Moment-to-Moment Guidance of Clinical Interventions by AEDP's Healing-Oriented Transformational Phenomenology: Commentary on Vigoda Gonzalez's (2018) Case of "Rosa"

DIANA FOSHA [a,b,]

[a] The AEDP Institute, New York, NY

[b] Correspondence regarding this article should be sent to Diana Fosha, The AEDP Institute, 225 Broadway, Suite 3400, New York, NY 10007.
E-mail: dianafosha@gmail.com

ABSTRACT

This paper, using the methodology of moment-to-moment microanalysis of videotape-based clinical transcripts, explores how Nicole Vigoda Gonzalez's (2018) case study manifests AEDP's fundamental transformational phenomenology in clinical action. Vigoda Gonzalez's highly effective AEDP therapy of Rosa is informed by AEDP's first "avatar" or iteration (prior to 2008), at the time, a three-state phenomenology. Yet, a close reading of the case reveals the very transformational phenomena, systematically and abundantly reflected in the author's clinical data, that necessitated the theoretical and clinical developments of AEDP's second avatar (post-2008) and the current four-state model of transformational change. It is a validation both of the soundness of this student therapist's clinical work and of the accuracy and power of AEDP's healing-oriented transformational theory that constructs not in the author's repertoire are nevertheless reflected and illustrated in the unfolding of Rosa's treatment. This most interesting and unusual experience further illustrates how a descriptive phenomenology, guided by AEDP's North Star, i.e., its orientation toward the wired-in healing within, can constitute an empirically sound alternative to the manualization of psychotherapeutic treatments. Also uncannily, this parallels the emphasis in Owen's (2013) multicultural orientation (MCO) framework on the need for "values" or "virtues," such as cultural humility, to "inform therapeutic activities as an alternative to the focus on multicultural competencies."

Key Words: transformation; emotion theory; phenomenology; trauma treatment; AEDP; experiential therapy; attachment trauma; experience; trauma; case study; clinical case study.

INTRODUCTION

Accelerated Experiential Dynamic Therapy (AEDP) is a healing-oriented mind/body treatment (Fosha, 2017a, 2017b; Russell, 2015) that puts positive neuroplasticity into systematic action (Fosha, 2017a; Hanson, 2009, 2017; Hanson & Hanson, 2018; Yeung & Fosha, 2015). AEDP understands "psychopathology" as resulting from the individual's unwilled and unwanted aloneness in the face of overwhelming emotional experiences. Thus, undoing aloneness and the dyadic processing of emotional experiences, previously too overwhelming for the individual to

deal with alone, are its overarching therapeutic aims. It is a highly collaborative therapeutic model that, -- through its experiential processing of these previously overwhelming experiences, seeks to engender new experiences of feeling understood, of recognizing and expressing emotional truths that previously have gone unacknowledged, and of integrating positive affective experiences linked to healthy action tendencies and resources. From the get-go and always informed by an orientation toward healing, the AEDP therapist seeks to facilitate corrective emotional experiences in which the client feels safe enough to allow core aspects of the self—previously shielded by defenses—to come to the fore, to be processed through to completion, and to be reintegrated into his or her full emotional repertoire. "The provision and fostering of new emotional experiences is both AEDP's method and its aim" (Fosha, 2003, p. 224).

Most important is to grasp AEDP's ethos, or *spirit*,[1] i.e., the fundamental orientation and set of values which inform the AEDP clinician's therapeutic stance and clinical actions every moment of every session with every client and identify the practitioner as an AEDP clinician.

AEDP's healing orientation is its "North Star": both its theory and moment-to-moment clinical work are guided by the foundational principle that healing is a wired-in, biological process, ever present in all of us. An affirmative, deliberately positive, attuned and relationally reparative therapeutic stance (Lipton & Fosha, 2011) is required to bring this disposition to the clinical fore. AEDP's healing-oriented, change-based metapsychology reflects a seamless, organic, holistic integration (Fosha & Yeung, 2006) of many sources: neuroplasticity research; affective neuroscience; attachment theory and research on developmental dyads; interpersonal neurobiology; emotion theory; memory reconsolidation; transformational studies; contemplative practices; other experiential, existential and somatic trauma treatments; and two decades of systematic qualitative research on the therapy videotapes of a growing number of certified AEDP practitioners worldwide (Fosha, 2017a; Fosha, Paivio, Gleiser & Ford, 2009; Gleiser, Ford & Fosha, 2008; Hanakawa, 2017, 2018; Klein, 2018; Lamagna, 2011; Lamagna & Gleiser, 2007; Lipton & Fosha, 2011; Medley, 2018; Ofer & Gross, 2017; Prenn, 2011; Prenn & Slatus, 2018; Russell, 2015; Simpson, 2016; Sundgren, 2014; Yamauchi, 2018; Yeung & Cheung, 2008).

In recent years, many psychotherapeutic modalities have attempted to codify or manualize their practices so as to promote wider clinical reach and to facilitate research scrutiny. However, given this work's focus on moment-to-moment emotional attunement and tracking, as well as its belief in the emergent properties of the therapeutic process co-created by each unique therapist-client dyad, manualization is simply incongruent with the spirit of AEDP. Rigor and precision in developing a solid evidence base for AEDP must continue to come from its precise transformational phenomenology. There is a panoply of phenomenology-informed interventions (e.g., Fosha, 2000b, Chapters 9-12) from which the therapist can choose. The moment-to-moment guidance of clinical practice by the ethos of a healing orientation and the phenomenology of the transformational process is foundational to AEDP's systematic clinical work. It allows therapists to orient themselves within the transformational process, both the

[1] I thank Jesse Owen for identifying "the spirit of AEDP" as a central defining feature of the model (at a esearch meeting, April 2018, in Modum Bad, Norway).

healing orientation and this phenomenology operating both as map and compass.[2] It also allows AEDP supervision and teaching, to be characterized by "rigor without shame" (Fosha, 2015, quoted in Prenn & Fosha, 2016, p. 71).

In AEDP, a client's transformation is not only a desired goal and a process to be entrained, it is also an *experience* to be harnessed and mined. *Metatherapeutic processing*, or *metaprocessing* for short, is AEDP's contribution to a systematic methodology for working with transformational experiences and the *transformational affects*, i.e., the innate, invariably positive affects of healing associated with them (Fosha, 2000a, 2009a, 2013b; Iwakabe & Conceição, 2015; Russell, 2015). We experientially process transformational experiences as assiduously as traumatizing experiences. And, countering the bias toward negative emotions both in our brains (Hanson, 2017) and in our field (Frederickson, 2013), the positive affects that accompany transformational experiences are attended to as carefully as the negative affects of trauma.

We have discovered over many clinical encounters that focusing on the *experience of transformation itself* unleashes further rounds of transformation, through which positive changes can be powerfully consolidated, deepened, and expanded in a momentum-generating spiral of healing. Progressive rounds of metatherapeutic processing lead to a nonlinear, *nonfinite transformational spiral*, an ever emergent upward movement (Frederickson, 2009, 2013) that fuels the system with more and more energy and vitality (Fosha, 2009a, 2009b). Each new experience, once explored in the context of safe attachment, becomes the platform for the next round of exploration. Each new reaching becomes a platform for the next reaching.

When new pursuits and experiences are accompanied by positive affect, they bring more energy into the system and recharge the spiral yet again. As we exercise our new capacities, they become part and parcel of who we are, new platforms on which to stand and reach for the next level. As I have written before, "These positive emotion transformational processes are by their very nature recursive processes, where more begets more. This is not a satiation model or a tension reduction model, but rather an *appetitive* model. Desire comes in the doing. The more we do something that feels good, the more we want to do more of it" (Fosha, 2009a, pp. 202). Likewise, Ghent (2002) has written that

> just as motivational systems lead to the emergence of new capacities and functions, so too do *new capacities beget new motivational derivatives* in an ever more complex developmental spiral (p. 763)…. The acquisition of a new capability is itself a perturbation that destabilizes the existing state of motivational organization. To the extent that the use of the new capacity provides pleasure and satisfaction, diminishes pain or distress, and, in some way, enhances survival, there will, barring inhibitory circumstances, emerge a new need to execute and develop the capacity. *Functional capacities acquire a new feature—the need to exercise that capacity and expand its range* (p. 782; emphasis added).

[2] My thanks to Kristina Kyser for pointing out the "compass" function of the phenomenology of the transformational process.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

Thus, recursive cycles of healing transformation and emergent phenomena give rise to new transformational cycles and new phenomena, and those give rise to new capacities that translate into broadened thought-action repertoires (Fosha, 2009a, p. 202-203).

AEDP's elaborated and detailed phenomenology of the transformational process (Fosha, 2009a, 2009c) reveals an arc that organically links suffering with flourishing, trauma with transcendence, stuckness with flow (Fosha, 2005, 2013b). With accumulating clinical experience informing the development of the model, we have come to increasingly appreciate how much the processing of positive affective experience has to contribute: not only to healing trauma and emotional suffering, but also to bringing about enhanced resilience, well-being and flourishing.

In reviewing Nicole Vigoda Gonzalez's (2018) presentation of her AEDP work with Rosa, I choose to hone in on metaprocessing, appetitive phenomena, and recursive spiraling processes inherent in the work. I do this not only because, as will become clear, these ideas are central to my reflections on Rosa's therapy itself, but also because these constructs are relevant to understanding the process by which AEDP has evolved (and keeps evolving) as a theory, and the crucial role that phenomena—non-denominational by nature—play within it.

AEDP's evolution as a model of change is, most fittingly, congruent with the iterative, upward spiraling described above. A commitment to the "theory-building case studies" research method (Fishman, 2013, p. 405) has allowed the expanding community of AEDP practitioners over two decades to co-construct a transformational model that substantially revises previous theories of psychotherapy, eschewing psychopathology as a central explanatory construct, and instead using healing as a point of departure. Recursively, this evolving transformational theory informs clinical practice such that new phenomena (and further appreciation of their significance) emerge, which, in turn, stimulate further theoretical developments to account for these new phenomena and for how clinically to work with them, which in turn lead to new phenomena, necessitating further theoretical development. And so on. The case of Rosa mirrors the historical evolution of AEDP as a model: phenomenological and grounded in nonlinear dynamic systems theory.

