated suicide attempts,

multiple self-harming and impulsivity patterns, as well as difficulty describing her emotions, which may be linked to a history of complex trauma. In the dimensional trait model, Barbara might have scored high on negative affectivity, detachment and disinhibition, but low on antagonism and psychoticism, while presenting with a severe personality disorder. Complex trauma was linked with her repetitive interpersonal experience of being unseen and neglected by her mother, and abused by her father. In that process of development of a maladaptive interpersonal pattern, it seems that Barbara silenced her own needs and emotions, in particular her access to healthy anger. This excerpt, from session 30, demonstrates a sequence of empty-chair dialogue with her mother, where healthy assertive anger emerged towards the end.

1. Th: Come back to the moment when you were 10 years old. Your mother was there, you are in the restaurant kitchen. How is it for you to be facing your mother now [Points to chair.], who is her own age at the time.

2. Cl: I feel afraid.… I feel threatened.

3. Th: Can you tell her—your mother who is sitting here right now—that you feel afraid?

4. Cl: (to mother): I'm afraid, even before opening the door. Either it will go well, or it will be very bad with you. I see myself with my sister, because the two of us were there.

5. Th: Yes, of course... [Prompts client to change to mother's chair.] You are the mother. Can you give your daughter, who wants to walk through the kitchen, the message of threat?

6. Cl: I'm working right now. The restaurant is full. I'm tired. I've been tired for years already. I've been working for years. I'm shouldering the restaurant. I have accepted situations that are not OK. Working as a simple barmaid, and now I'm working nights and days with a husband who abandons me and you two... [Moves hand in a threatening manner.]

7. Th: [Imitates hand movement.] What is this, what does this movement say? (both laugh)

8. Cl: I threaten you, I threaten you... [Closes her eyes.] Don't make it worse for me. I have enough to deal with. If you make it worse… I hate you, I'll discard you. [Movement of putting trash away.] I'll discard everything, because I've had enough. I reject you.

9. Th: Can you come over here, please? [Cl changes seats.] How is it for you to hear that...?

10. Cl: It's very… very sad. [Client's eyes well up with tears.]

11. Th: Stay a bit with this sadness, it's important.

12. Cl: It's so sad, because I can't make myself even smaller. I'm already as small as a mouse. It's not possible.

13. Th: You already make yourself so small. [Cl cries...] So invisible.

14. Cl: I can't make myself invisible, that's not possible. I can't do more than I already do.

15. Th: Tell her, tell your mother.

16. Cl: This makes me very, very sad.

17. Th: Speak to her from this sadness.

18. Cl: I'm sad [Cries], because I feel that you regret that I exist. [Continues to cry.]

19. Th: How is it inside for you to say "You regret I exist"? Try to go to this pain now.

20. Cl: [Cries.] I also regret... [Voice becomes angry.] I also regret that I exist.

21. Th: Stay with the pain.

22. Cl: [Cries.] It's so hard to hear all the time... regrets. With regard to your own life that you didn't choose, yes. And I feel I don't even want to know anything about your stories, mom.

23. Th: ...and this makes me feel…

24. Cl: Extremely sad. [Cries.] What can I do?

25. Th: There is a point where I cannot do anything anymore. …When you say I'm invisible, there's also a strength saying I'm not invisible

26. Cl: There's a strength, yes, I feel it. I may be a mouse, so small, but actually like an elephant in a shop full of glass. My temperament is not like a mouse. I played with boys…

27. Th: I'm… [Directed to the mother.]

28. Cl: [Angry.] I'm not like this. Don't give me dolls' clothes. I hate it. I'm not going to wear them. I wanted fishing boots and jeans and to play with my friends outside. I went fishing with them and I was always afraid that if there was a hole in my nice trousers it would be a catastrophe for my mother…That's not me. That's not me! [Angry.]

29. Th: I'm different.

30. Cl: I have the right to be different.

31. Th: Tell your mother.

32. Cl: I have the right to be different. To make lots of noise. Like all children. I'm not a doll!

33. Th: How is it for you to say I am not a doll?

34. Cl: Yes, I feel I have the right to be different. This is something new for me.

[Table 1]

From this excerpt, it appears that Barbara worked through her maladaptive fear and sadness, her helplessness when facing her mother, to access a new experience within the empty-chair dialogue, that of (healthy) assertive anger. The client later described this session as key in her pathway to recovery from borderline personality disorder.

