

**Editor’s Note:** for the interested reader, an outline of the structure of the case study of “Chris” is shown in Appendix 1.

## **The Role of Exposure Therapy in Accelerated Experiential Dynamic Psychotherapy: The Case of “Chris”**

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### **ABSTRACT**

The aversive and insidious impact of unresponsive and punishing parenting practices is often evident in the psychological wellbeing, affective expression, and interpersonal dynamics of adult clients. Behavioral and dynamic theories regarding emotional development in the context of learning and trauma, and their corresponding treatments of emotional avoidance, are often viewed as distinct. The following study serves to first explore factors of change in Exposure Therapy (a behavioral treatment) and in Accelerated Experiential Dynamic Psychotherapy (AEDP; a relational and experiential treatment). Next, detailed consideration of the case of “Chris” is utilized to highlight elements of AEDP and Exposure Therapy present across eight individual treatment sessions. Finally, the case study serves to propose that the key principle of change in this treatment—that is, the approach of previously-avoided emotional experiences within the context of interpersonal relationships—is ultimately the same when conceptualized from both an exposure-based and an AEDP-based approach.

The study explores the treatment of “Chris,” a 30-year-old man who presented to treatment with chronic feelings of loneliness, a family history of neglect, a tendency to avoid accessing and expressing affect, and a pattern of relating to others that is characteristic of dismissing/avoidant attachment. The predominantly AEDP-guided treatment, which lasted for 8 in-person sessions over a period of about 6 weeks with a virtual follow-up session 8 months later, involved establishing a secure attachment relationship within the therapeutic alliance from which to jointly approach previously-avoided emotional experiences. Across sessions, Chris demonstrated an increased willingness to access previously-avoided emotions, express his emotions to others, and tolerate the emotional expression of others, ultimately leading to a

decreased sense of loneliness. A combination of qualitative and quantitative indicators evidenced the positive impact of treatment on Chris’s self-awareness, self-compassion, and quality of life. This study serves to highlight commonalities in conceptualization and effective treatment of emotional avoidance due to aversive parenting practices across dynamic and behavioral orientations in the hopes of increasing accessibility of treatments across orientations and improving treatment integration.

*Key words:* depression; loneliness; complex PTSD; Accelerated Experiential Dynamic Psychotherapy (AEDP); Cognitive-Behavior Therapy (CBT); Exposure Therapy; attachment theory; case studies; clinical case studies

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## 1. CASE CONTEXT AND METHOD

### *The Clinical Setting in Which the Case Took Place*

“Chris” self-referred to the university clinic in 2019 where I was a therapist, and he was placed on a waitlist for six months. Treatment commenced approximately a month and a half prior to Chris’s scheduled relocation to another state for a post-doctoral position. In total, Chris’s therapy included eight in-person sessions—the first six lasting one hour, and the final two lasting one-and-a-half hours. Eight months after the end of therapy, I saw Chris in a virtual, follow-up session, which was in conjunction with Chris completing standardized outcome-related measures. The nature of these measures and Chris’ initial status on them is described below in section 4, on assessment; and Chris’ results on the measures is described below in section 8, on outcome. The measures capture Chris’ retrospective views of his status at pre-treatment, post-treatment, and follow-up.

I met with Chris as part of the experiential component of training for a Short-Term Dynamic Therapy graduate course I was taking as an advanced clinical psychology graduate student in a Clinical PsyD training program. The experiential component of the course involved training in several models, implementation of a short-term dynamic therapy treatment, and weekly supervision with a clinical psychologist—in my instance, by the instructor of the course. Assessment revealed that Chris possessed the capacities for reflection and attachment that were necessary within a short-term dynamic treatment. I chose a treatment guided by the principles of one of the models focused on in the course—Accelerated Experiential Dynamic Therapy (AEDP; Fosha, 2000), focusing the AEDP techniques on the themes of loneliness in Chris’s life, which I hypothesized had emerged from neglect in his youth.

### *The Rationale for Choosing This Client*

Accelerated Experiential Dynamic Psychotherapy (AEDP) is a treatment that emphasizes the role of attachment in facilitating healing, growth, and accessing experiences of “authenticity and liveliness” (Fosha, 2000, p.14). The safe, secure bond I strove to develop with Chris was

designed to establish the foundation for the emotion-focused and interpersonally-oriented work I presumed he would most benefit from. The emphasis of our work, which predominantly drew from AEDP and incorporated elements from two other short-term dynamic therapy models, was designed to leave both of us with a richer appreciation of emotions, our bond, and growth.

As a clinician who predominantly conceptualized from a cognitive-behavioral orientation, providing short-term dynamic therapy put me in the unique position of noticing and appreciating the "cognitive-behavioral" nuances of AEDP. The use of AEDP techniques in Chris's treatment was justifiable when conceptualizing his presenting problems both dynamically and cognitive-behaviorally, providing me with the confidence to utilize and assess the effectiveness of interventions across orientations.

### *Confidentiality*

All information in this study has been de-identified and disguised in order to protect the client's identity. The content, tone, and nature of the work has been preserved and, therefore, provides a rich and accurate portrayal of the treatment.

## **2. THE CLIENT**

At the time of treatment, Chris was a 30-year-old, Caucasian male in his final year of a doctoral program. He grew up and attended an undergraduate program in a northwestern state, relocated and attended graduate school in a northeastern state, and was scheduled to relocate to a third state for a postdoctoral position. He was involved in a romantic relationship.

Chris presented with depression and loneliness. Although Chris initially attributed his loneliness to the termination of a 10-year relationship with his former romantic female partner and a three-month separation with his current romantic female partner, it became clear that his loneliness was pervasively felt since childhood. Chris painted his childhood and adolescence as an isolating time, without friends, living alone with a father who struggled with depression and anger outbursts.

## **3. GUIDING CONCEPTION WITH RESEARCH AND CLINICAL EXPERIENCE SUPPORT**

### *Emotions*

Emotions are adaptive because they provide information regarding the safety of the environment (Barlow et al., 2011), serve as a source of information to the self and others (Bowlby, 1991; Fosha, 2000, 2001; Linehan, 2015), and serve to motivate action (Linehan, 2015). Fosha (2000) poignantly delineates the utility of affect: "Subjectively, the experience of affect is what makes us feel alive, real, and authentic, what allows us to be spontaneous, and what gives meaning to our lives" (p. 14). However, emotions are only adaptive when they are "metabolized" (i.e. experienced and understood) and regulated (Fosha, 2013, p. 511). Individuals

often present to therapy with overregulation or underregulation of emotions that may manifest as symptoms of anxiety, depression, anger, etc. Separation, loss, and other barriers to accessing security and/or love from significant relationships can give rise to discomfort, anxiety, depression, anger, and emotional detachment (Bowlby, 1977, 1991; Gabbard, 2014).

Early childhood environments also contribute to the affective experiences of adult clients. Environments characterized by abuse and neglect have been associated with disruptions in emotional wellbeing, as well as impairments in cognitive and academic functioning, peer interactions, and social behavior (Hildyard & Wolfe, 2002). Neglect can be defined as: "Sustained parental nonresponsiveness and psychological or physical unavailability, such that the child is deprived of normal psychological stimulation, soothing, and support," (Briere, 2002, p. 176) or, more briefly, a "lack of parental care and nurturance" (Hildyard & Wolfe, 2002, p. 680).

A review by Hildyard and Wolfe (2002) found that when comparing the functioning of children with histories of emotional and/or physical neglect with non-maltreated children and with children who had been physically abused, neglected children tended to be more socially withdrawn, engaged in fewer social interactions, and (in some studies) depicted more internalizing problems. Neglected and/or abused children, when compared to non-maltreated children, are more likely to have non-secure attachments, more negative internal working models (i.e. representations) of self and others, display more negative affect, engage in more aggressive behaviors (Hildyard & Wolfe, 2002), experience feelings of deprivation and abandonment, and struggle with affect regulation, self-other boundaries, positive identity (Briere, 2002), and peer relationships, often sustaining further emotional injuries from peers and feeling isolated (Cloitre et al., 2006).

In circumstances of childhood abuse, violations against the child combine with inconsistent and/or absent support from the caregiver, creating an environment that diminishes a child's trust in interpersonal relationships, diminishes their sense of agency, hinders their curiosity in approaching new situations, hinders their ability to self-soothe, induces shame and guilt, and precludes their capacity for self-love (Cloitre et al., 2006). Individuals with exposure to childhood maltreatment are at increased risk for depression, anxiety, substance use, antisocial behavior, and personality disorders in adulthood (Hildyard & Wolfe, 2002).

### ***A Behavioral Understanding of Emotions***

Emotions can be defined as "brief, involuntary, full-system, patterned responses to internal and external stimuli" (Linehan, 2015, p. 6). From a cognitive-behavioral perspective, emotions, behaviors, and cognitions intersect and influence one another. Essentially, emotions are automatic, shaped by the same learning principles as behaviors, and are influenced by behavioral tendencies and belief states. As explained by Schauer et al. (2011), emotions are

interconnected with thoughts, external stimuli, and internal physiological sensations within a “sensory-perceptual representation” of memories; when considered in relation to traumatic memories, these “sensory-perceptual representations” are at times referred to as “fear structures” (Schauer et al., 2011, p. 22).

Behaviors and “emotional actions” (Linehan, 2015) are acquired through a variety of processes, including conditioning and modeling (Tolin, 2016). Conditioning causes stimuli to become associated with particular affects. For instance, for individuals with abuse histories, conditioning causes negative affect to become associated with abuse-related stimuli (Briere, 2002). Additionally, caregivers’ modeled behaviors and expression of emotions influence their children’s behaviors and emotional expression through observational/vicarious learning. For example, in Bandura et al.’s (1962a) experiment, children who observed an adult act aggressively toward a doll were more likely to subsequently act aggressively toward the doll than were children who did not witness aggressive behavior.

Parents also shape children’s behaviors and emotional expression through reinforcement and punishment of actions. Reinforcement (e.g. praise, stickers) increases the likelihood of the reoccurrence of the action, and punishment (e.g. yelling, time-outs) leads to a decreased likelihood of reoccurrence of the action (Tolin, 2016). For instance, a parent’s smile (positive reinforcement) in response to a child’s laughter will increase the likelihood of the child laughing in the parent’s presence in the future. To contrast, a parent’s disregard of a child’s laughter (non-response serves to extinguish a behavior) or scorn (positive punishment) decreases the likelihood of the child expressing this emotion in the presence of the parent.

Children’s emotional competence is cultivated in their early environment through caregiver’s modeling of appropriate behaviors, regular feedback and instruction, and pride in children’s accomplishments (positive reinforcement) (Cloitre et al, 2006). For instance, in supportive, validating environments, caregivers help cultivate children’s emotional self-awareness through affective labeling (e.g. a caregiver stating, “You’re crying because you’re sad and you miss mom.”). These validating environments teach children to (1) trust their emotional experiences as accurate sources of information, (2) label and regulate their physiological arousal, and (3) tolerate distress (Linehan, 2015).

In some early environments, however, caregivers may be limited in their emotional and social competence and are, therefore, unable to sufficiently model and cultivate such skills in their children (Cloitre et al, 2006; Linehan, 2015). Early environments may also be characterized by: (1) a mismatch between the child’s temperament and the caregiver’s parenting style, (2) a behavioral dynamic wherein the child and caregiver reinforce one another’s emotional arousal, (3) an overburdened environment (e.g. due to illness of a family member) that is unable to meet the child’s emotional needs, and (4) invalidation and minimization of the child’s emotions (Linehan, 2015). Abusive environments are pervaded by invalidation (e.g. “That didn’t hurt,”

"You wanted that," "Nothing happened."). Chronic invalidation in early environments leads children to distrust their sensory experiences, feel confused (Cloitre et al., 2006), and engage in problematic behaviors that are by-products of emotion dysregulation (Linehan, 2015). An invalidating early childhood environment disrupts interpersonal relationships, goal-directed actions, and prosocial behaviors in the long-term, and can contribute to the manifestation of disorders characterized by emotion dysregulation (Linehan, 2015).

According to behavioral principles, psychopathology is in part maintained by avoidance of distress-inducing stimuli, including external stimuli and internal emotional states. In escape (i.e. negative reinforcement), unpleasant emotional states cease when individuals end their exposure to a stimulus, and during avoidance learning, individuals act to prevent exposure to an aversive stimulus (Tolin, 2016). A reduction in unpleasant emotions maintains behaviors (e.g. in the case of social anxiety, anxiety decreasing after leaving a social situation leads individuals to avoid social situations; in the case of PTSD, relief following avoidance of trauma-related stimuli maintains avoidance of stimuli) (Gleiser et al., 2008; Persons, 2008; Pryor, 2006). Repeated escape and avoidance lead to generation and maintenance of a belief that the individual cannot tolerate the situation or is only safe due to having avoided the situation, which leads them to continue to avoid the stimulus and perpetuates the cycle. Therefore, emotion-driven behaviors can be maladaptive (i.e. provide short-term relief but create long-term problems) when they are rooted in past or future experiences rather than in present circumstances (Barlow et al., 2011).