Vigoda Gonzalez's AEDP case study reflects an earlier point in the model's development. With one exception, all of her references come from an earlier point in AEDP's development, what I am calling here AEDP's *First Avatar*, i.e., the period from 2000-2008. The intent behind her (excellent, very attuned) active therapeutic interventions reflects an earlier version of the model, one focused on the experiential processing of relational and emotional experience, and less focused on the metaprocessing of transformational experience. What is totally fascinating and will be the focus of my commentary is that, nevertheless, the transformational phenomenology that unfolds in the case of Rosa and is revealed through the videotape-based transcript samples not only reflects but also anticipates the changes that eventuate in the development of AEDP's *Second Avatar*, from 2008/2009 to the present.

Before proceeding, let me make one thing very clear: Not only can one not argue with success, for Rosa's treatment is a highly successful one, but everything Vigoda Gonzalez describes and all aspects of her interventions are central, important, fundamental aspects of AEDP, then and now. However, additions to the AEDP model emerged in the Second Avatar.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

Not only is this "more" that came later important, it is also insistent: it keeps showing up in Vigoda Gonzalez's therapy of Rosa, even though it wasn't "invited to the party."

In what follows, I will describe what characterizes AEDP's First and Second Avatars, respectively, and will heighten the differences between them. Then I will do a close textual analysis of the phenomena that Vigoda Gonzalez's beautiful, effective treatment of Rosa yielded which, interestingly, is evidence for the changes and developments in the model that were to come. I conclude with some comments on the nature of phenomena and how a phenomenology-descriptive perspective—steadily informed by an orientation toward healing—can constitute an empirically sound alternative to manualized treatments.

AEDP's TWO AVATARS: 2008/2009 AS A POINT OF INFLECTION

First Avatar and the Three-State Model: 2000-2008

Healing-oriented and with transformation always at its center (Fosha, 2000a, 2000b, 2006), AEDP's focus in its First Avatar was on the experiential processing of emotional and relational experience within the co-treated safety of an attachment-based relationship, and the transformational changes that result from doing so. Non-pathologizing and client-affirmative in its ethos, from the beginning AEDP featured an attachment-informed, affect-facilitating, emotionally-engaged validating therapeutic stance. AEDP understood psychopathology as fundamentally resulting from the individual's unwilled and unwanted aloneness in the face of overwhelming emotional experience. This made the therapeutic mission clear: Undoing the client's aloneness and using dyadic affect regulation to support the successful experiential processing of the formerly feared-to-be unbearable experiences. Metatherapeutic processing was an important development, contributing to the expansion of therapeutic results and the consolidation of therapeutic gains.

In its First Avatar, AEDP's guiding phenomenology was a three-states and two-state transformations model, and it is this three-state phenomenology—rather than the four-state phenomenology in use since 2009—that informs Vigoda Gonzalez's work.

Vigoda Gonzalez does an excellent job of articulating how AEDP, with its focus on working explicitly and experientially with relational and emotional experience, is a therapeutic approach well suited for clients dealing with relational trauma. She utilizes and actively puts into clinical practice key AEDP concepts: (a) the undoing of aloneness; (b) an empathic, non-confrontational approach for dealing with defenses and for regulating anxiety; (c) dyadic affect regulation for dealing with emotions that were feared to be too overwhelming for the individual to deal with alone; (d) explicit and experiential work with relational experience, and then metaprocessing the client's experience of the relational experience, with a focus on expanding the client's receptive affective capacity; and (f) processing formerly feared-to-be unbearable emotions within the safety of an affirmative, affectively engaged, affectively facilitating relationship. All are, and continue to be, central aspects of AEDP which Vigoda Gonzalez beautifully explains and puts into clinical action in her work with Rosa.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

In retrospect, I recognize that 2008-2009 was an important moment of inflection that ushered in AEDP's Second Avatar, marking a point of transition in both theory and phenomenology, which of course became reflected in clinical interventions. AEDP transitioned from being an attachment- and emotion-focused mode (First Avatar) to becoming more solidly and increasingly explicitly an attachment-, emotion- *AND* transformation-focused model (Second Avatar).

Second Avatar and the Four-State Model: 2008-Present

The introduction of the term *transformance*, as a name for the innate wired-in motivational disposition toward healing, growth, and self-righting (Fosha, 2008), officially baptized AEDP's healing orientation and "healing from the get-go" approach. This motivational drive, which comes to the fore in conditions of safety, is marked, moment-to-moment, by positive affective/somatic markers.[3] Also known as *vitality affects* (Stern, 1985), these positive affective/somatic markers cue the therapist that the therapeutic process is on the right track. Therapists can thus become *transformance detectives*, tracking moment-to-moment fluctuations in the client's experience, and being on the look-out for and privileging the manifestations of this natural healing process.

Along with transformance, increasingly important in AEDP's Second Avatar is the focus on vitality and energy, and on the appetitive nature of transformation:

> Transformance-based motivational strivings, when actualized, are energizing and vitalizing. …Key to the notion of transformance is its appetitive nature. "The brain ... is not an inanimate vessel that we fill; rather it is more like a living creature with an appetite, one that can grow and change itself with proper nourishment and exercise" (Doidge, 2007, p. 47). We fulfill transformance strivings because we are wired to do so. When we do so, it feels good. And because it feels good, we want to do so more. The brain, motivated to learn from experience, responds plastically, for plasticity and motivation are linked (Doidge, 2007). Positive affects, i.e., the reward aspect of enacting transformance strivings, light up the way. Whether we are talking about the secretion of dopamine and acetylcholine, or of oxytocin, or about the down-regulation of the amygdala as states of fear are replaced with exploratory states (Schore, *personal communication*), the brain registers and marks the positive nature of the experience and seeks to re-engage it. In the process, we change and grow (Fosha, 2009a, pp. 174-176).

The year 2009 saw another major change, the shift in AEDP's transformational phenomenology from a three-state model to a four-state model (Fosha, 2009a, 2009b). Transformational affects were no longer viewed as mere transitional vehicles between emotion (State 2 in Avatar 1) and core state (State 3 in Avatar 1). Instead, the experiential processing of transformational experiences (the new State 3) rose to equal status to the experiential processing of emotional experience (State 2), becoming its own distinctly defined state (Fosha, 2009a,

[3] By positive we do not mean necessarily happy, but rather experiences that have the subjective felt sense for the client of being "right," and "true," the way being able to right a crooked picture on the wall *feels right* once it is properly aligned.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

2009b). AEDP's transformational phenomenology took a giant leap, with the increasingly detailed description of the different metatherapeutic processes, each with its own characteristic transformational affect.

THE FOUR-STATE MODEL SUMMARIZED

The flow chart below (Figure 1) identifies the phenomena that characterize each of the four states, and is the most up to date description of the ever-evolving phenomenology of the transformational process. I will narrate this figure, focusing on those aspects which were not present in AEDP's First Avatar, and as such, are not a part of Vigoda Gonzalez's exposition of AEDP.

State 1.

The changes to how State 1 is described reflects the advent of the concept of transformance: State 1 describes a phenomenology resulting from the prominence of defenses and/or emotion-inhibiting affects like anxiety, shame, and guilt. However, whereas that used to be the entire State 1 story, it is now only half the story, and is represented in the box on the left (colored red). The other half of the story of State 1 is the manifestation of the transformance drive, represented in the box on the right (colored green), by identifying glimmers (and sometimes more than "glimmers") of resilience, health, motivation to heal, capacity to relate, and so forth that are present in the client's presentation from the get-go.

State 2

There are no substantive changes to State 2. Detailed here are all the different types of core affective experiences that come to the fore when safety is co-constructed and defenses can be relinquished. These are the experiences that when successfully processed to completion, result in a state shift marked by the release of resilience, post-breakthrough affects of relief and release, and the adaptive action tendencies wired into each emotion.

State 3.

This component was introduced in 2009 (Fosha, 2009a, b) and elaborated since (Fosha, 2017a; Fosha & Gleiser, in press; Iwakabe & Conceição, 2015; Russell, 2015). State 3 describes the phenomenology that results from systematic experiential processing of transformational experiences, i.e., from successive rounds of metaprocessing.

To date, six distinct metatherapeutic processes, each with its own distinct characteristic transformational affects, have been identified.

(i) the process of *mastery* that evokes the *mastery affects*, which include the "I did it!" feelings of joy, pride, and confidence that emerge when fear and shame are undone;

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

(ii) the process of *mourning-the-self*, accompanied by the transformational affect of *emotional pain*, which involves painful but liberating grief and compassion for one's suffering and for and one's losses;

(iii) the process of *traversing the crisis of healing change* that evokes the *tremulous affects* of fear/excitement, startle/surprise, curiosity/interest, and even positive vulnerability, which emerge when confronted with rapid transformational changes;

(iv) the process of *the affirming recognition of the self and of its transformation* that evokes the *healing affects*, which include gratitude and tenderness toward the other, as well as feeling moved, touched, or emotional within oneself;

(v) the process of *delighting in the surprise of the unbrokenness of the self* that evokes the *enlivening affects* (Iwakabe & Conceição, 2015) of pleasure, exuberance, inspiration, excitement, motivation, and exploratory zest; and

(vi) the process of *taking in the new emergent understanding* that evokes the *realization affects*, the "yes!" and "wow" of wonder, awe, and amazement, which are associated with the grasping of the magnitude of the transformational changes taking place.