Let's turn to the matrix to examine its heuristic value. The task that unfolded during the session was mostly focused on the (intra)relational arena with a significant other, the client's mother. The relational arena with a highly attuned process-directive therapist was also implicitly active, as he facilitated the engagement of processes by each of the client's self-organizations separately. Altogether at least 13 emotion change processes seem to have been engaged. In her Red SO, the client was coached to express her maladaptive painful feelings, despite initially feeling threatened, while in her Green SO she was helped to experiment with articulating hurt and expressing assertive anger. Due to space limitations, we will highlight one exemplar of each, although the reader can check Table 1 for others.

She was helped to increase *awareness* and contact of maladaptive fear and sense of threat toward her mother (1-2), features of her helpless Red SO. Second, *expressive arousal* was noticed in relation to adaptive assertive anger (27-32), a feature of her Green SO. Despite the fact that *down-regulation* (reducing arousal) was not explicitly articulated, the therapist's responsiveness is clear, and may implicitly have been decisive in keeping the arousal within the optimal window of tolerance. A clear brief emotional *sequence* is noticeable from the contact with primary adaptive emotional pain, collapsing slightly into depressive sadness but then shifting into strong assertive anger (19-34). *Reflection* is apparent in an analogy from her Red SO of feeling small like a mouse, the invisibility her mother expected her to perform (12-14).

In terms of work in support of the Green SO, note that the imaginary significant other was not persuaded to hear or support the emergence of the new possibility, although the real therapist did so in some small measure. While she attempted her first moves into assertive anger, the therapist engagingly sustained this experiencing (28, 30, 31, 33), leading her to explicitly mention that she felt she was in new territory. This experience of novelty and empowering feelings (34) could have been stretched further within the session, but resources were not allocated to that endeavor in this particular piece of experiential work.

CASE B - accelerated experiential dynamic psychotherapy (AEDP)

Jaime was 46 years old when he presented for psychotherapy, meeting a 48-year-old female psychotherapist practicing AEDP in an open-ended format. When the client presented for therapy, he met some criteria for avoidant personality disorder, and criteria from other personality disorders (with dependent, narcissistic, and compulsive features), with habits of overwork and self-neglect. On the dimensional trait model, Jaime may have scored high on negative affectivity, detachment and disinhibition, but low on antagonism and psychoticism.

Complex trauma was linked with repetitive experiences of being neglected by overworking parents in their upward social trajectory. Despite his somewhat prosperous life, he shows a pattern of feeling at once special and marginalized, probably carrying some internalized shame like his parents. Jaime sacrifices his own needs to those of others, has difficulty acting on his own behalf, and lacks a clear sense of belonging, choice and direction. This excerpt, from session 57, illustrates a double self-soothing (portrayal) task seeking to integrate two parts of the self, one enthusiastic and grounded and another trapped and withdrawn.

1. Th: Let's start with the enthused one. When you're turned toward and connected to the enthusiastic part, how does that feel in your body? And how is it to feel those things?

2. Cl: Yes. Energy moves. It's full of life.

3. Th: You look moved to touch this inside of yourself... It's moving to me to hear you describe it... How is it to have my eye on that enthused self? I'm looking right at your eyes.

4. Cl: I feel... supported and part of the bigger world… belonging and with rights.

5. Th: And I feel excited and curious, like what are you going to do with this energy? Like that feeling of like, what's going to grow in this garden? It's just starting… [Cl nods.] Let's take a couple more minutes and feel… know me seeing you in this place.

6. Cl: I wish I could get back some of my self-directedness, centeredness, stubbornness, at 27.

7. Th: Right... You need a little bit of healthy narcissism back in there, right. Like a little sprinkling of salt. Just take a minute and kind of invite your 27-year-old self… really kind of invite him back… see him a little full of himself, a little stubborn, a little self-invested...

8. Cl: It's funny because, back then, I already see disconnection in him, despite his thriving.

9. Th: What would you like to say to him as a more mature adult? Could you talk to him about what you see in him…If you could mentor him, like, bring him here with you now…

10. Cl: It hurts a bit to see... There was always this busyness and aloneness in him... and I wish I could help him show up more.

11. Th: Yeah, like, help him to shine, to be present and to connect, being in a network where he's standing out and doing his stuff… So, when 27-year-old you sees you, and sees your eyes, what does the 27-year-old you see in 46-year-old you?

12. Cl: What was never there, like presence and support, and the sense of belonging to a family or world where one belongs, instead of carrying specialness mixed with marginalization.

13. Th: Stay with that a bit more and bring him the vibe of contact, presence, and belonging. "We do belong, you are one of them, one of us." "I'm seeing you shine, doing a good job."