Individuals with trauma histories use coping mechanisms to avoid stimuli associated with aversive emotional experiences that "overwhelm" their affect regulation "capacities" in order to "maintain internal equilibrium" (Briere, 2002, p. 185). In circumstances of childhood maltreatment, where caregivers may simultaneously be the source of danger *and* safety, children are often unable to avoid physical threats; they, therefore, may avoid psychological harm through emotional numbing and dissociation (Cloitre et al., 2006). The strategies used by children to elicit comfort, maintain safety, regulate emotions, and relate to others are learned behaviors that they apply to future relationships even when the strategies are no longer adaptive and can recapitulate painful dynamics (Cloitre et al., 2006). Additionally, in the case of PTSD, the presence of "pathological fear structures" leads to "excessive" and overgeneralized fear responses to objectively safe circumstances (McLean & Foa, 2011, p. 1153).

### ***Exposure Therapy to Address Maintenance of Aversive Emotions and the Concept of Expectancy Violation***

In treatment, it can be helpful to consider the short-term and long-term consequences of a particular behavior on an individual's quality-of-life to determine if a previously-adaptive behavior may have become unhelpful (e.g. avoidance of social engagements due to bullying in childhood to maintain safety that persists even once threat of bullying desists). Exposure therapy is considered an effective behavioral intervention utilized to address psychopathology stemming



from avoidance of feared situations for various disorders, including anxiety disorders and PTSD (Blakey & Abramowitz, 2019; Powers et al., 2010; Tolin, 2016). Many trauma-focused treatments (e.g. Cognitive Processing Therapy, Trauma-Focused Cognitive Behavioral Therapy, Narrative Exposure Therapy, Skills Training in Affective and Interpersonal Regulation – Narrative Story Telling) involve discussion of trauma-related stimuli, and some efficacious treatments, such as prolonged exposure therapy for PTSD, are specifically structured around repeated imaginal and in-vivo exposures (McLean & Foa, 2011; Powers et al., 2010). During the course of exposure-based treatments, clients confront both internal (i.e. physiological sensations, emotions, and thoughts) and external stimuli (i.e. situations) that had previously been avoided (Tolin, 2016). With CBT's premise that thoughts, emotions, and behaviors are interconnected, changes in behavior are presumed to modify thoughts and emotions.

Exposure is expected to generate a new experience that leads to reduced fear, although the underlying mechanism for this learning may have multiple sources. Classical conditioning principles may elucidate one mechanism of learning. In particular, counterconditioning operates under the premise that reinforcement of a competing response can help extinguish a previously-learned response, and extinction suggests that repeated exposure of a stimulus without occurrence of the feared outcome weakens the conditioned fear response and enables new learning (Craske et al., 2014; McLean & Foa, 2011; Persons, 2008). In this vein, exposure therapy's effectiveness can be partially attributed to habituation (i.e. reduced reactivity to repeated stimuli exposure) (Tolin, 2016). Alternatively, the acquisition of a new competing learning experience held alongside the previously acquired aversive learning experience could be the source of learning, with inhibitory learning as the key mechanism (Craske et al, 2014). Emotional distress tolerance (e.g. "I felt anxious, but I did it anyway") may also be a key factor in exposure (Knowles & Olatunji, 2019, p.189) that can be capitalized on through the inhibitory learning approach (Blakey & Abramowitz, 2019).

These theories gave way to different approaches to exposure therapy, including habituation-based models and the inhibitory learning model. Numerous studies have provided conflicting arguments regarding the utility of various factors in exposure therapy (e.g. in-session or between-session habituation; systematic approach of feared situations utilizing an exposure/fear hierarchy versus flooding or non-linear, unpredictable approaches of distress-inducing stimuli) (Blakey & Abramowitz, 2019; Knowles & Olatunji, 2019; Tolin, 2016). Unlike habituation-based models that require a reduction in fear level during an exposure, the inhibitory learning model emphasizes expectancy violation (Craske et al., 2014). Prolonged exposure therapy for PTSD, in particular, emphasizes the need to "activate the fear structure" and then learn new information that is "incompatible with the existing pathological fear structure" (McLean & Foa, 2011, p. 1153). Craske et al. (2014) summarized that within the inhibitory learning approach, "exposure tasks are designed to accommodate 'what do you need to learn'

rather than by fear reduction..." (p. 12). With the inhibitory learning model, learning is consolidated at the end by reflecting on the experience and noting discrepancies between what was expected and what occurred (Craske et al., 2014). Explicit discussion and processing of the "disconfirmatory information" following exposure was found to augment effectiveness of prolonged exposure therapy for PTSD (McLean & Foa, 2011, p. 1156). It is worth noting that some exposure-based models introduce additional elements beyond those discussed here. For instance, Narrative Exposure Therapy involves "activating the fear/trauma structure in a safe context," habituation of the emotional response, establishment of new associations to the fear-inducing stimuli, and interweaving implicit and autobiographical/declarative memories of the traumatic event(s) through generation of a narrative (Schauer et al., 2011, pp. 29-34).

Blakey and Abramowitz (2019) and Tolin (2019) summarized the aspects of the inhibitory learning model that lead to richest learning, including: maximizing expectancy violations, limiting distraction, using fear antagonistic behaviors, eliminating safety behaviors, and maximizing retrieval cues. Exposure-based treatments are most effective when stimuli utilized are varied and when implemented within a variety of contexts in order to facilitate generalization of learning (Blakey & Abramowitz, 2019; Craske et al., 2014; Knowles & Olatunji, 2019; Persons, 2008; Tolin, 2019). Use of multiple contexts and retrieval cues during treatment of anxiety disorders also reduces relapse (de Jong et al., 2019).

Lastly, affect-labeling in the midst of exposure has been suggested to support regulation of aversive emotions by diminishing activity in the limbic system (Schauer et al., 2011). Affect labeling may increase inhibitory control of the prefrontal cortex over limbic regions, thereby deepening processing and enhancing the effectiveness of inhibitory learning (Craske et al., 2014; Tolin, 2019). Marks et al. (2019) considered various functions affect-labeling may play during exposures, including (1) interrupting unproductive thought processes, (2) heightening expectation violations, and (3) increasing distress by bringing the client's attention to their emotional state and, thereby, amplifying distress tolerance.

### ***The Impact of Attachment on Emotions***

An alternative perspective on emotion development comes from attachment literature. Attachment is the human need to form close bonds (Fosha, 2000). Attachment behavior is a constellation of behaviors (e.g. crying, following, calling) that maintain proximity to a stronger and/or wiser other, is considered a product of evolution, is evident across species, and, in humans, is present across the lifespan (Bowlby, 1977, 1988, 1991). In essence, these behaviors maintain both safety and *felt* safety. Attachment serves as one of the first holding environments for affective experiences and learning (Fosha, 2000). Attachment relationships, through "right-brain-to-right-brain" interactions, influence infant's brain maturation (Lipton & Fosha, 2011, p. 255). Furthermore, children internalize early attachment relationships that teach them about the safety of their emotions, their relationships, and their world. The greater the individual's ability



to understand their internal experience, the better their ability to communicate the experience to a trusted other; and, conversely, the more an individual is able to share with a trusted other, the more they are able to experience and understand their emotions (Bowlby, 1991).

In secure attachment relationships, children experience emotions in the presence of a sensitive, attentive, and responsive attachment figure (Bowlby, 1991; Fosha, 2000). Initially, caregivers are the source of children's ability to self-regulate (Lamagna & Gleiser, 2007). These children come to see the other as responsive and reliable and see themselves as "worthy of being protected and responded to" (Fosha, 2000, p. 39). Through inevitable occasional failures of attuned, empathic caregivers to be consistently responsive to children, children eventually learn to self-regulate (Lamagna & Gleiser, 2007). Children come to see themselves as able to help themselves and worthy of receiving help if difficulties arise (Bowlby, 1977). Although within secure attachments caregivers work toward repair following mis-attunement, in non-secure attachments caregivers often fail to work toward repair (Lipton & Fosha, 2011).

As described by Fosha (2006): "There is a world of difference between being alone with overwhelming emotion and being with a trusted other in the affect storm" (p. 570). Research studies concerning caregiver's responsivity to children's emotions, such as the "still-face experiment," show that children experience confusion and distress when mothers remain neutral and unresponsive to their needs (Tronick et al, 1978). When parents are not emotionally available, dyadic affect regulation is not possible (Fosha, 2001). Emotions, which are already overwhelming, become even more aversive when their expression elicits discomfort, withdrawal, or attack from the caregiver (Fosha, 2001).

When children are not provided with a secure, safe environment in which to experience, tolerate, appreciate, and learn from their emotions, emotions can become aversive. For example, major separations from a caregiver or rejection by a caregiver can generate emotional numbing, anticipation of future rejection, and avoidance in expressing and/or feeling a desire for closeness (Bowlby, 1988). Furthermore, circumstances of maltreatment where children are driven to receive comfort and safety from the very figure who is the source of danger, lead to development of maladaptive relationship patterns and/or dissociation of "self-states" (Lamagna & Gleiser, 2007), where the mind protectively prevents access to self-states that are divorced from the current state that is experienced as "me" (Bromberg, 2008). Early aspects of the parent-child relationship qualified by "quieter caregiver failures," (Fosha, 2013, p. 506) – including emotional unresponsiveness, flatness of affect, and emotional unavailability – prevent dyadic affect regulation (Fosha, 2001) and create an environment in which children are left alone to experience and manage their emotions and their world (i.e. "fundamental aloneness in the face of overwhelming emotions" (Fosha, 2013, p. 507)).

With these "quieter caregiver failures" (Fosha, 2013, p. 506), suddenly the adaptive role of emotions (e.g. providing information about oneself and communicating information to others

(Fosha, 2000)) loses value. These children often learn to reduce emotional expression in order to maintain the presence and acceptance of their caregiver (Fosha, 2000, 2009). At times, caregivers explicitly and/or implicitly push their children to “shut away” information regarding the outside world (e.g. such as a memory of a parent’s suicide) or regarding their internal emotional world (Bowlby, 1979, pp. 405-406). The latter may manifest in various circumstances, including when a caregiver (1) tells a child not to cry, (2) suppresses their own grief, thereby encouraging the child to do the same, and (3) places the child in a position where they are required to care for the caregiver, often leading the child to disavow any anger toward the caregiver in order to maintain the bond (Bowlby, 1979, 1988). When a caregiver struggles with depression or their own trauma, the child may “feel guilty for making normal demands, and they come to believe that their needs drain and exhaust others” (McWilliams, 1994, p. 236); in such circumstances, a caregiver may implicitly require a child to suppress some emotions in favor of expressing happiness (Bowlby, 1979, 1988). Emotions, memories, and experiences that were unacceptable within the early attachment relationship eventually become unacceptable, and even unknowable, to the individual (i.e. the child “sacrifices the fullness of his reality, relationships, and affective inner life” (Fosha, 2000, p. 40)) (Bowlby, 1979, 1988; Fosha, 2000), and can give rise to a dissociated part of the self experienced as “not me” (Bromberg, 2008).

Fosha (2009) identifies the two impacts of attachment trauma as affect dysregulation and “drenching of the self in shame” (p. 43). Children exposed to “quieter caregiving failures” (Fosha, 2013, p. 506) internalize the caregiver’s response to their emotions, experiencing shame and disapproval in response to their own emotions (Fosha, 2001). (In behavioral terms, the process of internalizing caregiver’s emotions is likely due to classical conditioning, modeling, and generalization of learning.) Furthermore, children do not internalize a sense of safety or an image of themselves as deserving safety and attention when exploring the world and may withdraw from perceived threats. Initially, the pattern of attachment is a product of the relationship with the caregiver; however, as the child ages, they internalize the representational model (i.e. “working model” (Bowlby, 1988, p. 127)) of the attachment figure, and the attachment pattern becomes a “property of the child” which they impose upon new relationships (Bowlby, 1988, p. 127). These models typically persist across the lifespan despite contradictory evidence due to biased perceptions and expectations (Bowlby, 1977).

Individuals subjected to “quieter caregiving failures” (Fosha, 2013, p. 506) and attachment traumas develop insecure attachment styles that have been described by Fosha (2000) as “feeling but not dealing” (i.e. struggling to modulate own emotions, i.e. anxious/preoccupied attachment), “dealing but not feeling” (i.e. functioning by suppressing emotional expression; i.e. avoidant/dismissing attachment), or “not feeling and not dealing” (i.e. experiencing overwhelming emotion and struggling with functioning; i.e. unresolved/disorganized/fearful/ambivalent attachment) (Bowlby, 1988; Fosha, 2000, pp. 43-44; Lorenzi & Fonagy,

2013). With typical development, attachment behaviors geared to elicit comfort increase during times of pain, fatigue, distress, illness, or fear (including in adults) (Bowlby, 1977, 1988). However, with individuals with insecure attachment styles, this is not necessarily the case.

In Ainsworth et al.'s (1978) Strange Situation, in contrast to securely attached infants who engaged in direct communication with their mothers when content and when distressed, infants classified as avoidant (i.e. "dealing but not feeling" (Fosha, 2000)) only engaged in direct communication with their mother when they were content, indicating that these infants, at the age of 12 months, already avoided expressing their need for comfort and reassurance (Bowlby, 1988, p. 132). Furthermore, in Grossmann and Grossmann's (1991) longitudinal studies, infants classified as avoidantly attached were less likely to communicate with their mother the more distressed they were; furthermore, these children, when interviewed at age 10, were less likely to admit negative feelings, less likely to seek out support during stressful situations, and more likely to struggle with friendships than were the children who had previously been classified as securely attached infants (Grossmann & Grossmann, 1991). As adults, individuals who evidence an avoidant/dismissing attachment pattern are often "cut off" from their emotions, distrustful of close relationships, anticipate that others will reject their emotions or will place pressure on them to become the caretaker, and may be perceived as "compulsively self-reliant" (Bowlby, 1977, p. 207; Wallin, 2007, p. 224). They may also feel isolated and be alienated (Fosha, 2000).