State 4

This state, called "core state," is one of calm and integration, and is characterized by the natural emergence of the same qualities of mind—well-being, compassion, self-compassion, wisdom, generosity, flow, clarity, joy—that mindfulness and contemplative practices seek to bring forth (Fosha, 2009b, 2017a; Fosha & Yeung, 2006). New understandings and core truths about the self emerge: "This is me" revelations are a common feature of core state. There is an internal experience of coherence, of cohesion, of completion, of essence (Shiota et al., 2004). In State 4, the embodied new meanings, new truth, and new sense of self that emerged through the healing process become integrated into a larger self (Fosha, 2009a). In this "state of assurance" (James, 1902), the client contacts a confidence that naturally translates into effective action. One result of being in a core state is the capacity to generate a coherent and cohesive autobiographical narrative, the single best predictor of resilience in the face of trauma (Main, 1999; Siegel, 2003).

VIGODA GONZALEZ'S CASE OF ROSA

Vigoda Gonzalez's references are all, with one exception[4], from the First Avatar of AEDP and that understanding informs her interventions. Vigoda Gonzalez does an excellent job of summarizing key aspects of AEDP's First Avatar, and she does an excellent job of applying them clinically. Her stance, her affirmation, her moment-to-moment tracking of her patient, her sensitive attuned experiential work with both relational experience and helping her client process to completion the unprocessed emotions associated with earlier trauma are model applications of

[4] The one exception is Lipton & Fosha (2011), a paper that focused on experiential work with attachment experiences, and does *not* focus on transformational phenomenology.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

AEDP clinical technique in the hands of a skilled, empathic, sensitive, and deeply caring therapist.

Particularly noteworthy is Vigoda Gonzalez's AEDP work with relational experience, something which can be quite challenging to both new and experienced therapists, because it asks a lot of the therapist. Taking to heart AEDP writings on the subject (Fosha, 2006; Gleiser et al, 2008; and Lipton & Fosha, 2011), Vigoda Gonzalez takes one relational chance after another: She offers herself for dyadic affect regulation, she judiciously self-discloses her emotional reactions, she advocates on the behalf of Rosa when Rosa, still under the sway of internalized abusive practices, cannot do so for herself. She does all that and bravely explores Rosa's experience of her interventions. In the process, Rosa's receptive affective capacity—among many other things—grows, and I dare say, so does this new therapist's courage and confidence. We have a saying in AEDP that we want to promote client safety and therapist risk-taking. Vigoda Gonzalez embodies that saying.

We witness the effectiveness of the approach in the hands of this student therapist. Starting out with a client with major depression and a significant early and ongoing history of relational trauma, 23 sessions later the client feels—and is—transformed: depression has lifted; affective capacity has increased; we see self-blame and shame morph into self-acceptance and self-compassion; isolation becomes social intrepidness; and submission gives way to healthy assertion of boundaries. We see Rosa go from depression to an actual "appetite" for engaging life activities and relationships. Rosa's Global Assessment of Functioning score climbs from 50 to 75. These are results ~~t~~hat an AEDP therapist—and *any* therapist—would be proud of.

Kudos to Rosa, kudos to Vigoda Gonzalez, kudos to Vigoda Gonzalez' supervisor, Karen Riggs Skean [2018]), and kudos to AEDP. We could very well stop here and all would be well.

However, I continue because the fascinating thing that happens is this: Precisely because she is a gifted, empathic, attuned therapist *and also because she videotaped her sessions*, the phenomena that actually unfold also illustrate changes in the AEDP model that followed in AEDP's Second Avatar, even though these developments are not referenced or acknowledged. The case of Rosa as treated by Vigoda Gonzalez uncannily captures a moment in time, one that precisely demonstrates why the theoretical and phenomenological developments that followed in 2008 and thereafter were necessary.

Below is a close phenomenological analysis of Vigoda Gonzalez's clinical material, showing over and over the emergence of the Second Avatar phenomena in a fundamentally First Avatar treatment. Vignette by vignette, staying very close to Vigoda Gonzalez's transcript, I present my alternate reading of the phenomena in the case of Rosa, in light of Second Avatar developments, i.e., transformance and the four-state transformational phenomenology. I speculate what might have happened had these phenomena been explicitly affirmed, experientially processed and directly worked with. The close moment-to-moment micro-tracking reflects how AEDP tracks experience, moment-to-moment, which informs choice of interventions. It is also how AEDP supervision is done (Prenn & Fosha, 2016).

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

TRANSFORMANCE PHENOMENA AND THE FOUR-STATE TRANSFORMATIONAL PHENOMENOLOGY IN THE CASE OF ROSA

It is early in the treatment (Session 3), and the start has been rocky. Nevertheless, the therapist stays brave and takes chances, and that pays off:

> In line with the goal of providing Rosa, in therapy, with the opportunity to assert herself without being punished, I proposed a therapeutic focus that would honor the concerns related to her son, while at the same time recognizing her life-long efforts to be nurtured and cared for by her family, which had been met with rejection, victimization, and neglect. I empathized with the horror she experienced in the face of intense affect, validated her wish to avoid this at all costs, and expressed admiration for her resilience and resourcefulness despite the pain she had endured [**therapist's transformance intervention**].
>
> At the end of this third session, Rosa had moved slightly away from defensive avoidance to greater awareness: "You remind me that there is a ME involved in all of this [**core state?**] … I realize that living just for my son is a mistake… and I think is a way of not dealing with my own issues, my own loneliness… so focusing in him, despite the intensity, keeps those feelings hidden." (pp. 24).

Rosa's response does indeed reflect a waning of "defensive avoidance" and an increased awareness. However, there is more here: A strong transformance manifestation, and the client's words suggesting the integrative hallmarks of core state. A new truth, a new understanding, and for someone whose sense of self had been buried under self attacks, an emergent sense of "this is me." Absent my having access to the videotape, it is assumption is that these words were accompanied by positive affect.

Session 5 has a big moment, especially for someone who has suffered racial discrimination:

> The judicious self-disclosure of my own bilingualism was deemed clinically appropriate. Rosa reacted with *surprise* and *excitement* [**enlivening affects**] when learning that I spoke Spanish, and that this too was my mother tongue… (p. 14).
>
> Thus, as she was about to translate what she just had said into English, I gently interrupted to let her know that I, too, spoke the language. "Oh! Que bueno!" ("Oh! How wonderful!"), she exclaimed in *excitement* [**enlivening affects]**, and continued: "This is very helpful because a lot of these things that happened in Spanish have a different feeling to them," and immediately started using more words in her mother tongue without investing any cognitive energy into translating them. … [A] shift in her affect occurred, becoming fuller and more *vibrant* ….
>
> She closed the session by eagerly saying: "I'm so very happy you speak Spanish," a sign that this self-disclosure had strengthened our working alliance and increased her positive feelings toward therapy (Session 5, p. 25).

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

I wish to highlight the importance of the positive affects with which this therapeutic gambit was met by Rosa. Upon learning of her therapist's being able to speak her mother tongue, Rosa reacts with *surprise* and *excitement*. Moreover, by the end of the session she explicitly declares that she is "so very happy" (p. 25). Indeed, the therapist's self disclosure strengthens the working alliance and increases the client's positive feelings towards therapy, and bears immediate fruit in terms of her affect becoming fuller and more vibrant. But there is potential here for more: *Surprise* and *excitement* are transformational affects of enlivening, denoting a transformational experience. What would have happened if Rosa's surprise and excitement had also been explicitly recognized, affirmed, focused on, and experientially processed? There may have been an even greater transformational impact than what the therapist already articulated.

> At the beginning of Session 9, which marked the end of the initial phase of treatment, Rosa described therapy as a "good experience" and expressed wishing that it lasted longer. "I'm really looking forward to working some things through," she added, and described feeling "*elated*" [**enlivening affect**].
>
> This indicated what AEDP refers to as a shift in the valence of intense emotions from negative (e.g., "too overwhelming" and "too painful") to positive and useful (e.g., "this is here for a reason"; Gleiser et al., 2008). Furthermore, the clear presence of positive relational affect, as well as the flow of deep therapeutic work, were indicators of a healthy therapeutic relationship (Fosha, 2000), which signaled greater readiness to engage in even more affectively charged work. Rosa had started to describe how therapy was becoming a space in which she was finally having the "opportunity for feeling sad" for herself [*mourning-the-self*], for really embodying the emotions of wrenching pain that she had not felt in the actual moments when the traumatic events were happening (Session 9, pp. 26-27).

"*Elated*" is a strong word and suggests another enlivening transformational affect, which, particularly if regulated, is a great potential source of vitality. At this relatively early phase of the treatment, Rosa was still feeling often quite overwhelmed by her negative emotions. It is possible that more metaprocessing of the transformational affect of *elation* might have given her additional resources for the difficult emotional work ahead. Again, we see the therapist's heightened awareness of the significance of changes involving affective capacity for processing traumatic emotions, and the relational significance of positive relational affects, with a relative non-registering of the emergent positive emotions, i.e., transformational affects. Of course, we cannot be certain that the therapist did not process the experience, but it is not reported. As we shall see, *elation* and *excitement* becomes affective themes that run throughout the rest of the treatment. From the perspective of "broaden and build theory" (Frederickson, 2013, 2014), the opportunities for flourishing, and for increased energy and vitality are very significant developments.

"Elated" comes up again in Session 10. So does transformance. The therapist's affirmation of the patient's actions on behalf of herself is a beautiful example of work with transformance. Note the therapist's own transformational affects of being "*amazed* and *impressed*." Vigoda Gonzalez follows her affirmation with an exploration of the patient's response to it and whether she Rosa take it in:

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

> Then I proceeded to disclose how amazed and impressed **[therapist realization affects]** I was at everything she had done for herself given those terrible circumstances, and once again asked her how it was for her to hear me say that. *With tears in her eyes* [**healing affects**] she responded: "It's very good! It reinforces that part of me that thinks that I am competent [**transformance**], despite of what they say, that I can do things, and that part is important! But I've never acknowledged it… and seeing your reaction to what I share is… I'll tell you! I feel *elated* about talking to you!" **[enlivening affect]** While this positive image of herself was still quite fragile, Rosa was finally starting to question what she had always believed, that there was something fundamentally wrong with her that explained the abuse and neglect she was subjected to (p. 29).