14. Cl: I could also tell him, we could prioritize our stuff, like, "It's okay to put yourself first!"

15. Th: Yeah. Yeah. Just really feel into that. And how it is for him to hear that permission...

16. Cl: It's okay to put yourself first, it is really… Ouch, it is never really easy to hold it…

17. Th: But how is it for him to hear it from you, just to have the permission from an older wiser self. How do you feel that experientially, that belonging, that valuing?

18. Cl: It still…takes bits of breath away, as almost against nature. I need to open up space.

19. Th: Yeah... how does that feel to be opening up like this… let the chest expand...

20. Cl: I'm more in myself, not scattered or diffused! It's about how I can give more to myself, and to show up more, instead of recoiling… [Th prompts Cl to feel into it longer.]

21. Th: Putting yourself center stage!... Feel into that… What if, now, you just reach out your hand, and see if that trapped self can feel a little bit of this, just for a couple of seconds, just to feel the presence and the belonging and the opposite of marginalization! Just to be here with you and with me, to have a taste of "I have something to offer," "I belong..."

22. Cl: Ouch… I'm getting dizzy.

23. Th: Wow... intense! Yeah, they're both you. We need to help them reconcile, to help this trapped part be driven to the center! How is it for that trapped part to hear my invitation, do you have like a visual or a felt sense of how that trapped part receives it?

24. Cl: I'm sorry, but I have to regulate myself.

25. Th: I'm glad you could tell me... Take some deep breaths and feel your feet on the floor. Breathe out, it's intense... I'm right here with you... you move your arms around... It's a lot to be in contact with, but it needs our contact... How is the dizziness now?

26. Cl: A little bit better. [Cl shows relief, yawns and stretches arms.]

27. Th: Let's go slower, bring the trapped part in. Tell him we're not gonna forget about him.

28. Cl: Now it's already spread, like, it's more part of the family, a new family for a while.

29. Th: Feel into that for a minute, the spreading, the new family. [Long pause.] What's up?

30. Cl: Just giving myself a little bit… [Cl hugging himself while looking sad for some time.]

31. Th: Feel into that hand-holding. Looks so good, the contact, comfort, connection... Hmm, looks like some sadness too... "You don't have to be alone." He doesn't have to do it himself. It looks so right, what you're holding. You look happy and sad at the same time.

From this excerpt, it seems that Jaime worked through the self-organizations that were present at the beginning of session, a part that felt enthusiastic and capable and one that felt trapped and powerless. In a portrayal task, a new robust experience of belonging, self-coherence and self-confidence was carried over to the trapped marginalized part, resulting in an experience of integration of both parts, and of interconnectedness. The client later described this session as pivotal to experiencing himself as both self-directed and connected.

Let us now turn to the matrix to examine its heuristic value in this case. The task was mostly focused on the (intra)relational arena with oneself. The relational arena with a highly attuned process-directive therapist was also both implicitly and explicitly active, as she

facilitated the engagement of processes by each of the client's self-organizations separately and in juxtaposition. Altogether at least 15 emotion change processes seem to have been engaged. In his Red SO, the client was coached to express his maladaptive painful feelings of powerlessness, shame and disconnectedness, while in his Green SO he was noticeably helped to process vitalizing, powerful feelings of connectedness and belonging. Again, we highlight just one exemplar of each, and the reader can check Table 1 for more.

Awareness was brought immediately to the pleasant enlivening feeling of enthusiasm and presence produced by his Green SO (1-2). Emotional arousal was evident when his Red SO, more used to generate feelings of threat and lack of permission, was stretched into the forbidden experience of self-directedness (13-17). Down-regulation was evident when the Red SO could hardly bear the pleasant feelings of presence, belonging and contact, which led the client to self-initiate down-regulation, then also explicitly coached by the therapist (22-27) until a grounding pleasant feeling emerged. A sequence was evident when the therapist had the client juxtapose the feeling of contact, presence, belonging and worth to the Red SO's feelings of disconnection and marginalization (10-17). And reflection was noticeable when the client, finally, in the face of a new possibility, experienced joy and a sense of belonging together with awareness of adaptive grieving that still needed to be processed, given such a huge long-standing loss (*28-31*).

In terms of work in support of the Green SO, both arenas with self and with the therapist were explicitly used to stretch into the emotional experience of connection, experienced as pleasant by the Green SO, and unpleasant or even threatening by the Red SO. Jaime was explicitly stimulated to process the experience of the therapist's presence, support or even delight (3, 5), and how it was for his Red SO to receive help and support from his Green SO (15). The therapist also occasionally entered the portrayal, or lent an extra voice

directed at the vulnerable SO (21, 31), thus also contributing to the soothing or repair that was going on inside the client.

