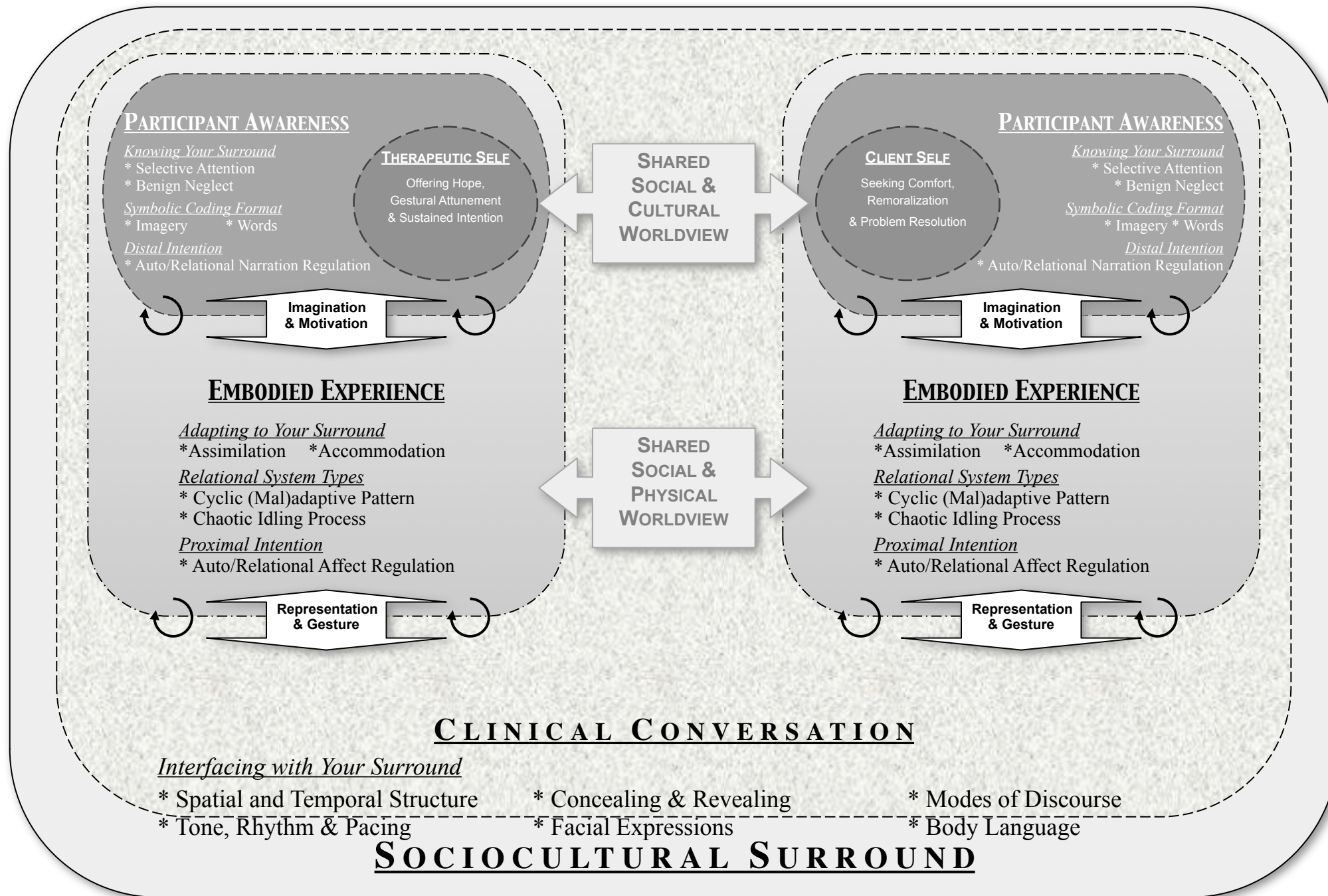


# CLINICAL CONVERSATIONS: A NEUROPHILOSOPHICAL VIEW



## ASSUMPTIONS AND TENETS

Representations begin as affective and cognitive memory traces of our interactions with the physical environment and social surround. These are used in future interactions, generating feedback loops that stabilize with respect to the auto/relational regulation of affect. This regulation manifests as the proximal intention that guides the development of these Representations.

As development proceeds, Participant Awareness, a process which imaginatively expands the manifold of Representations, arises. This process creates Embodied Experience, as well as virtually increasing the periodic time of affect regulation. A [Participant/Awareness ↔ Representation] complex is thus formed which leads to intention developing an inner structure, one involving nested multiple time scales. What had been a nonreflective intention based on the auto/relational regulation of affect now becomes a self-reflexive will grounded in, but not determined by, this regulation across extended periods of time. Intention is now a function of both affect and narration regulation. We thus develop from an organism that instinctually seeks social interaction and individual gratification to a person who also desires sociocultural participation and a flourishing life. The unavoidable tensions arising from these simultaneous goals have brought into being moral philosophy which attempts to guide our actions within the principle of prudence: taking in account the past when making choices in the present that are most likely to balance social interaction, personal gratification, participation in society, and a flourishing life in the future.

The diagram to the left is a model of the psychobiological mechanism operating in therapy. It assumes both client and therapist are experience-dependent and developing structural systems, each guided by intentions grounded in the adaptive auto/relational regulation of affect and narration.