This is a beautiful illustration of self-disclosure, affirmation of transformance manifestations, client advocacy and working experientially with *receptive affective experiences*. The client takes in her therapist's affirmation, and it moves her deeply. The tears in her eyes, followed by her statement of "It's very good," denotes the healing affects, the transformational affects that arise when negative expectations based on the past are disconfirmed in the here-and-now. It changes her sense of self in a vital way for the treatment, "It reinforces that part of me that thinks that I am competent, despite of what they say, that I can do things, and that part is important!" Yet the client doesn't stop there; she says: "I'll tell you! I feel *elated* about talking to you!" We don't know exactly what the therapist does then, for the transcript stops there. However, we wish the metaprocessing had continued. Again, we see here a manifestation of the bias in our field: the acknowledgment of changes in the trauma-affected functioning, without the acknowledgment the potential of the emergent positive phenomena. The experience of *elation* "about talking to you" is particularly worth exploring, with its huge potential for deep relational *broaden and build* (Frederickson, 2013) for this previously very relationally traumatized client. However, the good news is that even more transformation is happening than the brave and caring therapist is fully aware of.

This lapse is rectified in the next interaction, where Vigoda Gonzalez acknowledges Rosa's transformance strivings, working hard to help her stretch her affective tolerance, not only for negative emotions, but also for positive feelings like *pride* and a*dmiration*:

> At the same time, Rosa seemed determined to show me a healthier side of herself **[transformance**], and described her constant attempts to fight those feelings by doing things for herself, such as pursuing first communion at the age of nine, despite never getting praise or attention for such acts.
>
> I affirmed her resourcefulness and shared with her that I thought her behavior was so impressive and admirable, and invited her once more to reflect and elaborate on the experience of hearing me say this. With tears in her eyes, she acknowledged how difficult it was for her to take that in ("I want to run out of the room"), and stated, "It's like a huge indulgence to allow myself to accept that kind of reaction toward myself." This was a sign that Rosa continued to struggle to tolerate not only intense negative affect, but also intense positive feelings of pride and admiration, which explained her discomfort with my explicitly affirmative stance. I focused on acknowledging these

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

> two sides of herself: the one that was so wounded on the one hand, and the resilient, resourceful one who was, and had always been, curious about the world (p. 31).

Kudos to the therapist, "acknowledging these two sides of herself: the one that was so wounded on the one hand, and the resilient, resourceful one who was, and had always been, curious about the world." (To Nicole Vigoda Gonzalez: What is it like for you to have me affirm your work and personal courage in this way?)

We continue with Session 15:

> I shared my indignation and asked her to process what it was like for her to hear me say this. It was only now, she said, that she realized there was "nothing wrong" with her. I asked her to repeat this statement:
>
> Nicole: Can you say that again?
>
> Rosa: *(timidly)* There is nothing wrong with me… I was so [ready to move away from the experience].
>
> Nicole: Can you say that again?
>
> Rosa: *(voice breaking)* There isn't anything wrong with me
>
> Nicole: One more time… say it again.
>
> Rosa: There isn't anything wrong with me! There isn't this huge lack of whatever it takes.
>
> Nicole: Wow… What is it like to hear you say this?
>
> Rosa: (with an *exhilarated* tone) It is very rare... I had always thought it was me… It's not about me! (p. 33)

First, I wish to acknowledge and affirm the therapist's persistence and stellar experiential work, rewarded deeply by the client's changes in her sense of self. Before our eyes, the negative valuation of self is being replaced by an emergent sense of her intactness. We are witnessing the moment-to-moment alchemy of transformation in action. This is a huge transformational moment. Second, I wish to highlight the *exhilarated* tone in which this budding experience of self is being expressed.

By Session 15, a new transformational affect comes on the scene: *invigorated*.

> Rosa began, and finished, each session by expressing positive feelings toward therapy: e.g., "I am so glad I'm coming here," "I feel *invigorated* [**enlivening affect**] as I'm getting ready to come here," and "This has been so helpful… It's like I'm finally seeing things clearly" (p. 34).

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

Then the therapist says in Session 16:

> … Rosa appeared *invigorated*, and reported that she wished to go out of her way to connect to people and to do things for herself (Session 16, p----).

There is a huge opportunity here: a patient who had been withdrawn and suffering from major depression is now *invigorated*, and experiencing *desire*, both to do things for herself and connect with people: She is now manifesting energy and vitality, will and desire, and agency on behalf of herself (Russell, 2018).

Vigoda Gonzalez beautifully addresses the relationally positive transformation that is emerging, not shying away from exploring her own impact on her client.

From Session 18:

> As we continued to explore this, Rosa was able to eloquently describe how our efforts in helping her get in touch with deep, intense feelings—and processing and understanding them—was giving her a sense of *clarity* [**core state phenomenon**] that she never thought she would achieve. She then added, "I didn't realize… it's so crazy… I didn't realize that this is what I had to do…" **[realization affects, tremulous affects, enlivening affects]**.
>
> In an intense wave of affective experiencing and exploration, Rosa continued to recall her endless efforts and energy invested into the relationships with her family by always doing something for them, and the subsequent pain that she felt. With deep sadness and grief she stated: "I'm ready to give that up… I feel like I'm giving up everything… I feel like I'm giving up my whole world… I can't believe it… I find it hard to believe." This represented her willingness to relinquish her "growth-inhibiting defenses" (Fosha, 2000; i.e., subjugating her needs, playing the victim, and subordinating herself to others); and to risk new ways of feeling and interacting, despite the anticipated grief of mourning the family she always wished she had (Session 18, p. 37).

In addition to the very important developments that Vigoda Gonzalez is tracking and elaborating, in keeping with my theme, I want to heighten some additional transformational themes in Session 18. Not only is Rosa relinquishing her growth-inhibiting defenses, which indeed she is, but—and again it is hard to be certain without the videotape or more detailed phenomenological descriptions—a lot more seems to be happening. There is a potent amalgam of tremulous affects, realization affects, and enlivening affects ("I can't believe it … I find it hard to believe"). Rosa's statements here are a combination of transformational affects and core state phenomena. We are witnessing the emergence of a new autobiographical narrative, a new truth, and a new meaning for Rosa, a marker of core state.

We witness similar phenomena and similar language in Session 20: *elation* (enlivening affects), *good disbelief* (realization affects), and the emergence of a new autobiographical narrative (core state).

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

> Stronger consolidation of her other gains in therapy were taking place. Rosa highlighted how the "way we had been talking" had enabled her to "keep going farther" and "go to places that were painful and stay there." "I can't believe I've gotten to this place" [**realization affects**], she expressed with *elation* (Session 20, p. 39).

In Session 21, Rosa's new autobiographical narrative moves now to encompass the transformations occurring in her relationship with her son, a fraught topic early in the therapy, and actually the very thing that initially led her to seek treatment:

> She continued by reflecting on the fact that she had turned her son into her "life project," which at that point she understood was no longer appropriate. Despite having mixed feelings about her new role as a mother, she felt *at peace with it, no longer lost* [core state phenomena]. "I can let go now… This is one of the biggest things that I have accomplished here; that it is *his* life, and I can be involved in a different way, no longer trying to fix things. As much as I value my son, I realize that there is more for me than focusing on him!" **[core state: new meaning**}
>
> I was *amazed* and *humbled* [**therapist transformational affects**] by Rosa's words, and her insightful ability to delineate her progress. Consistent with AEDP, I shared my emotional reaction with her, my sense of *pride and admiration* [**therapist transformational affects**]. With *excitement*, [**enlivening affects],** she described a "*budding curiosity*" and "*profound" excitement* **[enlivening affects; seeking; core self experiences of agency]** that were driving her to explore the world and do new things for herself (like the infant that in a safe relationship feels encouraged to explore), as opposed to the fear and self-doubt that had inhibited her for so long. She then offered a powerful image of what the experience of a safe attachment bond had provided for her: "I will tell you… what this experience with you has given me is an *appetite* for going out and looking for other relations, because now there is something "*delicious*" to look for in relationships (p. 40).

Appetite, deliciousness, and budding curiosity make their appearance here. The phenomenology speaks loud and clear, and declares itself, in the client's affective reaction, as personal to her as a thumbprint, including (a) excitement, elation, and what we call AEDP's enlivening transformational affects; (b) "a budding curiosity" to explore the world, the ultimate evidence of secure attachment; (c) profound excitement; and (d) an "appetite for going out" (Fosha, 2013a) with deliciousness as a quality that now applies to relationships. Appetite! WOW! Not only is trauma undone, but the motivational vector shifts from avoidance to seeking, and relational experience changes from being aversive shaming, traumatizing, and to be avoided at all costs to actually being appetitive and delicious!

Vigoda Gonzalez recognizes the relational implications, but not the appetitive, motivational, energizing, and transformational implications. Because of the depth of the work, these phenomena are occurring anyway, in a profound phenomenological validation of the phenomenology of the transformational process. Perceived or not, and explicitly worked with or not, the phenomena are there, happening, and deeply informing the client's emergent experience.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

And of course it does matter, for had these transformational phenomena been therapeutically engaged as systematically as the experiential work and the relational metaprocessing were, there is no telling what further broadening and building would have occurred.

In Session 22, the next to last session, Rosa comes in with much *excitement*. Vigoda Gonzalez mirrors Rosa's *excitement* and *joy*:

> The following week Rosa returned and *excitedly* said, "You'd be very proud of me! I introduced myself to my new neighbor… It's like I'm getting out of my funk!" I tracked her affect and pointed out the *excitement* and *joy* **[mastery affects]** that she exuded as she shared this news with me. Was it possible, I asked her, that she was also feeling **proud of herself**? **[mastery affects]** Rosa timidly smiled as she responded affirmatively, and followed by stating that other important changes were taking place within her and in her relationship with her son (Session 22, p. 40).

More transformational affects occur in the next sequence, this time, the *healing affects*. And more:

> This awareness had helped her realize that her connection to her son was not as fragile as she had thought. Moreover, in a recent candid conversation she had with him about his turbulent past, he had openly acknowledged her unconditional love and support throughout that time. As I helped her explore the significance of this interaction, *with tears in her eyes* **[healing affects]**, Rosa explained how his recognition was validating, and she could allow herself to "really believe" that she had done everything in her power to be the best mother she could under the circumstances (Session 22, p. 40-41).