CASE C - Zoltan Gross's approach to psychotherapy

Vitoria was 27 years old when she presented for psychotherapy, meeting a 98-year-old male psychotherapist. When she presented for therapy, some criteria for borderline personality disorder and showed some features of both avoidant and dependent personality. In the dimensional trait model, Vitoria may have scored high on negative affectivity, detachment and disinhibition, but low on antagonism and psychoticism. Complex trauma was linked with repeated interpersonal experience where she had to be a good little girl, accepting all advice from her father without questioning his wisdom, to avoid him feeling attacked. He loves her dearly, but still treats her like a child when he wants. It appears that Vitoria does not feel worthy. She puts herself down, questions her own competence and intelligence. Her past love relationships mimicked her parents' relationship, with mother constantly wanting affection from critical father. This excerpt, from session 47, demonstrates an interaction with the therapist depriving her of reassurance and helping her by interrupting her burdensome self-treatment and facilitating the realization of how difficult being loved can still be for her.

1. Th: So you felt like a bitch after asserting a simple boundary to your new loving boyfriend. What's so bitchy about that? Tell me!

2. Cl: Well, I was feeling self-conscious that he'd think I have a problem with him spending time with any friend, because…

3. Th: Ah I see, I understand now. You're a mind reader!

4. Cl: Ah. (surprised.)

5. Th: Let's stay with this for a minute. You see what you're doing? … You're using him to put yourself down… You project a mentality that disapproves of you onto him.

6. Cl: Yeah, particularly when I get upset with him, I feel like I shouldn't get upset with him.

7. Th: Oh yeah that's right, you have to be a nice person, a nice woman, actually a nice little girl. Okay, you have my sympathy!

8. Cl: [Nervous laugh.] I think… Also us talking about…

9. Th: What am I doing to you? What are you feeling? [Silence.] Don't you appreciate my sympathy?

10. Cl: [Nervous laugh and pause.] No...

11. Th: What am I saying to you when I'm saying that?

12. Cl: [Looks confused.] That I'm asking for sympathy?

13. Th: No. That you become so burdensome to yourself. And I'm still puzzled about how so much of you is designed to criticize yourself, if you're self-directed. If you're not obedient to what you think other people think you should be. You sound just like your mother.

14. Cl: Yeah, I don't want to be.

15. Th: Okay. At least you have good intentions.

16. Cl: (Laughs.) The road to hell.

17. Th: (Laughs.) Yes.

18. Cl: Yeah, I really… It's funny in the beginning I didn't care much. I was actually able to show frustration to him and be okay with it because it was in the beginning of the relationship. I think the more I feel for him, the more that I'm scared that...

19. Th: He's going to leave you.

20. Cl: Yeah… [Sighs.]

21. Th: Take a Kleenex. [Cl takes Kleenex.] Take two.

22. Cl: [Laughs.] That's your line. [Cl sniffles; Th laughs.] Yeah... And I think, after this, where we got was really where I got hormonal with him. Even though I apologized, I kept feeling like he must not be as attracted to me anymore... like he must want to keep his distance, now that I did that. And so yesterday he got off work early and he called me, and he wanted to get together and I was genuinely surprised that he wanted to see me... Because I thought that I had shown such an unattractive side... [Cl wipes tears with Kleenex, while Th in silence.] Yeah, I put a lot of pressure on myself... [Wipes tears]

23. Th: Yeah. [Pause.]

24. Cl: I know this... I probably already know the answer to this question... But it wasn't wrong of me to say "I don't want to spend time with your friend"...

25. Th: Are you asking permission?

26. Cl: I guess I'm asking... for validation? [Nervous laugh.]

27. Th: I don't want to answer that. I don't want to validate your need to ask that question... You see what I'm talking about? How old are you?

28. Cl: Seven... [Laughs.]

29. Th: Yeah. It sounds like that. You don't need my permission. Heaven forbid that I should give you permission to be a bitch.

30. Cl: Yeah. [Both laugh, and then pause.] I felt especially weird saying that to him. He doesn't have a lot of people here, so me saying that I'm not spending time with one of his only friends out here...

31. Th: See, you're doing it again! [Cl: Laughs.] Bad habit!

32. Cl: It's funny because I thought because I met somebody who shows me a lot of love. [Pause.] I thought now that I met somebody who shows that to me, I wouldn't be as insecure.