In addition to pervasive difficulties with regulating and expressing emotions, children left alone with intense affect may come to struggle with mentalization (i.e. reflective self function, i.e. theory of mind) (Fosha, 2000; Lorenzini & Fonagy, 2013) and integration of "self-states" (Lamagna & Gleiser, 2007). Affective dysregulation, limitations with mentalization, and lack of felt safety in attachment relationships manifests within adults' interpersonal relationships, perceptions of self, and emotional functioning.

### ***Accelerated Experiential Dynamic Psychotherapy***

The amalgam of the above-discussed emotional and interpersonal challenges that arise in response to attachment trauma may be addressed through Diana Fosha's AEDP, a change-based, dynamic therapy integrating experiential and relational work (Fosha, 2000, 2001, 2013). This treatment serves to ameliorate the loneliness, depression, and anxiety that arise due to emotional distancing and defense mechanisms that "exclude and constrict emotion" (Fosha, 2006, p. 570), and amplify positive affects related to transformation, growth, and connection (Russel & Fosha, 2008). AEDP views "aleness in the face of overwhelming emotions" as the source of psychopathology (Fosha, 2006, p. 570), and, therefore, emphasizes the healing and transformative nature of deepening and processing affective experiences "to completion" (Fosha, 2006, p. 571) with the presence of a safe other (Fosha, 2000, 2006, 2013).

AEDP draws from attachment literature to underscore the invaluable impact a secure attachment relationship with the therapist serves in exploring and enriching new emotional and relational experiences. The safe, trusting relationship within AEDP serves as a corrective emotional experience (Prenn, 2011) because clients often have not previously had a secure relationship and “*this time* [emphasis added], they are not alone” (Fosha, 2006, p. 570). There is a powerful implicit and explicit message in the therapist’s presence in AEDP of “equal parts knowing and wanting to know, being and wanting to be there” (Fosha, 2000, p. 29).

As an attachment figure, the therapist should be seen as braver and wiser, and must be confident in guiding emotional discussions, self-disclosing, and initiating repair when needed (Prenn, 2011). Fosha encourages therapists to “go beyond mirroring” (Fosha, 2013, p. 514) by being kind, present, authentic, tender, and real (Fosha, 2000, 2013). The therapist’s self-disclosure of their emotional response to the client’s experiences – including sadness, anger, and love for and toward the client – allows the client to know that they exist within the “heart and mind” (Fosha, 2013, p. 514) of the therapist (Fosha, 2000, 2009, 2013; Prenn, 2009). Self-disclosure also serves to normalize the client’s experiences and can facilitate the client’s own emotional expression (e.g. “Your tears give me permission to have my own tears” (Prenn, 2009, p. 96)). AEDP may be a particularly good fit for individuals with a dismissing attachment style because, as described by Wallin (2007), dismissing clients may benefit from a treatment in which the therapist (1) is emotionally attuned to the client’s affective cues, (2) self-discloses regarding their emotional response to the therapeutic relationship, and (3) demonstrates that the client and therapist each have an impact on one another.

AEDP encourages therapists to foster a sense of safety through verbal and nonverbal language. This is crucial because a sense of safety promotes down-regulation of defenses and promotes social engagement, allowing for new learning (Geller & Porges, 2014). This secure bond is not the goal or “cure” in and of itself but rather sets the stage for experiential work (Fosha, 2000, 2006). Paralleling the function of attachment with early caregivers, attachment with a therapist enables clients to approach and understand new emotional experiences (alongside the therapist, “side-by-side, sleeves rolled up” (Fosha, 2006, p. 572)) with curiosity rather than with fear. Dyadic affect regulation allows clients to access previously-avoided, painful emotions by drawing on both their own and the therapist’s resources (Fosha, 2001). The attachment relationship can also play a role in enriching emotional experience when the client recognizes their own emotion felt and responded to by an attuned other (Fosha, 2000).

The therapist’s understanding and appreciation of the client can help foster the same compassion, empathy, and understanding within the client toward themselves. Within the context of work with dissociation, for instance, Fosha (2013) beautifully stated: “‘I see you’ so now you can begin to see yourself” (p. 515). The therapist “privileges the positive” and “delights in” the

client (Prenn, 2011, p. 312). The therapist's stance in AEDP involves being responsive to the client's emotional needs and embodying a willingness to help (Fosha, 2000).

AEDP's supportive, empathic stance manifests in all aspects of the treatment, from conceptualization to intervention. AEDP understands psychopathology to be a product of an individual's "best efforts" to adapt to an environment that was a "poor match," and that these efforts at "self-preservation" may have "outlived their usefulness" (Russel & Fosha, 2008, p. 169). Like other dynamic treatments, AEDP involves increasing the clients' understanding of defenses and instilling more adaptive patterns. Within AEDP, the therapist's stance toward clients' defenses, as outlined in Fosha's writings (Fosha, 2006; Lipton & Fosha, 2011), is gentle, empathic, and compassionate, recognizing that individuals utilize defense mechanisms that "exclude and constrict emotion" in order to not be "overwhelmed" and to "ensure psychic survival" (Fosha, 2006, p. 570). The AEDP therapist helps the client consider and test whether defenses that were previously adaptive in maintaining relational safety are necessary in the current interpersonal relationship (Lamagna & Gleiser, 2007).

The treatment advocates for rapid, "quantum" (Fosha, 2006) change through "moment-to-moment tracking" (Fosha, 2006, p. 570) of somatic affective experience and attachment, "following the affect" (Fosha, 2000, p. 20), "moving toward" affect (Fosha, 2006, p. 570), slowing down, "viscerally experiencing deep emotion" (Fosha, 2000, p. 20), processing the client's and therapist's responses to the affective experience, and metaprocessing the client's experience of the transformation and the attachment relationship (Fosha, 2000, 2006, 2013; Lipton & Fosha, 2011). The therapist utilizes affirming, experiential, and attachment-focused language (e.g. "I see tears." "Let's slow this down?" "Let's take a breath.") (Prenn, 2011, pp. 315-316). The key to the treatment involves oscillating between "experience" (i.e. experiential and somatic emotion) and "reflection" (i.e. processing and metaprocessing) (Fosha, 2006). Metaprocessing helps merge right-brain and left-brain learning (Lipton & Fosha, 2011).

The central focus of AEDP is accessing, experiencing, and processing core affect, which is described by Fosha (2000) as embodied, emotional experience unhampered by anxiety or defenses (e.g. intellectualization, isolation of affect, defending against one emotion with another). As described by Fosha (2006), processing affect "to completion" (p. 571) proceeds through the following three states and two state transformations. Initially, affect is defended against and inhibited by shame and fear (State 1). As the therapist works to establish safety, bypass defenses, and increase "glimmers of emotional experience," the client shifts to experiencing and expressing core affect (State Transformation 1; Fosha, 2006, p. 571). This allows the client to access, deepen, and "work through" potentially overwhelming core affect jointly with the therapist with the goal of providing the client with a positive experience of engaging with and sharing emotions (State 2) (Fosha, 2006, p. 572).

Accessing and processing of core affect brings about transformational affects (defined as positive affective experiences arising from healing transformational moments (Russel & Fosha, 2008, p. 169)), which may include pride, joy, emotional pain (in response to mourning an experience they have not previously had, i.e. "mourning-the-self" (Russel & Fosha, 2008)), gratitude, tenderness, feeling moved, fear, and excitement (State Transformation 2) (Fosha, 2006, p. 571). Lastly, in "core state," (defined as a positive affective state accompanied by a sense of calm and centeredness which permits consolidation of change and experience of a coherent sense of self (Russel & Fosha, 2008, p. 169)), the client and therapist experience a sense of "truth," "vitality," and "authenticity," (Fosha, 2006, p. 572), and a sense of "this is me" (Fosha, 2013; State 3).

For clients with a history of having their emotions met with nonresponse or contempt, the therapeutic relationship may be the first time that their emotions resonate and move another. Therefore, metaprocessing is essential in having the client recognize new interpersonal interactions (i.e. not just "letting the therapist in" but recognizing that they have done so (Fosha, 2001, p. 237), not just being helped, but understanding what being helped within a relationship feels like (Prenn, 2011)) and the meaningful impact of these experiences on both individuals.

Experiencing emotions that have long been avoided allows clients to feel empowered (Fosha, 2000). Clients learn new ways to track, assess, and meet their own needs (Lamagna & Gleiser, 2007) and internalize the emotion-processing strategies utilized by the client-therapist dyad (Gleiser et al., 2008). Accessing core affect expands clients' repertoire for engaging with emotions and others by increasing their access to new coping responses and resources that they had not previously had (i.e. "adaptive action tendencies" (Fosha, 2000, p. 26)) (Fosha, 2000, 2006). Lastly, experiencing "mastery affects" such as joy, pride, and excitement and sharing them with another can cultivate resilience (Russel & Fosha, 2008, p. 175)

Individuals have a neurobiological predisposition toward healing and repair (Lipton & Fosha, 2011). Accessing emotion, processing, and metaprocessing lead to resilience and wellbeing through the therapist's cultivation of "transformance strivings" and "glimmers" of resilience and "integrated self experience" (Fosha, 2009, 2013; Lipton & Fosha, 2011). Transformance, as defined by Fosha (2013), is the "overarching motivational force that pulses within us, entraining the innate dispositional tendencies for healing and self-rightening that are wired deep within our brains" (p. 497) And "glimmers of integrated self experience" refer to moments of "healing," recognition, "being moved," and truth regarding one's own experience (Fosha, 2013, pp. 503-504).

The significance of *mutually* shared and processed emotional experience within a safe attachment relationship – in essence, the honoring and treasuring of the client's emotions – cannot be overemphasized. Although in AEDP, the therapist strives to be emotionally attuned, the therapist and client together achieve an enjoyable "coordinated state" where they are in tune



with one another (Fosha, 2001, p. 232). Emotional experience is *shared* in AEDP. Emotions can be relinquished only once they have been acknowledged and honored *with the presence of another* (Fosha, 2001). The sense of vitality and truth experienced in State 3 (Fosha, 2006) is felt by *both* the client *and* the therapist. The “emotional dialogue” shared and exchanged by these two individuals within a secure attachment relationship facilitates each individual’s transformation and harnesses their ability to transform one another (Fosha, 2000, 2001, p. 233).

### *Use of Assimilative Integration*

AEDP treatments that target emotional avoidance and loneliness can be bolstered through assimilative integration of related treatments (Messer, 2019). For instance, Levenson’s Time Limited Dynamic Psychotherapy (TLDP) naturally coalesces with Fosha’s AEDP since TLDP is also an interpersonal treatment that emphasizes attachment, affective attunement, and experiential learning (Levenson, 2017). Specifically, the focus of TLDP entails providing the client with a new interpersonal and intrapersonal experience that facilitates (1) greater understanding and (2) shifts in attachment-based emotions and cyclical maladaptive relationship patterns (Levenson, 2017). An aspect of TLDP that can enhance an AEDP treatment involves consideration of Levenson’s Triangle of Person, whereby the therapist’s interpretations link parallels in relationship patterns across the client’s (1) past significant relationships, (2) present significant relationships, and (3) the therapeutic relationship (Levenson, 2017). Increased awareness of the client’s role in maintaining dysfunctional relational patterns, combined with a corrective emotional experience within the context of the therapeutic relationship, helps facilitate change. TLDP may also utilize behavioral rehearsal, suggestion, and homework to cultivate new interpersonal and intrapersonal experiences in and out of session (Levenson, 2017).

Additionally, elements of Mann’s Time Limited Psychotherapy can augment an AEDP treatment. Within the context of Mann’s model, a therapy termination date is established at the forefront, thereby drawing the role of time into the therapy room. Heightening awareness of time may: (1) accentuate the contrast of the perception of “child time” that is eternal and endless versus “adult time” that is time-limited (Mann & Goldman, 1982, p. 2); (2) activate a wish to “turn back time” within the therapy room (Mann & Goldman, 1982, p. 8); and (3) capitalize on the fact that circumstances and emotions shape individuals’ sense of time (Mann & Goldman, 1982, p. 6). Mann’s model is helpful in addressing themes of loss, neediness, and abandonment – themes that often arise within the context of an AEDP treatment—and understanding how these themes relate to negative feelings about the self over time in the context of repeated separations (Mann & Goldman, 1982). Additionally, a Mann-style statement that conceptualizes and conveys to the client the source and manifestation of their “present and chronically endured pain” (Mann & Goldman, 1982, p. 21) can help establish a focus for a time-limited treatment.