The tears of the healing affects reflect how deeply Rosa is moved by her son's recognition and validation. The next rung of the transformational spiral (see Figure 1) reflects how she is affected by this change in him: it leads to her own validation of herself as a good mother, something Rosa had not believed possible. Yet here it is. Her son's recognition is followed by her own recognition of herself, and the positive valuation of the self. We will see the same transformational relational sequence—that is, (i) recognition and validation of the self by a significant other; (ii) this being taken in, as evidenced by being moved and the tears of the healing affects; and that in turn leading to (iii) the positive recognition and validation of the self by the self—take place in the next session, this time between Rosa and her therapist.

In Session 23, the very last meeting, Vigoda Gonzalez's AEDP therapeutic instincts are right on yet again:

> The following week, in the final session (23), Rosa announced without hesitation that she felt sad, sad that it was the last day of our work together. I shared her sentiments **(affective self disclosure; validation, affirmation).** Recognizing the importance of helping Rosa identify aspects of the treatment that were helpful in improving her mood and her ability to revisit traumatic memories without becoming overwhelmed, I decided to guide her through this process. Rosa beautifully

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

> portrayed the metamorphosis she had undergone, and once more, her clarity and insightfulness touched and impressed me:
>
> "When you realize that the key you've been looking for does not exist, and you realize that the search of that defect within you that explains all your suffering is nowhere to be found because it is not you **[core state: new meaning]** … is… *liberating*… I have to tell you, I feel *liberated*" (p.42).

Rosa's own positive valuation of self is deepening. After a lifetime of shame and belief in her own defectiveness, Rosa realizes with clarity that there is nothing wrong with her. No longer shackled by this belief, she *feels*, in her words, "liberated." The experience of *liberation* is a huge opportunity for expansion of the positive sense of self. Core state is everywhere, as insight and consolidation abound.

> She had "healed," Rosa added, and no longer felt "confused." Rather, she was aware that she had "sorted it out." She reflected on her ability to let go of the sense of responsibility and blame that she had so ferociously held onto to explain the escalating conflict with her siblings, and explained that, this had generalized to her relationship with her son: "I'm not scared anymore... and that amazes me." I mirrored her sense of accomplishment and celebrated it (Session 23, p. 42).

In true AEDP fashion, Vigoda Gonzalez mirrors Rosa's accomplishment, celebrates it and uses it as a springboard for further metaprocessing:

> Consistent with AEDP, I understood these transformations that she so beautifully described as being fostered by the new relational and emotional experiences provided throughout the therapy. Further solidifying and consolidating of such experiences was crucial, and I wished to know how Rosa felt about her ability to maintain these gains. Thus, I encouraged her to process the impact of our relational experience by asking her what it had been like to go through all of these changes with me. Her response was powerful:
>
> "Well, I feel at this point that a lot of the work was completed. It's like when you heal a broken bone and you can keep walking. It's actually healed and you just can keep walking… I don't need to keep coming to keep it that way. What needed to be done is healed, is done, and I don't need to add more fuel to it because it is running" **[core state]** (p. 42-43).

What is inspiring, moving, and remarkable is how universal the phenomenology of transformation is. Having listened to Rosa on healing, please now also listen to John Bowlby. I will put their statements on healing side by side, Rosa first, then Bowlby:

> Rosa: "Well, I feel at this point that a lot of the work was completed. It's like when you heal a broken bone and you can keep walking. It's actually healed and you just can keep walking… I don't need to keep coming to keep it that way. What needed to be done is healed, is done, and I don't need to add more fuel to it because it is running" (p. 43).

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

> Bowlby: "The human psyche, like human bones, is strongly inclined to self healing. The psychotherapist's job, like that of the orthopaedic surgeon, is to provide the conditions in which self healing can best take place" (2012, p. 172).

I have my own realization affect to add here: "Wow!"

We continue with Vigoda Gonzalez's account of the last session:

> Then, following this, she spontaneously offered her imagery of what a safe attachment in the therapeutic relationship had been like for her. I helped her amplify this experience:
>
> Rosa: I'll miss you… What you do when you listen and reflect back the things I say… what you do is like stepping into another world [**subjective experience of quantum change**] and I will miss that, I will miss seeing my world through your eyes, having someone else there with me **[undoing aloneness]**… Is like 'una claridad' ("a sense of clarity") that you bring into this…
> Nicole: This is so powerful… I can see that as you say this, your eyes are teary. **[reflects healing affects, Rosa's being moved by how her therapist helped transform her experience]**
>
> Rosa: I'm really touched by having been able to open up to you, and having you reflect on it without it being painful; all of these terrible things, and when you talked about it, it wasn't harmful **[healing affects, profound validation of the gentleness and effectiveness of the therapist**]… Is like opening a curtain and a very soft sunlight comes in **[image of transformation; "photism" (James, 1902)]**… That's how it was… I'll miss that kind of touch.
>
> Nicole: I'm going to miss participating in that… I truly am... **[therapist's affective self disclosure]**
>
> Rosa: I'm just amazed **[realization affects]** and grateful **[healing affects]** for it… because I really didn't have the expectation that I would be able to change all that terrible stuff… And actually I thought it would take an incredible amount of work and time."
>
> This vividly illustrates how a safety-engendering therapist-client relationship based on the availability and responsiveness of the therapist counteracts pathogenic aloneness (Fosha, 2000; 2006). (p. 43)

Indeed it does. And it also illustrates the recursive spiraling of phenomenology of transformational experience resulting from metatherapeutic processing (see Figure 1), reflected in the client's experience as she talks about (a) her *experiences of the changes* having taken place within her in the 23 sessions of the therapy; (b) *her feelings of surprise, amazement and gratitude about the change*, "because I really didn't have the expectation that I would be able to change all that terrible stuff… and actually I thought it would take an incredible amount of work and time"; (c) her experience of the nature of her therapist's impact and role in the changes; and finally, (d) her feelings about the therapist's impact and role.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

We continue with session 23, further witnessing the dyadic resonance and the importance of the therapist's affective disclosure of her own experience of the treatment and of her *client's impact on her*. The client is able to take in what her therapist is saying to her. With clarity and straightforwardness it allows Rosa to assert and experience her own intrinsic value and worth, and her positive impact on people. This is a profoundly corrective emotional experience, the very opposite of the life-long negativity she experienced from her family:

> Deeply moved by Rosa's words, I followed with an emotional self-disclosure:
>
> Nicole: "I'm delighted to hear this**… [therapist enlivening affects]** I'm moved by what you are saying **[therapist healing affects] …** I'm delighted to hear that **…[therapist enlivening affects]**… It is so touching **[therapist healing affects]**… it makes my heart warm." I then invited her to respond with an experiential elaboration of the receptive experience by asking her how she felt when she saw me moved by what she was saying. To this she responded,
>
> Rosa: "I'm happy to hear that [with tears in her eyes] [**healing affects]** … It's good, I think I have a lot of good things to offer, and I think a lot of times it's hidden away, and to have affected somebody in a good way and to hear it is so nice **[core state]** … To have someone that has something good to say about me is *wonderful*… that is something that I needed very badly… it's a *wonderful experience*."
>
> This ability to genuinely take in my affirmation represented a substantial change in Rosa's capacity for establishing intimacy, as she was able to receive my statement without feelings of shame or guilt (Session 23, p. 43).

It is very telling that in this session in which transformational experience after transformational experience is related and dyadically explored, what is left for last is the profound impact of being able to work with a therapist who spoke Spanish, Rosa's native language.

> As we were close to saying our final goodbye, Rosa looked at me intently and emphasized how "special" it was for her to be able to work with someone whose first language was also Spanish. She added:
>
> "It wasn't that I didn't know how to communicate in English, but there is always something that when you say it, it connects differently, and I think that was a very good thing **[core state**] … I'm grateful for that too [**healing affects**]."
>
> This was a testament that Rosa's opportunity to use her mother tongue in sessions had helped her experience emotions vividly and strongly, and had fostered a stronger connection between us. I felt humbled and gratified [**therapist healing affects**] that Rosa had given me the opportunity to enter into her world and accompany her in her growth. At the end of the session, we embraced, and in my mind this symbolized the power of our therapeutic relationship (Session 23, p. 44).

Brava Rosa! Brava Nicole! Yay AEDP!

CONCLUDING REMARKS: IN PRAISE OF PHENOMENOLOGY AS AN ALTERNATIVE TO MANUALIZED TREATMENTS

I conclude with some thoughts on the nature of phenomena and how a descriptive phenomenological perspective can constitute an empirically sound alternative to manualized treatments. It did wonders for Darwin and William James, and it can continue to contribute to the development of our profession, as well as to provide a basis for productive dialogue with neuroscientists.

In the striving for therapies with research-supported evidence for their effectiveness, we are seeing a rise in "manualized" treatments. These are scripted and routinized protocols developed in clinical research settings using patient populations who, more often than not, do not reflect the complex reality of the cases that most clinicians see daily. Despite powerful critiques of their usefulness or effectiveness (Wampold & Imel, 2015), they continue to retain an incantational aura of rigor and systematicity. Manuals have their place—particularly in low resource settings with high need for basic mental health services—and it is way beyond the scope of this paper or expertise of this author to engage that complex topic. Nevertheless, even when followed as intended, manuals severely restrict a therapist's ability to respond *in vivo, in the moment* to the inevitable complexity and nuances of an authentic, engaged psychotherapeutic process. What sustains manuals is the striving for reliability, verifiability, systematicity, and rigor, in other words, empirical respectability.