33. Th: I don't think is about insecurity. It's about something else. [Pause.] You were crying a

    little bit ago. About what?

34. Cl: About how the more love he shows me...

35. Th: You see, it may have something to do with being loved…[Cl. cries.] You can take

    another Kleenex. There is something that is difficult about being loved. [Cl. nods]

From this excerpt, it seems that Vitoria worked through self-blame, self-criticism, and her emotional pain, obsessive anxiety facing her boyfriend, to access a new experience within the relational task of interacting with the therapist: the right to assert herself and be loved at the same time. The client described this session as another intensive lab-like session on her pathway to experiencing herself as a valuable and intelligent young woman. She noticed how she was interrupted in her habituated self-presentation as an unworthy little girl needing permission. She also got in touch with the pain of being loved, and how much easier it is for her to put herself down.

Let us turn to the matrix to examine its heuristic value in this case. The task was mostly focused on the relational arena with the therapist, who is both highly attuned and highly disruptive. Altogether at least 14 emotion change processes seem to have been engaged. In her Red SO the client was intensively, but gently and playfully interrupted in her maladaptive painful feelings and habits of mind, while in her Green SO she was helped to approach her emotional pain around feeling both loved and worthwhile. Next, we highlight an exemplar of each (see Table 1 for others).

Increasing *awareness* was evident when she made contact with the adaptive painful feelings associated with the pressure she puts on herself when run by her Red SO (20-23). *Expressive arousal* was noticeable when the therapist surprised her with unexpected comments, bringing her to tears or surprise and laughter (7-10). *Down-regulation* could be

discerned as a decrease in pressure induced by bringing playfulness and tenderness to bear on the growth intentions revealed by the Green SO (14-17). An unusual instance of an emotional *sequence* occurred when the therapist explicitly addressed her Red SO playing the nice and obedient little girl role and deprived her of the reassurance she sought in that role, preventing the client from practicing her automatic habit of self-blame when self-directed (24-31) and instead moving her to experience some shared joy and laughter. The Green SO engaged in *reflection* when acknowledging the difficulty she experiences with being loved (*32-35*).

In terms of the work to support the Green SO, she was supported in gaining exposure to new experiential territory, even if painful (*20-23*), and also in stretching into new possibilities in the context of a challenging yet safe and playful relationship (*14-17*). The Red SO was helped with deautomatization, with precise and firm interruption (03-04), but simultaneously gentle and playful (30-31). All this was first carried out procedurally, experientially, and only afterward were reflection or meaning brought into the moment.

Discussion

The aim of this exploratory paper was to observe emotional processing as a change mechanism in individuals with PP. To do so, we illustrated some associated emotion change processes that were differentially implemented via interventions from three distinct experiential approaches. They were conducted by three different experienced psychotherapists, and each was tailored to facilitate emotional change in the context of personality longstanding patterns or habits of mind. We believe that these three examples of distinct experiential approaches helped us to reveal an organizing framework or heuristic, depicted in our figure, to organize the diversity and scope of experiential work with PP aimed at restructuring emotional processing difficulties, in the line of the analysis of Kramer and Timulak (2022). The discussion sets five arguments in support of this claim.

First, the therapists' interventions varied in different ways, but certain general emotion change processes and self-processes, in the context of a set of distinct relational arenas, were apparent in each case. The translation of the work illustrated in each vignette into the landscape plotted on the three-dimensional matrix illustrates its potential heuristic value in capturing commonalities and differences in experiential work in the context of PP. Differences in the type of plot on the matrix should be attributed to different types of work, *not* different approaches, because different approaches can produce a *similar* type of experiential work. For example, it would be interesting to inspect the work of an EFT session on self-treatments interrupting the expression of emotion (or "self-interruptive splits"); an AEDP session without a portrayal, and how they would profile on the matrix, or a Zoltan Gross-informed session where the therapist makes use of an experiential task not relying on the therapist. Or further studies could examine other vignettes, from other approaches with important experiential contributions in the context of PP, whether previously reviewed (APT, ISTDP) or not.

