Listening with the Heart: The Healing Power of Affirmation
& Practical applications of Affirmation Therapy
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Introduction and history/overview of the Baars/Terruwe Model of Psychotherapy

Anna Terruwe, M.D. – in an effort to avoid the secular approach of Freudianism, discovered new psychiatric syndrome of deprivation neurosis, now called Emotional Deprivation Disorder (EDD). Terruwe also discovered new approach to alleviating repression, basing her work on the anthropology of St. Thomas Aquinas, specifically his model of the psyche and how reason benevolently guides the emotions.
Conrad Baars, M.D. – collaborated with Terruwe and further developed this model.

Normal psychology – what is it/why it’s important
Aquinas: “It is the nature of the passions to be guided by reason.”
Repression
Discovery of EDD
What affirmation is/is not
Examples of affirmation/affirming presence; examples of denial; discuss indulged or spoiled child as forms of denial.
Pseudo-affirmation and self-affirmation

Doing therapy vs. being a therapist – how AT is different, not a technique

Two discoveries: each particular sensitive appetite (the emotional life) can be afflicted with a psychiatric problem. For example, the irascible appetite (or Assertive Drive/Utility emotions) can be the subject of repression, and the concupiscible (or Pleasure/Humane emotions) can be the subject of the unaffirmed state. In these talks, we will give an overview of both, which can be identified using a spectrum of lack of affirmation: from the most severe, which is called Emotional Deprivation Disorder, to the less severe state, the unaffirmed state.

Causes of repression, and an explanation of the repressive process, according the Baars & Terruwe, will be introduced.

Definition of EDD: “The syndrome of emotional deprivation disorder consists of a retardation of the emotional life which is not due to repression” (Terruwe, A. & Baars, C., Healing the Unaffirmed, Staten Island: Society of St. Paul, 2002, p. 7). This stunting of the emotional life is due, according to Terruwe and Baars, to a lack of affirming presence or affirmation. This process may be reversed through introducing authentic affirmation by another person(s), and aiding the unaffirmed person to develop (and permit himself to experience) his or her emotional life in a normal manner.
**Emotional Deprivation Disorder:**  
Main symptoms:

1. **Inability of adults to establish normal emotional rapport with other adults.**  
   - Feels internally like a baby, infant, child, teenager  
   - The person is self-centered, in the sense that cannot emotionally relate unless others first direct themselves to him/her.  
   - Uncomfortable with others, uncertain, so force themselves thru willpower to do things to please others/so that they will be ‘liked.’  
   - No adult friendships, lonely  
   - Marriage is affected, as the unaffirmed person cannot let his/her feelings *go out* to the other, which is the case for the emotionally mature person (who can truly give of him or herself)  
   - Difficulty in disciplining children  
   - No sense of self-worth, of being lovable and good.

2. **Deep feelings of uncertainty & insecurity**  
   - Uncertain of who/what he/she is (lacks a sense of identity)  
   - Lack feeling of certainty to support their actions  
   - Hesitate/change mind often/indecisive – in personal matters; NOT so in business/professional matters (reason can remain unaffected)  
   - Easily hurt/slighted, which increases lack of sense of self-worth  
   - Tries to please/not hurt others/be nice/not bother others.  
   - Scared of other adults – this is a reasonable fear of the adult world (as their emotional life is that of a child)  
   - Feels helpless in groups, in public, with strangers (because lacks self-confidence in new situations). Finds it difficult to say *no*, so can easily be taken advantage of.

3. **Deep feelings of inferiority and inadequacy**  
   - Feels unloved/unlovable (girls think they are ugly; boys often feel not masculine enough)  
   - Women may rely on make-up, etc. (external factors), to feel more adequate  
   - Despite intelligence, feel incompetent

4. **Depression, anxiety**

5. Other symptoms may occur in some cases (not all): **sense impairments, chronically fatigued, lack of order, hoarding, diffuse observation, physical characteristics**

   **Affirmation** is at its core *a way of being, not doing* something to another person. It can be identified as a three-step process which strengthens another person to be himself/herself by enabling him to feel his own goodness and worth. Baars and Terruwe call this strengthening *psychic incarnation*, as it *gives psychological birth* to the person’s ability to *feeling* himself to be good, lovable and worthwhile. Rather than merely *know* their worth, affirmation enables the person to *feel* it, which is qualitatively different from cognitive knowledge.

   The Baars/Terruwe Model takes into account that there are often blocks to receiving affirmation. These must be dealt with before the person begins to experience emotionally his or her own goodness.
The three steps of the affirming process are:
1. Being present
2. Being moved
3. Revealing

**Affectivity** – this is the foundation of affirmation. Affectivity may be defined as the capacity to be moved with love, desire and joy (and their opposites, of course). If you have not guarded your affectivity, you may not be able to affirm others. That is, the therapist needs to have a capacity to be inwardly still, in order to focus on the feelings and experience of the person, and to be moved by them.

**Effectivity** is the “readiness to think and act effectively.” It *complements* affectivity, but should also *serve* affectivity, as the mind serves the heart. ([*Feeling & Healing Your Emotions*, Baars, 2003])

From *Healing the Unaffirmed* (Terruwe and Baars, 2002), p. 205:

“The search for inner peace and calm…represents an instinctive attempt to reestablish a sound relationship between disordered, or better, reversed psychological processes. It is an attempt to correct the pathological dominance and emphasis accorded one’s utility appetite over his or her pleasure appetite, the state of *effectivity* over that of *affectivity*, self-affirmation over affirmation by others, *doing* over *being*….when *affectivity*, rather than *effectivity*, characterizes the lifestyle and attitudes of affirmed men and women, they actually experience a *need* to have fewer material goods in order to live in quiet joy and inner peace.”

**Other diagnoses:**

- Borderline PD
- Dependent PD
- Asperger’s
- SSA

**OR Unaffirmed?**

Unaffirmed? Or SSA? BPD? Asperger’s?

Examples of potentially unaffirmed famous persons

For more resources on the Baars/Terruwe Model of psychotherapy and for future trainings and certification information, visit [www.BaarsInstitute.com](http://www.BaarsInstitute.com), and [www.CatholicTherapists.com](http://www.CatholicTherapists.com).