### ***The Role of Avoidance and Exposure in AEDP***

Although some attention has been brought to the potential role of exposure in dynamic treatments (e.g. as exposure to repressed memories, affects related to warded off representations, or to "transference anxieties" [Gabbard & Westen, 2003, p. 836]), behavioral and dynamic treatments are often viewed as distinct and mutually-exclusive interventions with different foci. Welling (2012) argues that the element of change in AEDP (alongside emotion-focused therapy, coherence therapy, and eye movement desensitization and reprocessing) is distinct from that in exposure therapy; however, the points of divergence he identified predominantly pertain to habituation-based models of exposure. Additionally, Gleiser et al.'s (2008) analysis contrasted prolonged exposure therapy and AEDP in treating PTSD and Complex PTSD across multiple dimensions (e.g. in terms of symptom/disorder conceptualization, the establishment of safety in the therapeutic relationship, focus on emotion regulation, etc.). However, the authors briefly noted an area of similarity between the two approaches: that experiential processes are embedded within prolonged exposure, and exposure plays a role in AEDP in terms of engagement with avoided emotional and relational experiences (Gleiser et al., 2008). The function of exposure within AEDP may be similar to that considered by Briere (2002) in the self-trauma approach, whereby the therapeutic relationship may activate "implicit or suppressed memory material" through "indirect exposure" (p. 194).

The role of avoidance and exposure in AEDP is likely two-fold. The first involves increasing the client's tolerance of their own emotions and the second involves increasing tolerance to the emotional responses of others. In AEDP treatments, clients often experience their own emotions as overwhelming. Since early childhood environments may have taught clients to minimize, disavow, or avoid their own emotions, discussion and processing of emotions can elicit distress. AEDP techniques of slowing down and noticing somatic manifestations of emotions are the equivalent of interoceptive exposure (i.e. exposure to internal stimuli). Identifying and labeling emotions in the context of AEDP is reminiscent of affect labeling in the context of exposure therapy. AEDP creates a *new* learning experience that shows clients that they can tolerate (and even appreciate) their own overwhelming emotions.

For clients with histories of neglect and abuse, the emotional responses of others to their own emotions is a second source of distress and threat. For many clients, their early histories are laden with instances where their emotional expression had been met with a caregiver's non-response, leading to extinction of emotional expression and the experience of being left alone with overwhelming emotion. At other times, emotional expression may have led the caregiver to become overwhelmed, frightened, and upset. A caregiver's emotional dysregulation and explicit punishment of a child's emotional expression (e.g. through emotional and/or physical abuse) served as positive punishment that decreased the frequency of the child's emotional expression. Therefore, the child learned that, not only are their emotions overwhelming and dangerous, but

the responses of others are overwhelming and dangerous. In AEDP, therefore, the therapist's mirroring of emotion and self-disclosure of affective experiences, although initially frightening, can serve to provide clients with a new learning experience.

Additionally, the behavioral concept of observational or vicarious learning (Persons, 2008) within the context of exposure also plays a role in AEDP where the therapist models "affective competence" (Gleiser et al., 2008, p. 347) through demonstrated tolerance and acceptance of previously dis-avowed emotions. The AEDP therapist's use of self-disclosure of emotional experiences models the acceptability of being vulnerable (Prenn, 2009), of experiencing emotions, and of sharing emotions with another.

Exposure to distressing emotional experiences within the context of a safe therapeutic relationship can provide clients with the courage to seek out similar learning experiences outside of therapy. The therapeutic relationship, which cultivates both risk and safety, can be seen as "safe but not *too* safe" (Bromberg, 2008, p. 329). If a client recognizes the therapist's warm response to their emotional expression, the client may be more willing to express their emotions within the context of a relationship where the risk of rejection or emotional neglect may be higher than it was within the therapeutic relationship. In essence, approaching a previously-avoided emotion within the context of a safe, attuned relationship may be a lower-level item on an exposure hierarchy than approaching a previously-avoided emotion within the context of a romantic or familial relationship. Gradual positive learning experiences increase the client's comfort with emotional expression and processing within the context of relationships.

Exposure to one's own emotions and the therapist's emotions within the context of AEDP involves implicit and explicit discussion of expectation violations. Within this new, secure relationship, the client's overwhelming emotions lead to closeness with another and a sharing of resources that serves to make overwhelming emotions more tolerable. The emphasis on metaprocessing in AEDP mirrors the role of consolidation of learning within the inhibitory learning model of exposure. It is not just enough to have a new learning experience; it is essential to reflect on what this learning experience meant, felt like, and taught the client.

A detailed understanding of the role of exposure within AEDP can be gleaned from consideration of the case of Chris.

#### **4. ASSESSMENT OF THE CLIENT'S PRESENTING PROBLEMS, GOALS, STRENGTHS, AND HISTORY**

##### ***Presenting Problem and History of Presenting Problem***

Chris presented with "sadness," "depression," and feeling as though his thoughts were "spiraling." He disclosed a life-long history of feeling "alone," with a spike in loneliness following the termination of a 10-year relationship with his former partner, "Julia," and a three-

month separation with his current partner, "Andrea," who was out-of-state due to a family matter. Chris reported that his current feelings of being alone and "stuck in [his] own little world" were reminiscent of his childhood. Chris also described feeling "unrooted" and stated that he had relocated several times within the past couple of years and has had many friends within his graduate program move away. He denied prior use of mental health services.

### ***Psychosocial, Developmental, and Family History***

Chris reported having an older sister with whom he shared few positive interactions during childhood but with whom he became closer as they grew. He disclosed that his parents divorced when he was eight years old. Chris identified aspects of his parent's interactions around the time of the divorce as "traumatic," including an instance where his father threateningly followed Chris's mother, who was walking, with Chris in the car. Following the divorce, Chris's sister lived with his mother and Chris lived with his father. Chris stated that his father worked long hours and his mother had an "intent" to see him but rarely did. While living alone with his father, he reported feeling lonely, "raising [him]self" and needing to keep his father, who struggled with depression and anger outbursts, in a good mood.

Chris reported being in a 10-year relationship with "Julia," which ended due to challenges with disclosure of emotions, a loss of attraction, and a mismatch in long-term goals. Chris also stated that he was in a new relationship for the past six months with Andrea, whom he had known for four years and from whom he had been separated for 3 months. Regarding friendships, Chris described his childhood as lonely and stated that he did not have friends outside of sports and school until he was 14 years old. Within his current graduate program, Chris reported having solely one close connection with a professor and stated that all of his friends had moved away.

### ***Mental Status Examination***

Chris presented to sessions dressed neatly and appeared oriented to person, place, and time. His behavior and eye contact were appropriate. Chris's mood appeared relaxed and his affect was appropriate and congruent with mood. His judgment appeared rational, his self-image adequate, his attention good, his memory intact, his insight good, and his psychomotor behavior was within normal limits. Chris's speech was articulate and normal, his thought process was within normal limits, and his thought content appeared unremarkable. Chris did not endorse any issues related to sleep, appetite, or eating. He denied any suicidal ideation.

### ***Diagnosis***

Chris met criteria for F32.9: Unspecified Depressive Episode (American Psychiatric Association, 2013). Although Chris did not meet criteria for posttraumatic stress disorder (PTSD), some of his experiences are similar to what is seen with "complex PTSD" in terms of

his negative beliefs regarding self and others, dysregulation of affect, and disruptions in attachment (Gleiser et al., 2008).

### *Quantitative Assessment*

Additional information regarding Chris's quality of life, interpersonal relationships, and symptomology was gathered from his responses on three quantitative measures. These were collected in a virtual follow-up session 8 months after the end of treatment. Specifically, Chris was asked to retrospectively complete each measure based on his state-of-mind and experiences at (1) pre-treatment, (2) post-treatment, and (3) at present (the third was labeled "follow-up"). Thus the measures reflected Chris' subjective sense of progress across the course of treatment (for an earlier example of this measurement approach, see Pass, 2012). The three measures are described below.

The Outcome Questionnaire-45, or OQ-45.2 (Lambert & Burlingame, 1996) is a 45-item self-report measure that is considered the "gold standard of patient-reported outcome measures," in part due to its high reliability and validity (OQ Measures, 2021). It assesses a client's progress over time across three domains: (1) Symptom Distress (SD), assessing the presence of anxiety disorders, affective disorders, and stress-related illnesses; (2) Interpersonal Relations (IR), assessing loneliness, conflict with others, and family difficulties; and (3) Social Role (SR), assessing work-related conflicts, relationships, and interactions with adults, peers, and parents (OQ Measures, 2004).

Chris's scores at pre-treatment, presented below in Table 1, exceeded the clinical cut-off (ADAMH, 2018) in all domains (Total=96, SD=54, IR=22, and SR=20). Particularly noteworthy is that Chris' total score of 96 was quite clinically high—about .7 of a standard deviation higher than the average outpatient client in a university outpatient clinic normative group (American Professional Credentialing Services, 2004). Chris's specific responses on items 5, 18, and 20 within the measure were consistent with his verbalized experience, particularly regarding his experience of loneliness, relationships, and self-blame.

The Quality of Life Scale, or QOLS (Burckhardt & Anderson, 2003) is a 16-item self-report measure that captures a subject's satisfaction in a wide variety of domains, such as material well-being, health, intellectual development, occupational role, creativity/personal expression, passive and observational recreation, and social relationships. These domains are rated on a 7-item Likert scale ranging from "Terrible" to "Delighted." Scores thus range from 16 to 112, with higher scores indicating a higher quality of life. Adequate reliability and validity have been established for the scale (Burckhardt & Anderson, 2003). Chris's pre-treatment total score of 51 is well below the average QOLS score of 90 for healthy populations (Burckhardt & Anderson, 2003), indicating Chris's perception and experience that the overall quality of his life was poor.

Chris' responses on specific scores relevant to his presenting problems were generally consistent with his description of his concerns reported at intake, particularly regarding dissatisfaction with socializing and degree of knowing himself. His reported quality of his relationship with his parents, siblings, and relatives in terms of communicating, visiting, and helping ("Mostly Satisfied") was more positive than I had anticipated. This may have been due to my overestimating Chris's interpersonal distress at pre-treatment. Alternatively, since the measures were completed retrospectively, Chris may have over-reported the quality of his relationships at pre-treatment due to the tension he was experiencing in this domain at follow-up.

The Relationship Structures Questionnaire (ECR-RS) (Fraley, Heffernan, et al., 2011) is a self-report measure where five different relationships (mother, father, partner, friend, and therapist) are rated in terms of the degree of anxiety and the degree of avoidance associated with each relationship. Fraley (2021) identified the test-retest reliability of the individual scales across a period of 30 days as .65 for romantic relationships and .80 for parental relationships, and found the responses on the ECR-RS to meaningfully correlate with various relational outcomes.

Chris's scores at pre-treatment are presented in Figure 1, which graphs scores on the 5 relationships into 4 quadrants: "Secure" (low anxiety, low avoidance); "Dismissive/Avoidant" (low anxiety, high avoidance); "Fearful Avoidant" (high anxiety, high avoidance); and "Preoccupied" (high anxiety, low avoidance). (Note that Chris did not provide responses regarding his relationship with me as his therapist at pre-treatment, presumably because he did not yet know me.)

As shown in Figure 1, at pre-treatment Chris's scores indicated that his attachment with his father, partner, and friend were Secure; and his attachment with his mother was Dismissive/Avoidant. When considering Chris's description of his relationships during assessment, I anticipated that his avoidance scores would have been higher during pre-treatment, particularly in terms of Chris's relationship with his father and his partner, thereby indicating a more Dismissive/Avoidant attachment style than was evident. It may be that I underestimated the degree of safety and comfort Chris experienced in his current relationships due to my perception of his early relationship with his father, his current loneliness, and his wish to increase intimacy with his partner. It also may be the case that Chris overreported his comfort and safety within his intimate relationships since he tended to minimize his distress.

### ***Qualitative Assessment for Appropriate Type of Therapy***

Formal assessments were not utilized before the onset of this case. The initial session was utilized to assess Chris's appropriateness for short-term therapy. It was determined that Chris would be a good fit for several short term dynamic therapy models, including James Mann's Time Limited Psychotherapy, Levenson's TLDP, and Fosha's AEDP, due to the presence of (1) good ego strength, (2) a capacity to quickly attach and engage with the therapist on an affective



level, and (3) a clear treatment focus (i.e. "present and chronically endured pain" (Mann & Goldman, 1982, p. 21), i.e. Chris's loneliness). It was determined that AEDP was the most appropriate fit for Chris's experiences, which involved a pervasive sense of loneliness, use of defenses (i.e. intellectualization and isolation of affect) that "exclude and constrict emotion" (Fosha, 2006, p. 570), and an early history containing emotional neglect and "aleness in the face of overwhelming emotion" (Fosha, 2013, p. 507). AEDP, in essence, could provide an opportunity for healing (Fosha, 2006, p. 569) and, therefore, guided Chris's treatment.

Based on the assessment, I determined that assimilative integration drawing from Mann's Time Limited Psychotherapy and Levenson's TLDP could augment treatment. Chris's upcoming relocation established a therapy termination date at the forefront of treatment, as is intentionally done within Mann's treatment model (Mann & Goldman, 1982). Additionally, Mann's Time Limited Psychotherapy, in part, enriched my conceptualization of Chris's loneliness and was utilized to establish a central focus for the short-term treatment through development and disclosure of a Mann-style statement that contextualized Chris's loneliness as his "present and chronically endured pain," capturing how he "feels and has always felt about the self" (Mann & Goldman, 1982, p. 21). Levenson's TLDP was also helpful in enriching my understanding of Chris's relationship patterns across the lifespan, particularly when considering the Triangle of Person. As mentioned previously, the interpersonal and affective emphasis of Levenson's TLDP is similar to that of AEDP; however, I drew on TLDP when I more directly encouraged shifts in out-of-session present significant relationship dynamics.