Consistent with key developments around experiential work in the field of psychotherapy from the two traditions reviewed in the introduction, interventions in the three selected cases awakened the senses and brought on vivid emotional experience as clients with PP experienced themselves in the here and now. The advantage of highlighting relational arenas in the matrix lies in their characterization as a privileged safe space where enactments can freely unfold, through the use of perspective, imagination, direct engagement and even play. Such arenas are in principle freer from the habitual constraints of reality outside the session. This in turn may expand the potential to experiment with observing or interrupting old habits of mind and their associated feelings, as well as rehearsing and practicing with new ways of feeling and behaving. While immersed in experiential work, the members of the three dyads in our clinical illustrations are definitely just not simply talking *about* what happens. It

is *happening* for them. The illustrations in the context of PP did not involve direct explanations, psychoeducation, or classical skills training as predominant interventions, and the focus of the work was clearly on carrying the client's experiencing forward (Gendlin, 1964). Taken together, despite its variations, experiential work in the context of PP can be given a lab-like, task-like, play-like or even dance-like nature. Often as well, there are more than just two persons in the session.

Second, following this idea of discerning more than two persons inside the session, we believe we were able to illustrate the interplay of emotional state and habits or emotionality as habits of mind as Gross (2001) puts it. We hope to have offered insight into the structure of experiential work carried out in the experiential context of what we have called Red and Green self-organizations, which underpin problematic and adaptive habits of mind respectively. By capturing the duality of conflicting motivations, self-strivings or self-processes, which is so important in the field of personality in general, and formulating it in terms of two core competing self-organizations, we are trying to broaden the scope of experiential work in the field of PP in particular. Our vignettes illustrate emotional processes, that seemed to be targeting states and habits simultaneously (Allemand & Flückiger, 2017). Facilitating emotional change in one or another SO may yield different processes and outcomes, insofar as the two may have different emotional processing needs. Each SO in each of our cases can derive emergent narratives about the self like (e.g., "I am invisible"; "I am out and alone"; "I am unlovable" or "I am not a doll; I belong; I am lovable"), which are the final manifestation of their respective underlying complex meaning construction process, each subject to specific dynamic influences.

From an experiential perspective in the context of PP, each SO's underlying process of meaning construction thus seems to be the focus of differentiated experiential work, where the appraisal of experienced threat or safety may make a huge difference. Our hypothesis is

similar to that of polyvagal theory (Porges, 2021), according to which three distinct states of the nervous system operate in overlapping ways (as opposed to being completely mutually exclusive), but that a particular person's nervous system can be dominated by one of the three. The classical idea that accumulating changes at the state level can eventually lead to personality change at the trait level through bottom-up processes of change and habituation remains applicable. Beyond this general principle of incremental accumulation or repetition, our hypothesis for future research is that a transtheoretical feature of experiential approaches could be their experiential targeting of the dual emergent processes of distinct SOs in a differentiated way, which may represent complementary distinct roads to emotional changes. It is supported here by three clinical illustrations that reveal transformational change (emotion sequences) being facilitated via one SO or the other, although at the state level both unproductive and productive emotions are facilitated. In the context of the multiple self, situating efforts made at the lower level of self-states entirely at the dynamic, momentary level of personality description may overlook the recurrence of a certain state and its underpinnings. By contrast, as we discuss above, the Red and Green SOs act precisely on the intermediate level, revealing patterns of experience and behavior formed by a synthesis of emotion schemes and other emotion regulation processes or strategies. They seem to capture not only state-level changes, which are typically formulated in the experiential literature, but also habit-level changes, typically formulated in the personality literature. Along the same lines, for example in the field of experiential work with emotional pain, Welling and Ofer (2022) also suggest a differential assessment of types of emotional pain that may require fundamentally different transformational processes.

Third, considering the principle of practice makes permanent highlighted by Gross (2021) which applies to both problematic and adaptive habits of mind is also compatible with the argument that the two SOs, Red and Green, might require different practices or emotional

processing when displayed in session. Putting it simply, learning to practice self-nourishment is not the same as learning to stop practicing self-neglect. Emotional processes facilitated via the Red SO revolve mostly around core problematic themes and recurrent patterns (e.g., affect phobias related to visibility, self-direction, or being loved) most probably established in childhood and reemerge throughout life. In experiential terms, more important than what was once learned is what continues to be practiced: how habits of mind remain not only unchallenged, but actually reinforced in the present, and even in-session (Wachtel, 2014; Gross, 2021). In fact, these experiences tend to be automatic, dynamic, self-organizing processes, operating largely non-consciously, and bringing them into focal awareness requires emotional skill on the part of the therapist. This argument lends support to the importance of experientially assisting the Red SO's emergent threatening feelings, to let go of maladaptive habits of mind and enable the client to access the underlying pain and transform it. But it also supports the importance of experientially supporting the Green SO's emergent liberating feelings related to growth or to the pain associated with its grieving the losses. Each SO might yield emergent processes of achievement, which may also offer an opportunity to process relief or joy in building new capacity and possibility, whether around letting go of the old or approaching the new.