Experience applying AEDP principles to countless dyads has shown that while universal and wired in, transformance (the innate drive towards healing) and the transforming power of core emotional experience processed to completion—and their facilitation in attuned, caring, affirmative, reparative attachment-informed relationships—are iterative and cyclical, and, in any given moment, can take unpredictable turns. While guided by an overarching healing orientation, nevertheless, these moment-to-moment turns depend entirely on the therapist's moment-to-moment attunement to (i) the client's evolving experience of self and other, and to (ii) what client and therapist co-create through their unique and emergent here-and-now interaction, as informed and mediated by the model the therapist is following. It would be impossible to reduce the embodied relational-affective "dance" between client and therapist, which Rosa's case epitomizes, to a script or a concretized manual. Yet, while it is good and important to sing the virtues of attunement, co-creation, authenticity, and spontaneity, then what of rigor, precision, and replicability? What of empirical respectability?

That's where a careful, empirically informed descriptive phenomenology comes in. While how each patient and therapist get there is specific to each dyad and to the moment, nevertheless AEDP dyads, like that of Rosa and Vigoda Gonzalez, invariably and consistently give rise to clinical phenomena which are coherent, generalizable, and can be systematically followed by the phenomenological descriptions of the (now) four-state transformational process. Since videotaping sessions is used in the practice, supervision, and teaching of AEDP (as illustrated in Vigoda Gonzalez's case), as a matter of course, we have accumulated audiovisual

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

evidence that this phenomenology is accurate in describing the transformational process of patient after patient, dyad after dyad, in culture after culture.[5]

A healing-oriented *phenomenological* sensibility informs both clinical and conceptual aspects of AEDP, one that is extending and expanding the phenomenology of emotion (Darwin, 1872; James, 1890, 1902; Tomkins, 1962). The expanded phenomenology of emotion includes (a) receptive affective experiences (Fosha, 2017b; Lamagna, 2011; Russell, 2015), (b) relational phenomena (Lipton & Fosha, 2011; Prenn, 2011), and (c) the positive affective phenomena associated with both positive neuroplasticity (Hanson, 2017) and cascading transformational processes (Fosha, 2009, 2013, 2017a; Fosha & Gleiser, *in press;* Frederickson, 2013; Fredrickson & Joiner, 2002; Iwakabe & Conceição, 2015). Because phenomena lie at the nexus of neuroscience and clinical process, a commitment within AEDP research and practice to descriptive phenomenology can substantively contribute to the emergent conversation among clinicians, affective neuroscientists, and developmentalists around emotion, attachment and transformation, allowing us to transcend territorial and terminological battles that impede progress.

Vigoda Gonzalez's work epitomizes this commitment to descriptive phenomenology as a powerful source of evidence for AEDP's effectiveness. Rosa starts out with major depression, withdrawal, isolation, poor self esteem, and a seemingly unshakeable sense of hopelessness grounded in the belief that relationships can never result in anything but pain and suffering. It is remarkable that after just 23 sessions of AEDP therapy with a student, not only is she no longer depressed, but she is actually experiencing a newly awakened appetite for life and for connection that comes from the very core of her being, the dopamine-mediated pathways of the neurobiological core self (Panksepp, 2008; Fosha, 2013a). Deep relational and emotion-focused work takes place in the context of a profoundly respectful, self-disclosing, affirmative, affect-facilitating therapeutic relationship. While the metaprocessing of transformational experience is not the *deliberate* primary focus of the therapist, though relational metaprocessing most definitely is, nevertheless the therapeutic process described sets in motion unmistakable transformational phenomena. And indeed, these transformational phenomena underlie a distinctive and unmistakable flourishing in the patient, one which is maintained after the treatment ends. That is what we see here in an N of 1 application of AEDP, rigorously analyzed through AEDP's articulated transformational phenomenology. Moving from N of 1 to large-scale outcome research with a much larger pool of therapeutic dyads, the preliminary efficacy results for a 16-session AEDP treatment for depression indicate a powerful effect size (Iwakabe, Edlin,

[5] To date, AEDP has been practiced with consistent clinical results in the North America (Canada, US); Asia (China, Hong Kong, Japan); Europe (France, Italy, Portugal, Spain, Sweden); the Middle East (Israel); and South America (Argentina, Columbia, Brazil). And in all these cultures and countries, AEDP's transformational phenomenology has been shown to be is identical, replicable, and effective in guiding AEDP's transformational process toward effective results (see the following: Arellano, 2017; Bahat, 2015; Fukushimah et al., 2018; Hanakawa, 2017, 2018; Johansson, Bjorklund et al., 2013; Johansson, Frederick & Andersson, 2016; Johansson, Frederick et al., 2017; Johansson, et al., 2013; Johansson, Hesser et al., 2012; Kamitoh, et al, 2017; Ofer, 2017; Pontes & Soares, 2012; Ronen-Setter, 2017; Soares, 2015; Sundgren, 2014, 2016a, 2016b; Yamauchi, 2018; Yeung & Cheung, 2008).

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

et al., 2018; Iwakabe, Nakamura et al., 2018), with effects maintained at six and twelve months follow-ups.

Fishman (2013) and Datillio, Edwards and Fishman (2010) advocate persuasively for the "mixed methods" approach to research, a paradigm in which quantitative and qualitative methods are used to complement each other (Fishman, 2013, p. 406). In combination with a large-scale outcome design, a systematic case study such as Vigoda Gonzalez's treatment of Rosa has the potential to shed light on the specifics and clinical nitty-gritty of some of the mechanisms responsible for the strong quantitative results of our outcome research, documenting the effectiveness of AEDP as a treatment for depression.

An AEDP therapist's commitment to phenomenology means a continual recalibration towards the approach's fundamental guiding principles, a return again and again to the "North Star" mechanisms that underlie all healing in this work. These principles include (1) a healing orientation, privileging transformance over a focus on psychopathology; (2) the importance of an intentionally positive, empathic, validating, affect-facilitating, and judiciously self-disclosing therapeutic stance, which includes everything that the therapist does and is in order to make the patient feel seen, respected, and cared about, as Rosa says herself at numerous points throughout the treatment; (3) the centrality of undoing the client's aloneness along with the moment-to-moment co-construction of safety; (4) a relentlessly experiential focus, guided moment-to-moment by somatic affective markers that include attachment experience, relational experience, emotional experience, transformational experience, and receptive affective experience—the operative word in each term being *experience*; and finally (5) the importance of *metaprocessing* the positive affects associated with experiences (that word, again!) of change for the better, to engender appetitive and motivational spirals (see Figure 1) of vitality and energy, and to consolidate and deepen therapeutic changes and new autobiographical narratives, informed by the positive valuation of the self and compassion for self and others.

The AEDP therapist's therapeutic guidance by the ethos of its healing orientation and by the phenomenology of the transformational process is uncannily similar and parallel to the theme explored in another commentary in this series (Fosha, 2018): as opposed to a focus on the acquisition of multicultural competencies, a therapist's commitment to the multicultural orientation framework (Davis et al., 2018; Owen, 2013) allows clinical flexibility and creativity, and involves continual recalibration towards the multicultural orientation framework's North Star, that approach's fundamental guiding "values" or "virtues" of cultural humility, cultural comfort, and the seizing of cultural opportunities.

My commentary is an ode to phenomena and to their power, even when these lie outside the scope of the therapist's conscious awareness. So much has been written, and for good reason, about how the lens through which a therapist views phenomena affects the nature of the phenomena. It is *invigorating*—to use a word increasingly favored by Rosa in the latter parts of her treatment—to be in the presence of phenomena, operating outside of the therapist's awareness, which allow us to experience how transformational phenomena have the power to transcend our models, manifesting an insistent mind of their own.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

REFERENCES

Arellano, E. (2017). Overwhelming emotional experiences, experienced in unwanted aloneness during childhood, are the reason for mental illnesses. *Vanguardia, December, 2017.* Barcelona, Spain (in Spanish).

Bahat, S (2015). Interweaving AEDP in the therapy room of expressive dance movement therapy as an accelerator and a compass for advancing and amplifying processes of change and growth. *Israeli Biennial Conference for Art and Expressive therapies: Integrated Tools*. Nir-Etzion, Israel. February, 2015. (in Hebrew, with Israeli clients)

Bowlby, J. (2012) *A Secure Base*. New York: Routledge.

Dattilio, F.M., Edwards, D.J.A., & Fishman, D.B. (2010). Case studies within a mixed methods paradigm: Toward a resolution of the alienation between researcher and practitioner in psychotherapy research. *Psychotherapy Theory, Research, Practice, Training, 47*, 427–441.

Davis, D. E., DeBlaere, C., Owen, J., Hook, J. N., Rivera, D., Choe, E., Van Tongeren, D. R., Worthington, E. L. & Placeres, V. (2018). The multicultural orientation framework: A narrative review. *Psychotherapy, 55 (1*), 89-100.

Fishman, D. (2013). The pragmatic case study method for creating rigorous and systematic practitioner friendly research. *Pragmatic Case Studies in Psychotherapy*, *Pragmatic Case Studies in Psychotherapy, 9*(4), Article 2, 403-425. Available: http://pcsp.libraries.rutgers.edu http://dx.doi.org/10.14713/pcsp.v9i4.1833

Fosha, D. (2000a). Metatherapeutic processes and the affects of transformation: Affirmation and the healing affects. *Journal of Psychotherapy Integration*, *10*, 71-97.

Fosha, D. (2000b). *The transforming power of affect: A model for accelerated change*. New York: Basic Books.

Fosha, D. (*2003*). Dyadic regulation and experiential work with emotion and relatedness in trauma and disordered attachment. In M. F. Solomon & D. J. Siegel (Eds.). *Healing trauma: Attachment, trauma, the brain and the mind*, pp. 221-281. New York: Norton.

Fosha, D. (2008). Transformance, recognition of self by self, and effective action. In K. J. Schneider, (Ed.) *Existential-integrative psychotherapy: Guideposts to the core of practice*, pp. 290-320. New York: Routledge.

Fosha D. (2009a). Emotion and recognition at work: Energy, vitality, pleasure, truth, desire & the emergent phenomenology of transformational experience. In D. Fosha, D. J. Siegel, & M. F. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development, clinical practic*e (pp. 172-203). New York: Norton.