### ***Goals***

Chris wished to address his aleness and have someone to speak with when he found himself "spiraling" in depressive thoughts. Short-term dynamic therapy was utilized to address feelings of aleness stemming from difficulty expressing thoughts and emotions to others.

### ***Strengths***

Chris's thoughtful, reflective, intelligent, and kind nature made him an ideal client to work with. His motivation to participate in treatment was high, as evidenced by his willingness to attend therapy multiple times per week and attend longer (one-and-a-half hour) sessions when offered, since all the therapy had to be completed in 6 weeks, before Chris left the area. Although Chris expressed a general hesitation to discuss his emotions and difficult personal history with others, he noted that he was open and willing to do so in therapy from the first session because he considered this to be the purpose of therapy. His motivation to build warm, genuine relationships enabled us to connect, learn, and grow together.

## 5. FORMULATION AND TREATMENT PLAN

### *Formulation*

Chris's manner of relating to self and others was the most in-line with a depressive and obsessional personality style at the neurotic level. His history, interpersonal relationship patterns, and way of relating to emotions were the most in-line with an avoidant/dismissing attachment style (i.e. "dealing but not feeling" (Fosha, 2000, p. 43)). Chris presented to sessions with feelings of sadness and aloneness, as well as deeply held grief, anger, and guilt. Chris's negative self-image, self-blame, and tendency to minimize his suffering likely stemmed from rejection by his father and abandonment by his mother (whom he seemed to idealize). Chris typically presented his pain in an intellectualized fashion and obscured his sadness and anger with dark humor.

In early childhood, Chris's parents did not provide him with support and dyadic resources to manage overwhelming emotions and he was left to manage challenging emotions on his own. This resulted in an ongoing perception of his own emotions as overwhelming and dangerous. Additionally, Chris's father, who experienced depression, anger outbursts, and a strained relationship with Chris's mother, likely struggled to express and regulate emotions. Lack of appropriate modeling of interpersonal communication, emotional expression, and emotion regulation by Chris's father likely precluded cultivation of such skills in Chris. His father's anger outbursts also likely strengthened Chris's belief that emotions are overwhelming and dangerous to others (i.e. through vicarious learning, Chris learned that emotional expression leads to others' discomfort and need to leave tense or violent circumstances).

Furthermore, growing up with his father as a depressed caregiver, Chris likely felt guilty for making "normal demands," (McWilliams, 1994, p. 236). Therefore, throughout his childhood and adolescence, Chris learned to "raise himself," monitor and limit his own emotional expression, and take care of others. Furthermore, when Chris expressed his emotions to others, such as his mother and his sister, they became extremely upset, and then he felt uncomfortable, believing he needed to take care of them. Chris's emotional expression was extinguished when he did not receive a response and punished when he received an aversive, overwhelming response.

Chris limited his emotional expression to others, using defenses of intellectualization, repression, and turning against the self. Chris's limited emotional expression and minimization of the importance and impact of his interpersonal relationships (e.g. how his parents impacted him) is commonly found amongst individuals with avoidant attachments (Fosha, 2000). Unfortunately, Chris's minimization of his sadness and anger prevented others from recognizing, mirroring, and validating his emotions or providing support. Chris, therefore, felt disconnected from others and was left alone with his sadness.

### ***Treatment Plan***

Chris wished to reduce his aloneness and to have someone to speak with when he felt as though he were "spiraling" in depressive thoughts. Treatment was guided by AEDP and selectively drew on elements of Mann's Time Limited Psychotherapy and Levenson's TLDP. Treatment goals involved softening Chris's negative self-image and cultivating self-compassion; fostering awareness of the source and formerly adaptive nature of defenses in order to replace automatic use of defenses with an awareness of choices; and resolving the central issue of loneliness stemming from withholding emotions. Additionally, a treatment with an ongoing awareness of a termination date would create a platform to explore Chris's chronic experience of feeling "unrooted," as well as his experience of the end of significant relationships.

The "safe but not *too* safe" (Bromberg, 2008, p. 329) therapeutic relationship would serve as the secure base from which to jointly approach new emotional and relational experiences. The therapist's attunement to Chris's emotions, willingness to deepen and process affect, and emotional self-disclosure would cultivate Chris's self-compassion through (1) validation and normalization of his emotions and (2) implicit and explicit messages that Chris and his emotions matter. Exploration of Chris's childhood history of emotional neglect would provide Chris with a compassionate understanding of his current pattern of relating to others, allowing him to increase his flexibility in his approach and to understand himself in a more positive light.

The Triangle of Person (Levenson, 2017) would help identify parallels in beliefs and emotions that maintained disconnection and loneliness in (1) Chris's childhood environment with his parents; (2) his current relationship with his partner predominantly, and to a lesser extent with his professor and friends; and (3) with the therapist. Experiential exploration of emotional experiences would increase Chris's tolerance of his own emotions and the emotional responses of others. Generalization of in-session experiences to out-of-session relationships would lead to increased comfort in interpersonal relationships, increased intimacy, and decreased loneliness.

## **6. COURSE OF TREATMENT**

### ***Session 1***

Chris attended six one-hour sessions and two one-and-a-half hour sessions. The first two sessions were utilized to establish rapport, gather history, and formulate the central issue. During the first session, Chris described difficult early experiences (e.g. his parents' divorce and "raising himself") with little expression of sadness, often commenting that something was "sad" off-handedly, with a half-smile. There was little fluctuation in Chris's tone of voice when he described (1) that his father and him both struggled with depression; (2) the ending of his 10-year relationship with Julia, which "felt like a marriage;" (3) losing access to Julia's and his shared cat, whom he loved "more than anything in life;" and (4) a "screaming match" he had with his

father "in the middle of the street" on Thanksgiving. These four significant areas were discussed more slowly with greater depth and affect in later sessions.

During the first session, Chris noted that his current experience of being alone as his new partner, Andrea, was away, felt "like being a kid again," with Chris "stuck in [his] own little world." When asked to expand on the similarity in his felt experience, Chris described how following his parent's divorce, his sister moved with his mother, and Chris lived with his father. Chris's father worked a lot, leaving Chris to "find ways to entertain [him]self." Chris described feeling isolated from his sister, who was quite different from him in terms of personality, and who only spent time with Chris when she babysat him.

Chris mentioned that he had few friends as a child, only interacting with peers at school and through sports until age 14. He mentioned that he currently also had limited social interactions because most of his friends in the program relocated and he solely felt connected with one professor. Chris reported frequently withdrawing from social interactions due to anticipating having a negative experience. To foster awareness and normalize Chris's perception that socializing can feel effortful when one's mood is low, I described the cyclical nature of withdrawal and depression (i.e. withdrawal can lead to a reduction in pleasant experiences and hinders accessing new opportunities that can challenge expectations, maintaining depression).

Regarding growing up with his father, Chris shared that he "parented himself" (e.g., Chris checked his own report cards and prepared meals). Chris noted that his goal throughout his youth was to keep his father in a good mood. When queried about the household dynamic during his father's "good" and "bad" moods, Chris, with limited affective expression, described that his father often watched sports with Chris regardless of his mood, but when his mood was poor, the two watched in silence. Chris said he could not "avoid" his father because his father avoided his own bedroom following the divorce, preferring to sleep on the couch in the living room.

When prompted to identify his emotions, Chris consistently responded thoughtfully and articulately. For instance, when asked how he felt about his parent's divorce as a child, Chris responded that he felt "confused" because he "didn't know whose fault it was." I also prompted Chris to reflect on his emotions at the time of two instances during his childhood that he had identified as "traumatic": one entailed witnessing an aggressive interaction between his parents and another entailed his father following his mother in a car with Chris seated beside him. Chris thoughtfully identified his emotions: afraid during the first memory and sad, confused, and overwhelmed during the second; however, the clearly identified emotions appeared incongruent with Chris's affect. He used a light tone of voice, expressed a sad smile, and made almost joking remarks. As Chris painted a picture of his early life, I felt deep sadness. Yet, simultaneously, I felt pulled to mirror Chris's lighthearted, inhibited affect, unconsciously believing that my sadness was unwanted and would be intolerable for Chris.

During our first session, two key themes were identified. The first was Chris's discomfort with "inconveniencing" or "burdening" others. He shared that while Andrea was away, Chris was hospitalized for three weeks due to illness. During this time, he declined his parents' offer to visit him in the hospital because they lived "too far away." A second theme of feeling "unrooted" arose. Chris had frequently relocated during his life; reported the only instance of feeling "rooted" as when he was still with his previous partner, Julia; found friendships to be temporary since all of his friends in his graduate program had moved away; and reported not having thought about his post-doctoral position which he described as "temporary."

### Review of the AEDP Concept of Experiential, Emotional "States"

Because of the importance of AEDP's concept of "states" in understanding my description below of the therapy process with Chris, I will summarize my description of these states in selected words from the guiding conception section above:

\*\*\* Initially, affect is defended against and inhibited by shame and fear (**State 1**).

\*\*\* The therapist then helps the client to experience and express core affect (**State Transformation 1**).

\*\*\* This allows the client to access, deepen, and "work through" potentially overwhelming core affect jointly with the therapist with the goal of providing the client with a positive experience of engaging with and sharing emotions (**State 2**).

\*\*\* Accessing and processing of core affect brings about positive transformational affects, like gratitude, tenderness, feeling moved, fear, and excitement (**State Transformation 2**).

\*\*\* Lastly, in "core state," (defined as a positive affective state accompanied by a sense of calm and centeredness which permits consolidation of change and experience of a coherent sense of self), the client and therapist experience a sense of "truth," "vitality," and "authenticity" (**State 3**).

### The Role of AEDP in Session 1

During this session, Chris thoughtfully and articulately described his experiences and identified his emotions. For instance, he identified the emotions he had felt as a child seated beside his father in a car while his father followed his mother. However, throughout the session, Chris's affect was heavily defended against, as is expected in State 1 of AEDP (Fosha, 2006). Notable defenses evident during this early interaction included isolation of affect (e.g. using an off-handed tone), intellectualization (e.g. stating that he had been exposed to several traumatic experiences with little affect), and defending against one affect with another (e.g. half-smiling and laughing while describing a moment in which he likely felt sadness, fear, or anger).

Early sessions of AEDP focus on establishing a secure attachment relationship that can later be utilized as a base from which to approach new experiences. During the first session, I strived to cultivate a safe, trusting environment for Chris in which I was warm and demonstrated genuine interest and curiosity in his experiences through a variety of non-verbal (e.g. nodding, maintaining eye contact) and verbal cues (e.g. "Hmm," "And what was that like for you?"). As an attuned other, I consciously and unconsciously mirrored Chris's actions and verbalizations, often leaning in when he did and matching my tone, affect, and pace to his. The coordination in our expressed affect, particularly when half-smiling and laughing, in part arose from my desire to mirror Chris's affect to implicitly show that I was present and understood. I also felt pulled to restrain my own emotional expression, possessing a felt sense that my sadness may have been unwanted. The pattern was in essence a manifestation of the out-of-session interpersonal dynamics that often provided surface-level acknowledgment of Chris's emotions without providing true recognition of his degree of suffering.

Furthermore, AEDP often uses emotional exploration to link experiences of the present and past. One notable moment during the first session when I encouraged Chris to "follow the affect" (Fosha, 2000, p. 20) was after Chris reported that his recent experience of feeling "like being a kid again" and being "stuck in [his] own little world" while his partner was away was reminiscent of previous experiences in his life. My encouragement to follow this thread of affect, led Chris to describe a period of loneliness in his life following his parent's divorce. This pivotal conversation allowed us to recognize that Chris's current depression likely arose from a profound sense of loneliness, which he had first been exposed to as a child.

In summary, the first session enabled me to assess Chris's difficult emotional experiences (i.e. sadness and loneliness), recognize defenses that guarded against such affects (i.e. isolation of affect, intellectualization, defending against one emotion with another), and identify how emotional expression manifested within the context of Chris's interpersonal relationships (i.e. minimization of affect, lack of acknowledgement or response to deeply felt loneliness and sadness). Additionally, the session was utilized to establish a secure attachment relationship.

### The Role of Exposure and Expectancy Violation in Session 1

The first session predominantly served as an opportunity to assess potential expectations Chris held regarding emotions and relationships. Chris's tendency to avoid expressing sadness indicated that he may have held expectations regarding (1) his ability to tolerate certain emotional states and/or (2) the utility of certain emotional states. It is likely that his tendency to distance himself from his sadness (i.e. isolation of affect, intellectualization) enabled him to endure his difficult childhood and "raise himself." This probably shaped a belief that distancing himself from difficult emotions would allow him to more effectively navigate his world. Furthermore, Chris likely held expectations regarding others' willingness to tolerate his expression of emotional states, likely believing that his emotions would "burden" or



"overwhelm" others. Chris may have believed that describing difficult experiences in a light-hearted manner or while half-smiling would be more readily accepted by the other (namely, me).

Although the first session was not expressly intended to challenge any of Chris's expectations, for someone who historically had not received adequate space and recognition, even the act of attending therapy for the first time provided a new learning experience. My ability to sit with Chris, listen, mirror his affect, and demonstrate genuine interest in understanding him and his experiences served to provide evidence against beliefs he likely held regarding being unworthy, unwanted, and/or undeserving of another's time and emotions.