As Benjamin (2018) highlights, enabling the will to change itself takes time, and once in the action stage, clients still have to process emotions to: a) resist Red voices and defy them with Green action; b) face and relinquish old yearnings, and envision birthright; c) face fear, disorganization, and emptiness; d) build birthright, and celebrate success and happiness; and finally e) bear grief. It thus seems evident that Red and Green SOs have different needs in terms of emotional processing, and we would dare to say, from the get-go, not only in an advanced phase of the psychotherapeutic process. Once the therapist becomes aware of the dominant SO at a given moment he or she can target the experiential work accordingly. In the

spotlight, therapeutic operations or change processes can directly engage each one, in a clarified, differentiated way, through tasks such as chair dialogues, portrayals or just through direct interaction, with one arena possibly having advantages over the other, as in the case of our third illustration where interaction with an emotionally skilled therapist is used to interrupt habits. According to Gross (2021), repeated emotional interruptions of habituated personal structures change personality.

Fourth, from the perspective of responsiveness, looking at personality and emotional processing through the lens of this duality may broaden the range of options for facilitating emotional change to develop and sustain adaptive habits of mind and enable a more responsive handling of both alliance ruptures and achievements (Safran & Muran 2000; Iwakabe & Conceicao, 2016). Both SOs thus engage processes that can yield both painful (unpleasant) and liberating (pleasant) emotional experiences for the client. The change process is far from linear. It involves experiencing around the self-in-transition with its different felt senses and impacts. As Russell (2021) says, the embodied experience of agency—of being able to act on one's own behalf, in connection with core desires and needs and one's own will—is an essential core affective experience in itself, and not simply a consequence of processing painful emotions to completion. The emergence of new habits of mind needs emotional sustenance, and brings its own pains that themselves need to be eased. All three of the cases examined here involved multiple instances of corrective relational and emotional experience (Castonguay & Hill, 2012). An important aspect of corrective emotional experiences that we note here is how they can be stretched further, with therapists making extensive use of experiential tasks or even their own feelings and person in reaction to and at the service of clients, either to interrupt a habitually structured experience or to help them experience and sustain something new. Although the therapeutic alliance also counts as a

change mechanism in the context of PP, it is worth considering the corrective emotional and relational aspects of the process in the light of emotional processing as a change mechanism.

The recognition that in the context of PP, it is not only right to strike while the iron is hot, but it may be very feasible to heat the iron by continually striking, is not without its risks for the alliance. A balance between staying in contact with and regulating experience was evident in all three cases, seemingly reflecting the therapists' efforts to be responsive (Watson & Wiseman 2021). Our excerpts clearly show that responsiveness is key to maintaining an optimal productive working environment, in the context of an alliance that is already good, and that may become better as a result of the responsive work. The experiential landscape of the work is such that sometimes the client gets too much or too little (emotional arousal), and the therapist needs to adjust for such imbalances. But the aim with modulation is not necessarily to make things easy and nice for the client, as is sometimes suggested in the literature on personality disorders, as in "Handle with care." It is to allow the therapist to sustain some pressure on, or even take the risk of carefully disrupting, the client's processes, enabling productive emotional processing (Abbass, 2015; Gross, 2021).

The principle behind modulation in the context of PP is about being not just safe but safe *enough*. If this condition is not met, PP may remain unaltered, with the Red SO continuing to run the client's mental operations from outside focal awareness. The presence of (potentially invisible) conflicting SOs is a reminder to therapists not to be just nice, nor to assume that all emotional processing is created equal. Depending on the client's self-presentation, it is important for the therapist to occasionally press or interrupt the client, disrupting their processes or violating their expectations, without fear about the fact that the clients might momentarily feel threatened, dizzy, confused, angry or nervously laugh in response to these interventions, as in our cases. This could be formulated as the client's SOs attempting to reestablish the problematic, yet safe and familiar, stable-state condition. Going

against the programmed safety rules of the brain and its nervous system might thus require facilitating emotional change around the emotional distress of deautomatizing longstanding mental habits of mind (Benjamin, 2018; Gross, 2021).