Fosha, D. (2009b). Positive affects and the transformation of suffering into flourishing. W. C. Bushell, E. L. Olivo, & N. D. Theise (Eds.) *Longevity, regeneration, and optimal health: Integrating Eastern and Western perspectives* (pp. 252-261*)*. New York: Annals of the New York Academy of Sciences.

Fosha, D. (2013a) A heaven in a wild flower: Self, dissociation, and treatment in the context of the neurobiological core self. *Psychoanalytic Inquiry*, *33*, 496-523. file:///Users/danielbfishman/Documents/08-09-11, 07-06-16/PCSP Individual Manuscripts/Fosha et al. from Vigoda Folder, 12-11-18 /Fosha et al., WORD PUBLISH /Kiriat Bialic, Israel

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

Fosha, D. (2013b). Turbocharging the affects of healing and redressing the evolutionary tilt. In D. J. Siegel & Marion F. Solomon (*Eds*). *Healing moments in psychotherapy*. Chapter 8 (pp. 129-168). New York: Norton.

Fosha, D. (2017a). How to be a transformational therapist: AEDP harnesses innate healing affects to re-wire experience and accelerate transformation. In J. Loizzo, M. Neale & E. Wolf (*Eds*). *Advances in contemplative psychotherapy: Accelerating transformation*. Chapter 14 (pp. 204-219). New York: Norton.

Fosha, D. (2017b). Something more than "something more than interpretation:" AEDP works the experiential edge of transformational experience to transform the internal working model. In S. Lord (*Ed). Moments of meeting in psychoanalysis: Interaction and change in the therapeutic encounter*. Chapter 15. New York: Routledge.

Fosha, D. (2018). Introduction to commentaries on sociocultural identity, trauma treatment, and AEDP through the lens of bilingualism in the case of "Rosa." *Pragmatic Case Studies in Psychotherapy, 14*(2), Article 2, 115-132. Available: http://pcsp.libraries.rutgers.edu

Fosha, D. & Gleiser, K. (*in press*). The embodied language of integrative states: Unmaligning much maligned language in experiential therapy. In G. L. Schiewer, J. Altarriba, & B. Chin Ng (Eds.). *Handbook on language and emotion*. Boston: De Gruyter Mouton.

Fosha, D., Paivio, S. C., Gleiser, K. & Ford, J. (*2009*). Experiential and emotion-focused therapy. In C. Courtois & J. D. Ford (Eds.), *Complex traumatic stress disorders: An evidence-based clinician's guide*. Chapter 14, pp. 286-311. New York: Guilford Press.

Fosha, D. & Yeung, D. (*2006*). AEDP exemplifies the seamless integration of emotional transformation and dyadic relatedness at work. In G. Stricker & J. Gold (Eds.), *A casebook of integrative psychotherapy* (pp. 165-184). Washington DC: APA Press.

Fredrickson, B. L. (2009). *Positivity: Groundbreaking research reveals how to embrace the hidden strength of positive emotions, overcome negativity, and thrive*. New York: Random House.

Fredrickson, B. L. (2013). Positive emotions broaden and build. Advances in Experimental Social Psychology, *47*, 1-53.

Fredrickson, B. L. & Joiner, T. (2002). Positive emotions trigger upward spirals toward well-being. *Psychological Science, 13 (2).* 172-175.

Fukushima, T., Hanakawa, Y., & Kamitoh, F. (2018). Video case presentation of a Japanese young adult using AEDP: Live supervision II. A presentation given at the Japanese Clinical Psychology Conference, Kobe, Japan. (in Japanese, with Japanese clients).

Ghent, E. (2002). Wish, need, drive: Motive in light of dynamic systems theory and Edelman's selectionist theory. *Psychoanalytic Dialogues, 12(5),* 763-808.

Gleiser, K., Ford, J. D., & Fosha, D. (2008). Exposure and experiential therapies for complex posttraumatic stress disorder. *Psychotherapy: Theory, Research, Practice, Training, 45 (3),* 340-360.

Greenan, D., & Tunnell, G. (2003). *Couple therapy with gay men*. New York: Guilford.

Hanakawa, Y. (2017). AEDP (Accelerated Experiential Dynamic Psychotherapy). *Japanese Journal of Clinical Psychology,17*, 480-481. (in Japanese, with Japanese clients)

Hanakawa, Y. (2018). Second Wave Positive Psychology and AEDP. *Japanese Journal of Clinical Psychology,18(1),* 120-124. (in Japanese, with Japanese clients)

Hanson, R. (2009). *Buddha's brain: The practical neuroscience of happiness, love, and wisdom*. Oakland, CA: New Harbinger.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

Hanson, R. (2017). Positive neuroplasticity: The neuroscience of mindfulness. In J. Loizzo, M. Neale & E. Wolf (*Eds.*). *Advances in contemplative psychotherapy: Accelerating transformation*. Chapter 3 (pp. 48-60). New York: Norton.

Hanson, R. & Hanson, F. (2018). *Resilient: How to grow an unshakeable core of calm, strength, and happiness*. New York: Harmony.

Iwakabe, S., & Conceição, N. (2015). Metatherapeutic processing as a change-based therapeutic immediacy task: Building an initial process model using a task-analytic research strategy. *Journal of Psychotherapy Integration*, *26* (*3*), 230-247.

Iwakabe, S., Edlin, J., Fosha, D., Nakamura, K. (2018). *Preliminary results on AEDP outcome research.* A paper presented at the annual meeting of The Society for Exploration of Psychotherapy Integration, New York City, June 2018.

Iwakabe, S., Nakamura, K., Fosha, D., & Edlin, J. (2018). *A study on the outcome of Accelerated Experiential Dynamic Psychotherapy: An interim report.* A paper presented at the annual meeting of the Society for Psychotherapy Research, Amsterdam, Netherlands: June, 2018.

James W. (1902/1985). *The varieties of religious experience: A study in human nature*. New York: Penguin Books.

Johansson, R., Björklund, M., Hornborg, C., Karlsson, S., Hesser, H., Ljótsson, B., Rousseau, A., Frederick, R.J., Andersson, G. (2013). Affect-focused psychodynamic psychotherapy for depression and anxiety through the Internet: A randomized controlled trial. *PeerJ.com*. (in Swedish, with Swedish clients)

Johansson, R., Frederick, R.J., Andersson, G., et. al. (2017). Internet-based affect-focused psychodynamic therapy for social anxiety disorder: A randomized controlled trial with 2-year follow-up. *Psychotherapy, 54, 4,* 351–360. (in Swedish, with Swedish clients)

Johansson, R., Frederick, R. J., & Andersson, G. (2016). Web-based supervision in Internet-delivered affect-focused psychodynamic therapy. In T. Rousmaniere & E. Renfro-Michel (Eds.), *Using technology to enhance clinical supervision* (pp. 239–250). Alexandria, VA: American Counseling Association. (in Swedish, with Swedish clients)

Johansson, R., Hesser, H., Ljótsson, B., Frederick, R. J., & Andersson G. (2012). Transdiagnostic, affect-focused, psychodynamic, guided self-help for depression and anxiety through the Internet: Study protocol for a randomized controlled trial. *BMJ Open*.

Kamitoh, F., Hanakawa, Y., & Fukushima, T. (2017). Video case presentation of a Japanese client using AEDP: Live supervision. A presentation given at the Japanese Clinical Psychology Conference, Yokohama, Japan. (in Japanese, with Japanese clients)

Klein, A. (2018). What men say about #MeToo in therapy. https://www.nytimes.com/2018/06/30/opinion/sunday/men-metoo-therapy-masculinity.html

Lamagna, J. (2011). Of the self, by the self, and for the self: An intra-relational perspective on intra-psychic attunement and psychological change. *Journal of Psychotherapy Integration, 21 (3), 280-307.*

Lamagna, J. & Gleiser, K. (2007). Building a secure internal attachment: An intra-relational approach to ego strengthening and emotional processing with chronically traumatized clients. *Journal of Trauma and Dissociation 8 (1),* 25-52.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

Lipton, B. & Fosha, D. (2011). Attachment as a transformative process in AEDP: Operationalizing the intersection of attachment theory and affective neuroscience. *Journal of Psychotherapy Integration, 21 (3),* 253-279.

Main, M. (1999). Epilogue. Attachment theory: Eighteen points with suggestions for future studies. *In* J. Cassidy & P. R. Shaver (Eds.) *Handbook of attachment: Theory, research and clinical applications*, pp. 845-888. New York: Guilford.

Medley, B. (2018). Recovering the true self: Affirmative therapy, attachment, and AEDP in psychotherapy with gay men. *Journal of Psychotherapy Integration.* Advance online publication. http://dx.doi.org/10.1037/int0000132

Owen, J. (2013). Career perspectives on psychotherapy research and practice: therapist effect, multicultural orientation, and couple interventions. *Psychotherapy*, *50* (*4*), 496-502.

Pontes, R. & Soares, M. C. (2012) - Knowing AEDP. Paper presented in a one day workshop *AEDP Clinical Work*, Instituto AEDP-Brasil, Rio de Janeiro, Brazil. (in Portuguese, with Brazilian clients)

Prenn, N. (*2011*). Mind the gap: AEDP interventions translating attachment theory into clinical practice. *Journal of Psychotherapy Integration, 21 (3),* 308-329.

Prenn, N. & Fosha, D. (2016). *Supervision essentials for Accelerated Experiential Dynamic Psychotherapy*. Washington DC: APA Press.

Ofer, N. (2017) Creating emotional transformation in a male patient with a strong avoidant style and addiction to sex using AEDP. Video presentation: New School for Psychotherapy at the Ivicher school of Psychology, IDC. Hertzelyia. Israel, 2017. (in Hebrew, with Israeli clients)

Ofer, N. and Gross, N. (2017). Experiential emotion focused interventions in parent therapy. In E. Cohen (Ed.), *Parenting therapy: An integrative approach to the treatment of children's problems via their parents,* pp. 173-222. Kiriat Bialic, Israel: Ach Publishers. (in Hebrew)

Prenn, N., & Slatus, J. (2018). Second helpings: AEDP (Accelerated Experiential Dynamic Psychotherapy) in the treatment of trauma and eating disorders. In A. Seubert & P. Virdi (Eds.), *Trauma-informed approaches to eating disorders*. New York: Springer Publishing.