### *Session 2*

Our second session involved deeper exploration of previously identified themes. Chris disclosed a belief that talking about himself would "add stress" to his family and that it is "hard to open up" unless he is "prompted" to. He recognized that his lack of expressing his emotions to others was potentially problematic. In fact, Chris voiced that his difficulty with "opening up" had created challenges in his relationship with Julia, where he noted that "if she thought [he] wanted to be left alone, she'd leave [him] alone" even though it was not "necessarily what [he] wanted in the moment." He further noted that neither Julia nor him brought up issues in their relationships and that it was part of Chris's "personality" to "avoid bad things" and "ignore them." When asked to reflect on his emotions about the devolving of their relationship, Chris stated that he felt "helpless" because he "thought [he] couldn't talk to her about [the change in his feelings]."

I began to increasingly prompt Chris to identify his emotions and notice other instances in which the same emotions had arisen. For instance, when Chris recalled a discussion Julia had initiated about their future, I prompted Chris to reflect on his emotions during the conversation. Chris stated that he had felt "uncomfortable" because it felt like a "secret [she] had called [him] out on." I then asked Chris if he had recalled feeling similarly in other situations, imagining that he may recall an interaction with his father. Chris shared that he felt similarly when he broke something as a child or when he performed poorly during a presentation, and experienced "shame in not saying something." I utilized my tone of voice and facial expressions to demonstrate the compassion his disclosure elicited.

Chris's description of his break-up ("A 10-year relationship ended in 20 minutes.") brought to my mind his experience of feeling "unrooted" and of relationships feeling temporary. I wondered aloud if the end of this relationship felt reminiscent of his parents' relationship, and Chris affirmed that his parents' relationship, which had already been "nonexistent," had ended in a single night for him. When asked what he meant by "nonexistent," Chris disclosed that he had few happy memories of his parents because his mother worked night shifts. With a soft tone of voice and disposition, I worked to create space and slow down in our session, asking Chris about his early memories. Chris stated that his father "had a temper which ran in the family" where he

"held things in until he blew up." With some gentle follow-up questions regarding the frequency and appearance of these "blow ups," Chris reported that they occurred once or twice per year and that his family would leave the house during the "blow-ups." I gently voiced my hypothesis that Chris "[didn't] want to make others uncomfortable because [his] dad showed conflict as dangerous," which Chris quietly accepted with a nod. Chris revealed that he had "always been the mediator with his parents," even recently focusing on coordinating their housing arrangements for his dissertation defense rather than focusing on his presentation.

When considering how Chris needed to "keep the peace and calm in every aspect of his life," including his relationships, family, and work life, Chris recognized that he was "very aware of things that [would] make people uncomfortable or upset." I described this capacity as both "helpful and exhausting." When asked how he believes others perceive him, Chris stated that others view him as "quiet and close to the vest" and notice that he sometimes uses "darker jokes" and "British humor." This description helped me see that Chris was at least partially aware of his use of humor and distance with others.

At the end of the second session, with a tentative understanding of the underlying factors maintaining Chris's distress, I shared a few statements to gauge their accuracy. I highlighted Chris's tendency of "keeping others from feeling uncomfortable and trying to accommodate others" when "trying to help get [his] father through the divorce," with Julia, and with his department. I shared that it "may be difficult to have [his] needs met" and "may be difficult to connect with others." Chris nodded in response to these notions and stated that he was "afraid of the negative reactions that [would] come," and that he avoided "bring[ing] things up" because he "need[ed] to keep everybody good." As an example, he mentioned that after his breakup with Julia, he slept on the office couch for "a while" and then sublet an apartment so that Julia could keep their space and feel comfortable.

### The Role of AEDP in Session 2

Similarly to the first session, the second evidenced ongoing defense against core affect that is prototypical of State 1 of AEDP (Fosha, 2006). I continued to establish a safe, trusting environment by mirroring Chris' body language, nodding, and asking questions to demonstrate my interest. As Chris described difficult experiences, I utilized my facial expression and tone of voice to express the compassion I felt to a greater degree than I had during the first session, while still maintaining emotional restraint to a greater degree than was typical for me. During session two, I further utilized AEDP techniques of identifying emotions and noticing other instances in which those emotions arose. For example, following Chris's description of his emotional experience while discussing the future with Julia, I prompted him to consider other moments in his life that had elicited a similar emotional response.

The content of session two brought further light to Chris's way of relating to his emotions and to others. AEDP emphasizes bringing compassionate awareness to the formerly adaptive nature of defenses and experientially testing their current utility. Chris reported typically avoiding "bad things" and described feeling discomfort when talking about himself and "opening up" to others, which caused conflict in his former romantic relationship. We also began exploring Chris's tendency to keep others comfortable and accommodating them in his current relationships and recognized how this was necessary in his early tumultuous environment. I highlighted how there may be disadvantages to his typical patterns of relating to others by labeling his tendency to accommodate others as "exhausting."

### The Role of Exposure and Expectancy Violation in Session 2

The second session further elucidated expectations Chris held regarding emotions and interpersonal relationships. Chris reported experiencing discomfort and avoiding talking about himself and "opening up" unless prompted. In essence, negative reinforcement, combined with a belief that he would feel uncomfortable if he were to talk about himself, maintained Chris's tendency to withdraw from others emotionally. Therefore, talking about his life experiences in session with me was essentially a form of exposure that served to (1) increase Chris's distress tolerance, and (2) experientially test his belief that he would feel discomfort that was either intolerable or not worth the potential benefits of discussing his emotions. Chris specified that talking about himself was easier when he was prompted. Although I had not further assessed this at the time, I can imagine that the reason for this was that there was a lower risk of rejection when the other person demonstrated interest in Chris's experiences by prompting him to talk about himself. As such, talking about himself in session while prompted (as compared to talking about himself unprompted) could be viewed as a lower-level item on a hypothetical exposure hierarchy targeting Chris's discomfort in discussing his experiences with others.

The discussion during this session highlighted beliefs and behavior patterns that could be challenged in session in order to provide Chris with a new learning experience. Regarding beliefs, Chris stated that he anticipated that talking about himself would "add stress" to his family. My description of another expectation at the end of the session resonated with Chris, namely that making others uncomfortable could lead to dangerous conflict (as demonstrated by Chris's father). Additionally, Chris and I brought to light an expectation that if he did not accommodate others, a "negative reaction" would come. Regarding behaviors, Chris reported accommodating others and avoiding discussing challenges or "bad things" within the context of relationships. It would have been helpful to further assess Chris's expectations of potential outcomes of discussing challenges and what a "negative reaction" could entail. Keeping Chris's history in mind, I anticipate that he may have feared that his emotions would be ignored or lead to withdrawal by the other (as tended to occur with his father), would elicit a strong, aversive response from the other person (as they tended to do with his mother and sister), and/or that they

could lead to his abandonment (as his mother had left him following his parents' divorce). Later sessions served to further clarify and experientially challenge these expectations.

### *Session 3*

Our third session began by reflecting on Chris's interpersonal dynamics. Chris shared that during the previous week he selected a date for his dissertation defense that was convenient for his family rather than one that was convenient for him. After connecting this to the theme of not wanting to burden others, we returned to Chris's earlier decline of his parents' offer to visit him in the hospital. Chris recognized that, in addition to not wanting to burden his family, he, in part, did not want his family to visit him in the hospital because they often did not provide the form of support Chris wanted and often added to his stress.

During this session, Chris also mentioned that many of the major department figures in his program had feuds and grudges and that tiptoeing around them felt like "having lots of divorced parents in one room." I self-disclosed my physiological response to this statement ("feeling chills") and highlighted how managing others' emotions within the department reminded me of Chris's burden of managing his father's moods. With little expression of affect, Chris acknowledged the similarity. When asked to describe his emotional response to being in a room with divorced parents, Chris stated, with little emotion evident in his voice, that the department was going through transitions and it was "not fun to go to work."

A shift to a discussion of Chris's relationship with Julia and their shared cat was the first instance in treatment where a lot of emotion arose to the surface. Chris described how his cat was like a "kid" and how visiting her was painful because she would sense that he was going to leave and would lie in front of the door. I voiced how painful this must have been for Chris considering his kind nature and desire to care for others, attempting to simultaneously express compassion and place this memory within the context of an overarching theme. When queried what it was like to see her lying by the door, Chris stated that it "sucked," that it was hard to be talking about it now in session with me, and that he generally tried not to think about it. When asked what sensations he was feeling in his body, Chris noticed a tension in his neck and shoulders as though he were straining to hold something in, which I suggested may have been his sadness. Chris's tendency to move away from his sadness arose occasionally during this in-session interaction, such as when he mentioned in a casual tone that he did not cry often but the one thing that would "get him to tears" was his cat. Regardless, this was our first deep exploration of Chris's genuine emotions. Throughout this exchange, I mirrored Chris's body language and sadness, with barely held back tears in my eyes reflecting those in his.

This recollection brought to the surface Chris's tendency to hide his genuine emotions from others when they asked him about Julia or their cat. He stated that he sometimes did not tell others that his relationship with Julia ended because then he had to "deal with their sadness

which may or may not be real.” This disclosure led me to share the following Mann-style statement: “All your life you have tried to accommodate others and make them feel comfortable. What hurts you now and what has always hurt you is that despite your best efforts, you always end up feeling alone, with your thoughts and emotions locked inside.” Chris sadly acknowledged the validity of this statement with a nod. He responded that he did not know if he wanted to “share his emotions with other people or not” and that he “rarely” had conversations with people where their reactions felt “genuine” and did not “bother” him.

To assess the maintaining factors of Chris's avoidance of emotional expression, I asked him if there was a part of others' emotions that made him feel uncomfortable. He responded, “They are expecting to see my sadness,” and realized that he was unwilling to show his sadness if the topic “came out of the blue.” I asked Chris about his experience of expressing his sadness in session. Chris responded that he felt comfortable because here there was the “expectation to open up.” When asked what it felt like to witness my emotional response, Chris stated that it was “fine” because he had led the discussion and found my response “genuine.” For my part, the metaprocessing felt thoughtful but slightly lacking in emotional connection.

This interaction led to another key theme during our work together: a need for acknowledgment. Chris revealed that it felt “impersonal” that people in his program did not know a lot about him and that he wanted others to “appreciate what [he'd] gone through” – in particular, the fact that he was the first in his family to attain a higher education degree, and that he attained this degree despite being alone. Recognizing the value for metaprocessing, I asked Chris what it was like to recognize this in session, and he stated that he felt “proud for a split second and then jealous and annoyed at others who don't notice how hard it was for [him] to get here.” I drew Chris's attention to the conflict between wanting people to know and simultaneously not wanting to talk about his experiences.

In order to get a sense of Chris's potential to attain healing experiences outside of session, I shifted our discussion to what it would mean to receive acknowledgement from family members. Chris described his sister as “lighthearted” and noted that she often shifted conversations to focus on her stressors, which made her affection feel less genuine. Chris stated that his mother cried when difficult matters were discussed, which felt uncomfortable for Chris; I highlighted how his mother's emotions became his burden. Chris stated that his father avoided conversations of Chris's childhood altogether, possibly due to feeling guilty. Chris summarized that everyone needed to “keep in check” their emotions for their own “self-preservation.”

These descriptions led Chris to a painful, significant revelation. He noted that his family generally “made light” of painful emotions, including his father making a joke at a funeral. Chris recognized that his family “deals this way [by joking] in public” and “dwells” in private, as “wallowers.” Chris heartbreakingly labeled himself as a “sad clown” who jokes in public but experiences “private pain.” I tried to gently expand Chris's awareness of his sadness by stating

that he felt the pain in private because the "sadness [had] nowhere to go." I asked Chris, one last time, how he felt in session, and he disclosed that he felt sad because of what he had "realized" about himself and that it was sad to see himself as a "sad clown." I mirrored Chris's sadness nonverbally and we shared a quiet, solemn moment.

### The Role of AEDP in Session 3

In part, the third session was used to further assess Chris's emotional and relational experiences. When Chris described his family's tendency to exacerbate his distress during difficult moments, it provided some indication that his early childhood environment may also have lacked opportunities for Chris to rely on dyadic affect regulation, an experience that can cultivate children's comfort with their own emotions. The session also involved compassionately expanding awareness of Chris's defenses by exploring possible sources of the defenses (e.g. a pattern amongst family members of publicly using humor and "wallowing" in private) and considering some of the potential repercussions of his defenses at present (e.g. lack of acknowledgment from others, finding his relationships with his departmental colleagues "impersonal.") I also drew Chris's awareness to the potential negative impact of his typical pattern of relating by delivering a Mann-style statement that highlighted the theme in his life that contributed to his current distress and loneliness. The Mann-style statement also served to communicate to Chris that I had been attending to his pain throughout our conversations and that this was an environment in which he was *seen*.

Regarding expression of affect, during the first portion of the session, Chris demonstrated a similar defense against sadness that had been evident in the first two sessions and was representative of State 1 of AEDP (Fosha, 2006). In particular, while describing departmental meetings as reminiscent of being in a room with divorced parents, Chris expressed little affect. During this moment, I drew on AEDP techniques involving self-disclosure of my emotional experience in order to (1) demonstrate that Chris's experience resonated with me and (2) to normalize experiencing and expressing emotional responses. By disclosing that I felt "chills" following his disclosure, I sought to provide Chris with permission to disclose more affect than he had thus far. Although the immediate impact of my disclosure was not noteworthy (he acknowledged my statement with little affect), the disclosure may have in part contributed to the affective and relational shift felt later in session.