Fifth, and finally, another area where alliance (or even attachment) and emotional processing might meet as change mechanisms is what Fosha (2000) termed *processing relational experience*. Experiential work seeks baseline contact and genuine enlivening interaction, in the session, with enactments between the client and a significant other, including the therapist, but also within the client. As mentioned in the previous section, the Green SO deserves experiential attention, through emotional change processes aimed at building habitual adaptive capacities; while the Red SO also deserves experiential attention, in emotional change processes aimed at building the capacity to let go of maladaptive patterns. This dual-route approach to experiential processing emphasizes that clients' receptive capacities can also be explicitly processed in order for the transformation to spread more widely to the personality as a whole. Explicitly processing the (current or previous) experiencing of something new (achieved in session or between sessions) in itself ensures that the new experience is taken in, when it is, and when it is not (yet), makes clear the need to persist or revise or reshape the method or dose, responsively (Fosha, 2000; McCullough Vaillant, 1997; Gross, 2021).

Through this kind of engagement, both elements of the dyad are updated about each other's mutual impact, thus processing the experience of being together in process. If feelings are to be the self in equilibratory movement, as suggested by Gross (2021), enabling a person to have greater skill in the management of that movement changes their personality. A promising possibility in PP is the realization that this emotional experience of being together may happen not only relationally between therapist and client but also intra-relationally,

within the client, between the Red and Green SOs, as explicitly demonstrated in Case B and as articulated by Gleiser (2021).

The current study is of course subject to various limitations. For example, our analysis focused only on transcripts, not on the non-verbal and para-verbal components of communication for Case A, although it drew on both transcript and video in Cases B and C. It was evident from the latter how much more information is available with video for fine-grained assessment of emotional change processes. It is also based on only a few cases; and evidently not all psychotherapy approaches using experiential techniques are represented. Nonetheless, even these few cases with personality pathology enabled us to build a simple heuristic framework, drawing on a brief review of both experiential and personality literatures, to organize the diversity and scope of the forms of experiential work with PP that can bring about change in, and through, the mechanism of emotional processing

Conclusion

In this study we have conducted an examination of the role of emotional processing as a change mechanism in the context of PP. Our investigation involved the illustration of five transtheoretical emotional change processes, understood as being facilitated by way of a twofold structure of the individual, with two self-organizations. As habituated structures responsible for emotionality in habituated movement, they are characterized not by static features but by dynamic, situation-dependent, fluid states, fundamentally malleable to experiential psychotherapeutic interventions using three relational arenas. In such a process perspective, where certain emotional processes are conceived as personality processes, it is both the observed (emotional, personality) process marker and the observed (emotional, personality) change, that together constitute the unit of assessment, intervention and transformation. We believe that the future of research in psychotherapy for PP can involve the

development and testing of general treatment modules to address different domains of dysfunction and the various underlying change mechanisms. This paper is intended as a modest contribution to the emergence of that endeavor, with a special interest in the mechanism of emotional processing as a promising one in PP. The better we understand a change mechanism and the general change processes that influence it, the less research needs to focus on specific treatment approaches per se. For a clinician or researcher in psychotherapy integration, as important as the intervention one implements is the process one is trying to leverage using a particular intervention. In the end, to facilitate or even accelerate emotional change in the context of PP, the less we need to think in terms of treatment approaches, as is our hope, the more communication among them will prosper.

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Table Captions

Table 1. Emotional Change Processes Facilitated in Three Cases with Personality Pathology with Each of Their Red and Green Self-Organizations Addressed in Relational Arenas

in Interaction or Enactment with			Significant Other	Therapist	Part of Self
(Red) Self-organization Sustaining Problematic Habits of Mind (underlined) **(Green) Self-organization Sustaining Adaptive Habits of Mind (italic)**	**Barbara**	Awareness	|01.02||09.11||23.24| *|19.22||25.26|*		
		Expressive arousal	|03.04||05.06||1518| *|27.32|*		
		Down-regulation			
		Sequence	*|19.32|*		
		Reflection	|07.08||12.14| *|34.35|*		
	Jaime	Awareness		*|06.07|*	|11.12| *|01.02|*
		Expressive arousal		*|03.05|*	|08.10||13.17||21.22| *|27.31|*
		Down-regulation		|22.27| *|18.20|*	|16.20|
		Sequence			|10.17||20.31|
		Reflection		*|19.20|*	*|28.31|*
	Vitoria	Awareness		|01.02||05.06||11.13| *|20.23|*	
		Expressive arousal		|03.04||07.10||30.31|	
		Down-regulation		|29.30| *|14.17|*	
		Sequence		|03.04||06.10||24.31|	
		Reflection		*|18.19||32.35|*	

Note: Numbers inside the modules reflect the beginning and end of such micro emotional processes of change as the numbered statements on vignettes. In each cell, underlined upper statement intervals refer to processes facilitated through the Red Self-organization, and italicized lower ones, through the Green one.