Riggs Skean, K. (2018). AEDP and cultural competence in developmental trauma treatment. *Pragmatic Case Studies In Psychotherapy, 14(1),* Article 3, 69-76. Available: http://pcsp.libraries.rutgers.edu 10.14713/pcsp.v14i1.2034

Ronen-Setter, I. (2017). Transformation and growth through a new experience of intersubjective therapeutic process, with Accelerated Experiential Dynamic Psychotherapy with individuals and couples. Presentation: *National Conference of the Israeli Association for marriage and family Therapists* (in Hebrew), Ashkelon, Israel. September 2017. (in Hebrew, with Israeli clients)

Shiota, M., Keltner, D., Campos, B., & Hertenstein, M. (2004). Positive emotion and the regulation of interpersonal relationships. In P. Phillipot and R.. Feldman (Eds), *Emotion regulation*, pp. 127-156. Mahwah, NJ.: Erlbaum.

Russell, E. M. (*2015*). *Restoring resilience: Discovering your clients' capacity for healing.* New York: Norton.

Pragmatic Case Studies in Psychotherapy, http://pcsp.libraries.rutgers.edu
Volume 14, Module 2, Article 1, pp. 87-114, 12-14-18 [copyright by author]

Siegel, D. J. (2003). An interpersonal neurobiology of psychotherapy: The developing mind and the resolution of trauma. In M. F. Solomon & D. J. Siegel (eds.) *Healing trauma: Attachment, trauma, the brain and the mind*, pp. 1-54. New York: Norton.

Simpson, M. L. (2016). Feeling seen: A pathway to transformation. *International Journal of Transpersonal Studies*, *35* (*1*), 78-91.

Soares, M. C. (2015). The work of the patient-therapist dyad in AEDP: A NeuroPsychoTherapy. Paper presented at XI Latin American Federation of Psychotherapy Conference, São Paulo, Brazil. (in Portuguese, with Brazilian clients)

Sundgren, A.C. (2014). *AEDP— To make the implicit explicit, and the explicit a new experience*). *Psykoterapi*, *1*, 9-17.

Sundgren, A. C. (2016). AEDP: Together towards change. Video presentation at SEPI Conference, Dublin, June, 2016. (with a Swedish client)

Sundgren, A. C. (2016) Exploring the emotional experience of a new relational experience—a healing process. Seminar at the Swedish Psychotherapy Fair, Sweden. November 16th, 2016. (in Swedish, with Swedish clients)

Tunnell, G. (2012). Gay male couple therapy: An attachment-based model. In J. J. Bigner & J. L. Wetcher (Eds.), *Handbook of LGBT-affirmative couple and family therapy.* New York: Routledge, pp. 25-42.

Vigoda Gonzalez, N. (2018). The merits of integrating accelerated experiential dynamic psychotherapy and cultural competence strategies in the treatment of relational trauma: The case of "Rosa." *Pragmatic Case Studies in Psychotherapy*, *14(1)*, Article 1, 1-57. Available: http://pcsp.libraries.rutgers.edu http://dx.doi.org/10.14713/pcsp.v14i1.2032

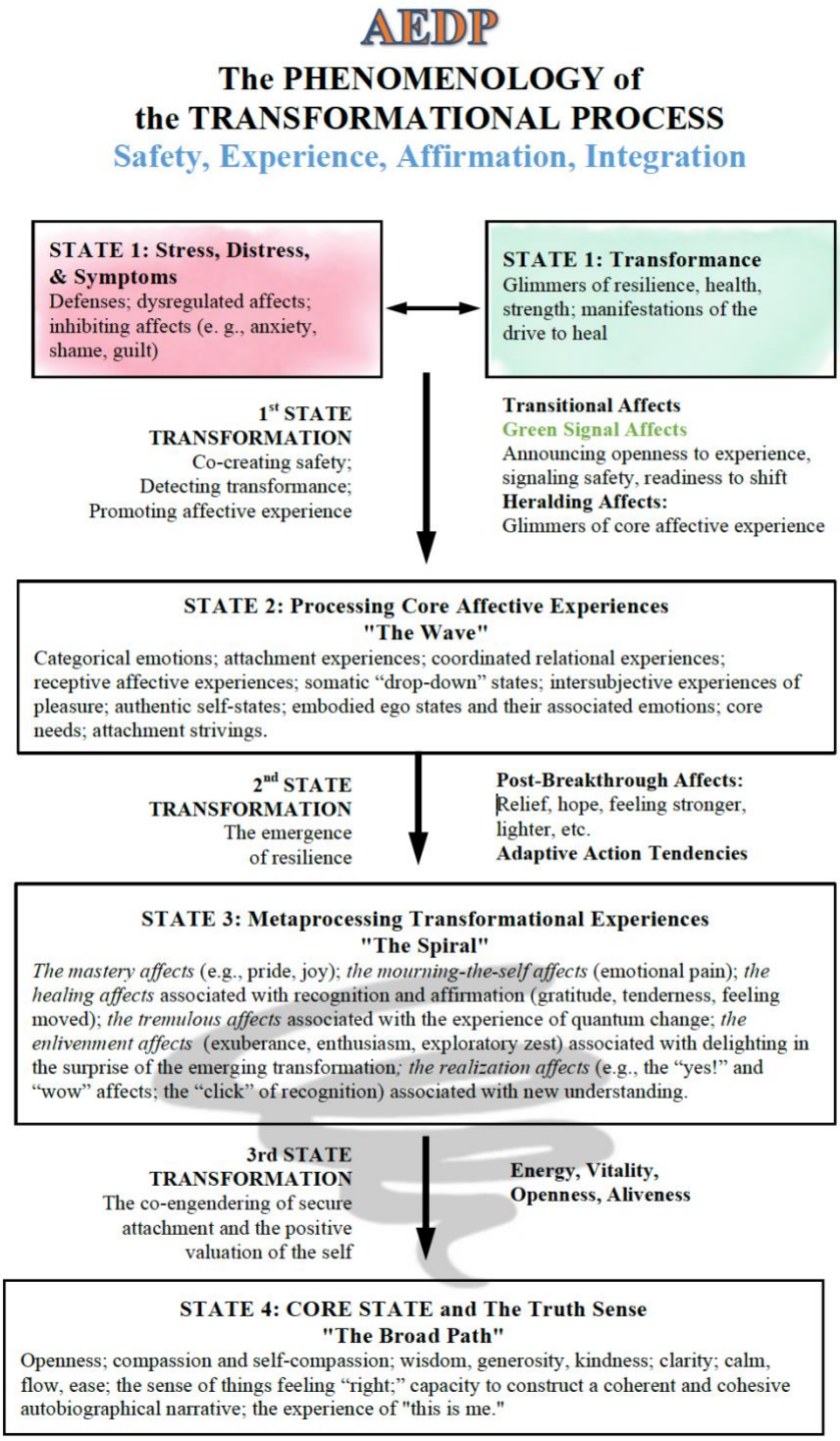
Wampold, B.E., & Imel, Z.E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work.* New York: Routledge .

Yamauchi, S. (2018) Transformation guided by AEDP theory and interventions: Making good use of client's gratitude towards therapist. *Japanese Journal of Clinical Psychology*, *18*, 604-612.

Yeung, D. & Cheung, C. (2008). *The rainbow after: Psychological trauma and Accelerated Experiential Dynamic Psychotherapy*. Hong Kong: Ming Fung Press. (in Chinese, with Chinese clients)

Yeung, D., & Fosha, D. (2015). Accelerated Experiential Dynamic Psychotherapy. In *The Sage Encyclopedia of Theory in Counseling and Psychotherapy*. New York: Sage Publications.

Figure 1


AEDP
The PHENOMENOLOGY of
the TRANSFORMATIONAL PROCESS
Safety, Experience, Affirmation, Integration
STATE 1: Stress, Distress, & Symptoms
Defenses; dysregulated affects; inhibiting affects (e. g., anxiety, shame, guilt)
STATE 1: Transformance
Glimmers of resilience, health, strength; manifestations of the drive to heal
1st STATE TRANSFORMATION
Co-creating safety;
Detecting transformance;
Promoting affective experience
Transitional Affects
Green Signal Affects
Announcing openness to experience, signaling safety, readiness to shift
Heralding Affects:
Glimmers of core affective experience
STATE 2: Processing Core Affective Experiences
"The Wave"
Categorical emotions; attachment experiences; coordinated relational experiences; receptive affective experiences; somatic "drop-down" states; intersubjective experiences of pleasure; authentic self-states; embodied ego states and their associated emotions; core needs; attachment strivings.
2nd STATE TRANSFORMATION
The emergence of resilience
Post-Breakthrough Affects:
Relief, hope, feeling stronger, lighter, etc.
Adaptive Action Tendencies
STATE 3: Metaprocessing Transformational Experiences
"The Spiral"
The mastery affects (e.g., pride, joy); the mourning-the-self affects (emotional pain); the healing affects associated with recognition and affirmation (gratitude, tenderness, feeling moved); the tremulous affects associated with the experience of quantum change; the enlivenment affects (exuberance, enthusiasm, exploratory zest) associated with delighting in the surprise of the emerging transformation; the realization affects (e.g., the "yes!" and "wow" affects; the "click" of recognition) associated with new understanding.
3rd STATE TRANSFORMATION
The co-engendering of secure attachment and the positive valuation of the self
Energy, Vitality, Openness, Aliveness
STATE 4: CORE STATE and The Truth Sense
"The Broad Path"
Openness; compassion and self-compassion; wisdom, generosity, kindness; clarity; calm, flow, ease; the sense of things feeling "right;" capacity to construct a coherent and cohesive autobiographical narrative; the experience of "this is me."
© Fosha, 2018
aedp INSTITUTE