When the conversation shifted to discussing Chris's emotions regarding visiting his cat, significant affect came to the surface. As Chris described the source of his sadness, I validated his emotions both verbally (e.g. by relating it to his kind nature) and non-verbally (by mirroring his sadness and tearfulness with my own). In order to heighten the salience of his emotions, I asked Chris what it was like seeing his cat in front of the door trying to prevent him from leaving. I also utilized AEDP techniques to deepen emotional processing by prompting Chris to identify his physiological sensations. While discussing Chris's memory of his cat and his



discomfort in expressing his emotions, processing (e.g. when encouraging Chris to consider what it was like to be recalling the memory of his cat) and metaprocessing (e.g. when asking what it was like to be sharing his sadness in session and witnessing my response) served to cultivate Chris's awareness of a new emotional and relational experience.

Chris's willingness to access his sadness while discussing his cat, witness my emotional reaction, and reflect on how his emotions generated a "genuine" response from me evidenced an affective and relational experience that was typical of State 2 of AEDP (Fosha, 2006). Chris's discussion of his and his family's way of coping with sadness and labeling himself a "sad clown" was a pivotal moment in treatment both due to Chris's willingness to connect with his sadness (State 2 [Fosha, 2006]), and because it set the stage for grieving (State Transformation 2 (Fosha, 2006)). Mourning this aspect of his life, as well as the lack of acknowledgment from others for his pain and resilience, would continue to be key aspects of the treatment.

### The Role of Exposure and Expectancy Violation in Session 3

This session further clarified expectations and behavior patterns that maintained Chris's loneliness. Chris highlighted circumstances in which he found the responses of others to his own emotional expression aversive. For instance, he recognized that others' responses often felt ingenuine and "bother[ed] him." Additionally, when Chris described the reason for his decision not to allow his family to visit him in the hospital (i.e. to avoid added stress) and later described the emotional reactions of his family members to his own emotional expression, it became apparent that he often found their responses aversive (i.e. positive punishment). Furthermore, it became clear how his family dynamic led to the development of various beliefs, including, "Everyone must keep their own emotions in check for self-preservation." Such beliefs likely contributed to the generation of expectations such as, "Experiencing and/or expressing emotions to others will threaten my self-preservation," and, "Others' responses to my emotions will be ingenuine and will bother me." Lastly, Chris's response to my question regarding what it was like to share his experience with me in session shed light on potential nuances to a hypothetical exposure hierarchy, with emotional expression initiated by Chris feeling more comfortable (and therefore a lower-level exposure) than when the conversation "came out of the blue."

Various moments of the session also served as interventions. For instance, accessing sadness in session and expressing it to me served to increase Chris's tolerance of (1) experiencing sadness and (2) expressing it to another. Furthermore, my verbal self-disclosure of my own emotional response to Chris's description of being in departmental meetings (i.e. "having chills") and my non-verbal disclosure of emotions (e.g. appearing slightly tearful in response to Chris's tearfulness) were forms of exposure since Chris reported often feeling uncomfortable by others' responses. My self-disclosure in the midst of exploring Chris's experience of being in a room of "divorced parents" also paralleled the role of modeling and vicarious learning within the context of exposures. Metaprocessing served to highlight a new

learning experience that challenged beliefs Chris held regarding the emotional responses of others. In particular, Chris reported often being bothered by others' responses and finding them ingenuine but recognized that my response to his emotional disclosure felt "fine" and "genuine." This interaction may also have challenged beliefs that Chris held but that had not been explicitly discussed within this context, particularly regarding his emotions being a burden to others and his emotions not being recognized or *wanted* by others.

#### *Session 4*

The session began with a check-in regarding Chris's dissertation, which he had defended prior to the fourth session. I highlighted ways in which Chris's awareness and care for others' emotions arose during his defense: (1) Chris wanted to present information during his talk in such a way that all audience members could comprehend, (2) Chris felt nervous for other presenters if they seemed nervous, and (3) Chris felt overwhelmed by others' stress when he was presenting, such as feeling overwhelmed by one of his professors' nervousness on his behalf. As Chris discussed experiences in session, I strived to relate them to themes to (1) check my comprehension with him and (2) to create an experience in which Chris felt *seen*.

Since AEDP emphasizes the value of metaprocessing, I encouraged us to reflect on the previous session. Chris noted that the session was "emotional" for him due to the discussion of feeling alone and being a "sad clown." I worked to foster self-compassion by normalizing Chris's reservations in sharing his emotions with others. I expressed that *of course* he "bottled up his emotions because other people had not been paying attention" and that Chris had to focus on others' needs and feelings rather than his own, to which Chris nodded calmly.

Themes regarding endings and feeling "unrooted" re-emerged during this session. Chris described working in a laboratory for the duration of his program and needing to "say goodbye to the lab." Chris shared that he used to "tinker" in the laboratory like one would with an old car that he knew "better than anyone else and then [had] to give it up." I related this disclosure to Chris's experience of being unrooted, with circumstances now "coming and going." I emphasized, "This is an ending," and then asked Chris to consider his feelings regarding this ending with the laboratory. Chris noted that the last six months had been "annoying" and "stressful" yet he felt "lots of gratitude and emotion" toward those present at his dissertation defense. I underscored how special the defense was with "everyone focused on [him], connected to [him], *acknowledging* [him]." My recognition of what felt special about this moment provided space for Chris to divulge that, during the subsequent luncheon, his professor made a "long and heartfelt" toast, which was particularly special because they had initially "buted heads." During the luncheon, Chris's parents divulged that Chris was the first in their family to attain a doctoral degree. While discussing the value of receiving acknowledgement – which Chris reported to have previously received only from sports coaches – Chris revealed that he "want[ed] acknowledgment and it also [felt] uncomfortable." The discussion of acknowledgment involved

mirroring in body language and tone of voice. I strived to provide Chris with the *genuine* affection I believed he needed.

Chris then disclosed that at a post-dissertation dinner with his father, his father's girlfriend, Chris's mother, and Chris' partner Andrea, Chris's father made a joke about how Chris used to eat as a child. When I asked Chris how he felt about this joke, he stated that he did not "blame" his father for how he ate as a child. Chris mentioned that his mother's tendency to "ignore things because she [didn't] want to cry" arose during the dinner when Chris offered to show her a photograph of him while he was in the hospital. She declined, and Andrea, in turn, informed Chris's mother that she had "teared up" when she saw the picture. I sensed that it may have been significant for Chris to receive an acknowledgement of his pain from Andrea, and I, therefore, prompted him to consider his emotional reaction to her comment. Either due to the pain of his mother's rejection of the photograph (i.e. her rejection of seeing his suffering) or due to a limited ability or willingness to reflect on healing experiences, Chris simply and with little affect stated that it was "fine" that his mother was emotional and that there was "no acknowledgment on either side."

I felt extremely sad while hearing this story and conveyed my sadness through my facial expressions and tone of voice. I related the current family dynamic to past interactions by saying, "Your parents were so caught up in their experiences that you fell through the cracks ... They were focused on how they were handling the separation and you were focused on how they were handling the separation, so I guess I'm wondering who was focused on you?" To which Chris, with restraint, responded, "Nobody." He stated that the only conversations he had with his father were about sports and television because his father, like him, avoided emotional topics. Chris reported that he and his mother did not connect emotionally because neither of them "wanted to." I voiced my observation that Chris was always protecting his parents and saying that it was not their fault and that it was almost as though he had to fill as little space as possible. Chris nodded and proceeded to describe his early relationship with his father in more detail.

Chris mentioned that as an adolescent, he had a "minimal," "roommate" relationship with his father, with Chris taking on "more than his fair share" of duties around the home. I felt saddened by what Chris stated and yet mirrored his smile, once again feeling uncomfortable with expressing my sadness to him. Chris shared that he "wouldn't have wanted an emotional conversation with [his] dad because he was a hothead and aggressive," and that "accusing [his] dad of something could make him angry." Chris stated that "men in [his] family were very defensive to a fault" and that defensiveness made him not want to have emotional conversations with his father. Chris's recognition that it was "easier to avoid tough conversations" highlighted the value of hiding his emotions from others.

My attempt to provide warmth and non-judgmental acceptance in response to Chris's disclosures enabled him to more deeply consider and share with me his early experiences with

his father. Chris recalled a visibly upsetting memory of waking up on Sunday mornings to his father "banging around" in the kitchen – a memory that would be revisited in a later session. I asked Chris how he felt in those moments and he stated that he "always felt like walking on eggshells." Chris stated that his father was generally not violent, but that he held memories of his father hitting a punching bag in the basement that were "traumatic" and "sucked." When asked to explore his thoughts and feelings reflecting back on these memories, Chris clarified that he "knew he wouldn't hit [Chris]" and that his father was "not violent against you but you knew he had rage inside him." We processed this memory deeply and slowly in session, recalling Chris's emotions in the moment ("scared") and his emotions in session with me as we looked back on the moment ("sad and angry"). I revealed to Chris an image that came to my mind of a child, uncomfortable and afraid, trying to "squish" into as small of a ball as possible. My disclosure elicited a memory for Chris of sitting at the kitchen counter for hours while his father struck the punching bag in the basement - an experience that had transpired an uncountable number of times. Together, we explored Chris's thoughts and emotions related to this memory.

We continued to explore the significance of this memory and then others, including the argument that had transpired on Thanksgiving, the sadness in the room palpable. At the end of the session, we briefly metaprocessed what it felt like to share these memories with me, and Chris revealed that he had not previously discussed the memories of sitting at the counter before and that it felt significant to be acknowledging it for the first time with another.

Chris's sadness during that session, plainly evident in his slowed speech, tense posture, and the emotion in his eyes, created a pressure in my chest. I, a generally emotional and expressive therapist, had wanted to cry in that moment and yet had felt rooted to my chair, feeling pressured to restrain and stifle my sadness. Although I had not been aware of it in the moment, I had felt worried that my sadness would hurt Chris.

#### The Role of AEDP in Session 4

At the start of the session, when I asked Chris about his dissertation defense, I demonstrated that I had been keeping him and his significant milestone in mind during our time apart. This is important since an AEDP therapist strives to allow the client to exist in their "heart and mind" (Fosha, 2013, p. 514) and to show the client their regard. When I highlighted how Chris's awareness and regard for others' emotions presented within the context of his dissertation defense and guided exploration of this theme, I strived to embody the AEDP therapist's stance of "equal parts knowing and wanting to know" (Fosha, 2000, p. 29). During this conversation, I also "privileged the positive" (Prenn, 2011, p. 312) by highlighting how Chris's discomfort during his defense was linked to his care of others. Reflecting on our discussion during the previous session tapped into AEDP elements related to metaprocessing, highlighting the formerly adaptive nature of defenses, and increasing self-compassion.

The remainder of the session—transitioning from discussing Chris’s sense of feeling unrooted, his experience of receiving recognition during his defense, the painful post-defense dinner, and his early relationship with his father – well demonstrated the transition across AEDP’s states. Initially, various defenses, such as isolation of affect, prevented Chris from accessing and expressing his core affect. For instance, Chris expressed little affect and minimized the significance of his experiences (e.g. stating, “It’s fine”) while exploring his emotional experience within the context of the upsetting dinner and regarding his “roommate” relationship with his father. During these moments, I strived to be authentic and mirrored Chris’s affect by expressing my sadness with my facial expressions. Although, occasionally, my mirroring of Chris’s affect colluded with his use of defenses (e.g. both of us half-smiling while discussing upsetting experiences), these instances allowed me to meet Chris at the point of emotional expression that he was prepared for and facilitated deeper emotional exploration.

An AEDP State Transformation 1 (Fosha, 2006) occurred as we transitioned to discussing Chris’s recollections of stressful mornings with his father and his father hitting a punching bag in the basement. I encouraged Chris’s exploration of his emotional experience within the context of the disclosed memories (like “walking on eggshells” in the mornings and “scared” when his father hit the punching bag). In order to facilitate processing of the memory, I also prompted Chris to consider his emotional experience in session while looking back at the memory with the punching bag (“sad and angry”).

I worked to deepen the discussion and demonstrate that Chris’s emotions resonated with me by disclosing an association I had: an image of a frightened child trying to “squish” into a ball. My disclosure, as well as the safety established within sessions thus far, allowed Chris to further explore his memories, thoughts, and emotions as they related to this dimension of his childhood. As expected in AEDP’s State 2 (Fosha, 2006), (1) Chris accessed core affect during this discussion (e.g. affect was evident in his slowed speech, tense posture, and sadness in his eyes), (2) processing and metaprocessing allowed us to jointly work through the affect, and (3) sharing emotions generated a positive experience for Chris (e.g. he received acknowledgement for the distress of sitting at the counter for hours). The emotional significance of receiving acknowledgment in session was representative of AEDP’s State Transformation 2’s transformational affects (Fosha, 2006) and was processed in greater detail in later sessions.

#### The Role of Exposure and Expectancy Violation in Session 4

During session four, the use of AEDP techniques to guide deeper affective experiencing and disclosure of affect within the context of a secure relationship possessed elements similar to an exposure. In particular, as Chris accessed core affect while reflecting on his memories of sitting at the kitchen counter as his father hit a punching bag, he allowed himself to approach an emotional experience he typically minimized or avoided. In essence, this served to challenge

previously-held beliefs regarding the safety and utility of experiencing his emotions and sharing them with another. Although the expectations this "exposure" served to violate had not been explicitly highlighted, his expectation of others' reactions to his emotional expression could have been deduced from his reflections in this and previous sessions regarding others' typical responses (e.g. his mother avoiding anything that could make her sad, his father's anger outbursts, only receiving acknowledgment from sports coaches) and various beliefs he held (e.g. that his emotions inconvenienced and burdened others, that he "want[ed] acknowledgment and it also [felt] uncomfortable"). Metaprocessing at the end of the session highlighted how meaningful it was for Chris to receive acknowledgment for his painful childhood memories. Metaprocessing could have been furthered by considering how Chris's experience in session potentially challenged his expectations regarding accessing emotions, sharing his emotions with another, and receiving acknowledgment (e.g. "*Was* receiving acknowledgement uncomfortable?").

### *Session 5*

The emotional connection we shared during the fourth session was a turning point that led Chris to disclose other experiences with greater emotional expression. Chris opened the session by sharing that he had gone on a trip with his partner, Andrea, and had also traveled to look at new apartments. Chris disclosed that he accumulated furniture over the years, a habit he thought to have acquired from his father. I asked Chris what it was like to notice similarities between his father and himself. His initial response was somewhat intellectualized, stating, "Kids copy their parents." Then Chris shared that others have told him that he and his father are similar. Chris disclosed that there were "some similarities [he didn't] want to have" but that he "[didn't] hold grudges toward [himself] for it." He noted that his father held some positive qualities, like being helpful to others, yet they also both shared a quality of holding grudges.

I queried if Chris had ever been on the receiving end of his father's grudges and he disclosed that he felt "annoyed" that he had to reach out to his father after two months of not speaking following the argument on Thanksgiving. We briefly discussed the argument that had transpired and discussed the emotions Chris felt at the time and his emotions at present while looking back at the memory. Again, the theme of needing acknowledgment arose, where Chris stated that he simply wanted acknowledgement from his father that they had not spoken.

**Therapist:** Hmm. What was that fight like for you? I know you mentioned it was really upsetting for you in that moment.

**Chris:** Yeah.

**Therapist:** And you had been wondering about how Andrea was there and was witnessing it (referring to previous session's discussion).



**Chris:** Yeah ugh it was, I mean. I think it was just the first time that I had confronted my father like that. It was the first time I had been on the receiving end of his anger like that.

**Therapist:** Hmm.

**Chris:** So it was. It sucked. I mean, I was like, very angry.

**Therapist:** Yeah.

**Chris:** I still am when I think about it cause it's just ridiculous.

**Therapist:** Like right now, thinking about it, the same feeling comes up?

**Chris:** Well it's just like the things he was saying just don't even make sense. Like he was trying to make sense but he was just angry but like ... (trails off)

**Therapist:** (low, soft, gentle tone) What was he saying?

**Chris:** I just remember he said something along the lines of like, "If you're gonna be on [your mother's] side, why don't you just go live with her?" or something.

**Therapist:** Hmm.

**Chris:** Like for a second he forgot that I wasn't like 16 ... and I was already like living in an apartment in college at this point.

**Therapist:** Hm.

**Chris:** He like forgot that or something - (hands up in questioning fashion) Like I went from being angry in that split second to being, "What? That's not even -"

**Therapist:** Like you felt confused. (labeling affect)

**Chris:** Yeah like ... I don't live in State X. Ugh. But ok (casual response – in line with defenses). Yeah so it was very ... everyone was just very angry. It was also weird with comments like that. I mean I had only like lived away for a year at that point. But still.

**Therapist:** If he had said that comment while you were still living with him, what do you think that would have brought up for you? (attempting to intensify affect)

**Chris:** Ugh I mean if I was still living at home it would have been much worse because it would've been that awkward ... we wouldn't have talked to each other for two months but we still would've lived together under the same roof.

**Therapist:** Mmmh.

**Chris:** Instead, I was able to just wake up and leave. Um but you know, it's this one thing parents shouldn't make their kids do: choose between them. And I wasn't – I was just telling him to not make a scene. I was – my mother should not have gone [to the dinner].

**Therapist:** Yeah. (nodding along)

**Chris:** So I understood that. Besides, I was just trying to keep him from blowing up at the party.

**Therapist:** Did you feel like your parents made you choose between them growing up?

**Chris:** Ugh. Not necessarily. I mean, I didn't have a choice. And if I did, then I would have chosen my father just because I didn't know what was going on.

**Therapist:** Hmm. (surprised/curious tone) You mean choose your father?

**Chris:** I mean, if I had a choice of who I'd live with or something, um yeah I would have chosen my father. Most of my childhood relationship with my parents was with my dad because my mom was working nights and stuff so like I didn't really see her.

This conversation was significant because Chris was willing to discuss a previously referenced upsetting memory with greater detail and affect. Furthermore, it was the first time Chris had – without any prompting or guidance – recognized that the position his parents had placed him in was unfair (i.e. "It's this one thing parents shouldn't make their kids do: choose between them."). He followed this statement by saying that "[he] didn't have a choice."

We segued into a discussion of Chris's memories of his mother, which were few and mainly involved her gardening. Recalling his experiences following the divorce, Chris shared, "My dad would bring up things to complain about mom." Regarding the divorce, Chris stated, "I didn't know what was going on ... she just up and left ... If she took me, I'd feel that way toward my dad because she'd probably complain about dad." This experience of abandonment and loss was clearly painful. Chris likely continued to protect the image of his mother. He shared that he expected he "would have given [his] mom more sympathy and empathy if [he] knew why she left" and that he was "mad" that the "responsibility" of the separation "fell on [his] mom."

Wanting to assess Chris's degree of openness with Andrea, I asked if he had discussed his parents' divorce with her. He said he shared "a bit about family stuff." I asked him how it felt for her to know this information. Chris responded, "It makes her happy to know when things are bothering me." I tied this experience back to the theme of acknowledgement, highlighting that Andrea acknowledged what he went through as a child, unlike his parents. Chris agreed with my statement that Andrea's acknowledgement "[sat] well with [him]." We recognized that Chris's experience with Andrea was unique because she showed that what he was experiencing was important to her and that he did not need to manage her emotions.

I prompted us to reflect on our previous session's discussion: "What was it like to see my acknowledgment?" Chris responded, "It made me emotional that it was genuine." I highlighted how Chris had been "holding [the pain] in as hard as [he could]" and I wondered what it meant

for me to give him an acknowledgement that he had been waiting for from others, particularly his parents. He replied that it felt like a "sad acknowledgement," and brought him "relief."

I asked Chris what he would need from his parents, and he stated he wanted an apology and acknowledgment, and that they "already gave love." He shared that his mother complained to his professor during his defense that he was not home enough. Chris told me that he "hated" going home because he did not like the town and was "used to being on [his] own." He identified feeling "spiteful" toward his mother and stated bitterly, "You (his parents) had your chance." I accepted Chris's emotions here, matching his sarcastic and bitter half-smile with my own.

I prompted Chris to consider what he would want to say to his parents if he was not worried about their emotional reactions. He shared that his mother "didn't really know what was going on" while he was living with his father and he "want[ed] her to understand how [he] was living." I asked Chris about other figures in his life and if they saw his emotions. He mentioned that he did not "show" his emotions to Andrea but she was "good at reading [him]."

Chris shared that it was hard to bring up certain topics and that he was scared of having a "negative conversation" because "talking about something that annoyed you is going to be annoying." In short, upsetting another person was upsetting. However, Chris recognized a significant shift. He stated that recently "bringing things up [had] been good." Chris recalled waking up one day to Andrea "banging around" in the kitchen and, with courage, Chris decided to share with her the memory of his angry father "banging around" in the kitchen. When asked to reflect on the significance of this experience, Chris stated, "Therapy has caused me to think about my dad and then this memory came up." During discussion of this moment – which depicted a shift in a typical cyclical maladaptive pattern and a new relational experience – Chris and I both exchanged smiles and shared our joy and pride.

Drawing on the more directive approach of TLDP, I mentioned to Chris that one purpose of therapy could be for us to identify the change he wanted to see in his life and help him "get there." I suggested that receiving acknowledgment of his emotions from others may be important and I wondered if he could potentially share one of these stories with a significant person in his life. Chris disclosed that part of him did not want to bring up sad things but that "not bringing it up end[ed] up coming up in ways that [were] unexpected." I gently brought awareness to Chris's previously-adaptive defenses that were likely creating distress at present: "You spent so much time alone in your childhood and now too you feel alone but it is hard to change that feeling if it doesn't feel like your emotions and who you are as a person are acknowledged by others."

Chris smiled briefly at this and then stated that for some reason this brought up a memory of his love of "dive bars." I immediately smiled fondly, mirroring his affection, and then asked him what he meant. Chris described that everyone in dive bars was comfortable and genuine, not needing to hide how they were "miserable with their lives and work but [could] all go to the pub

and they're all still miserable but they [had] camaraderie." Chris's joy and affection was contagious – I laughed aloud warmly in response to this disclosure. He elaborated, "Everyone's nice, sort of dark and dingy ... I'm always comfortable there ... [you] can talk to people and not talk to people." As the realization of how special this environment was for Chris, I warmly stated, "The clown act gets dropped," to which he nodded. I highlighted how this was a special environment where Chris felt camaraderie and did not feel alone because he was himself and others were accepting of him. We further explored how special dive bars were for Chris, including how he felt connected to the "real" people there, who could understand his experiences with poverty and the working class that individuals in academia may not understand. I summarized this special experience: "Here is a place where a complete stranger sees you and *acknowledges* you." Chris and I smiled, appreciating his memory and each other's company.

### The Role of AEDP in Session 5

Following session four, I found Chris to be much more willing to connect with core affect and express it, although his typical defenses that served to distance himself from his sadness and minimize the weight of his experiences continued to be present. Once again, throughout the session, I strived to embody the stance of an AEDP therapist who was present, compassionate, and authentic. I showed Chris my genuine curiosity as I strived to grasp what his life felt like for him (e.g. wondering if he had ever been on the receiving end of his father's grudges and asking if his parents had made him choose between them). As I provided observations and identified themes across Chris's experiences, I worked to embody the stance of "equal parts knowing and wanting to know, being and wanting to be there" (Fosha, 2000, p. 29). For instance, we jointly explored the experience of receiving acknowledgement from Andrea, and I summarized that her acknowledgement "sat well" with Chris. Later in session, I showed my understanding of Chris as a person and the significance of dive bars by stating, "The clown act gets dropped," and, "Here is a place where a complete stranger sees you and *acknowledges* you."

I integrated AEDP techniques to deepen awareness and access affect. I labeled Chris's affect (e.g. "Like you felt confused") and worked to intensify affect (e.g. "If he had said that comment while you were still living with him, what do you think that would have brought up for you?"). We also returned to the previous session and further metaprocessed the experience of receiving acknowledgement from me, allowing Chris to recognize that it "made [him] emotional because it was genuine" and that it brought him "relief." Metaprocessing allowed Chris to reflect on what it was like to have a new experience within the context of a relationship. Additionally, his labeling of my acknowledgement from the previous session as a "sad acknowledgement" evidenced the type of "glimmers of integrated self experience" that Fosha (2013, p. 503) recognizes occur within the context of AEDP. In essence, the previous session's "sad acknowledgement" served as a moment of recognition that provided a sense of "truth" (Fosha, 2006) regarding Chris's experiences.

The final portion of the session was significant because it was the moment across all of treatment that contained the most unbridled, synchronized joy. As we discussed dive bars, I understood Fosha's description of the treatment's ability to generate an enjoyable "coordinated state" in which the therapist and the client are in tune with one another (Fosha, 2001, p. 232). This moment served as an opportunity for me to "privilege the positive" (Prenn, 2011) and "delight in" (Prenn, 2011) Chris's experience. Our warm discussion of Chris's emotional experience in dive bars where "the clown act [got] dropped" and he received acknowledgement felt representative of AEDP's description of a "core state" (State 3) that possessed a sense of "truth" and "vitality" that was felt by both of us (Fosha, 2006).

### The Role of Exposure and Expectancy Violation In Session 5

This session provided additional information regarding Chris' expectations for disclosing emotions within the context of relationships. Chris shared that it was difficult to discuss particular topics with significant others because he feared that having a "negative conversation" could be upsetting for the other person. Once again, a link was made between another person's negative emotional experience and the unpleasant experience it generated for Chris.

This session also enabled us to return to Chris's experience of receiving acknowledgement from me during the previous session. Since Chris had previously reported that he often found others' responses ingenuine, his ability to label my response as "genuine" may suggest an expectation (e.g. "If I express my emotions, the other will give an ingenuine response.") had been violated. Also, Chris often anticipated discomfort in response to disclosing his emotions to others, and his experience of feeling "relief" during the previous session demonstrated another expectation that had been violated by the interaction.

The current session also served as a form of exposure. Although the majority of our treatment focused on Chris's tendency to avoid disclosure of his sadness and things that were "negative" within the context of interpersonal relationships, it was possible that Chris's learned pattern of emotional avoidance had generalized into a tendency to avoid discussing any deeply emotionally-laden experience with others. As Chris described the sense of joy and belonging he experienced in dive bars, I sensed my privilege in hearing these memories. During this conversation, Chris received a genuine, warm response from me, which could have served to challenge his belief that his emotions were a burden for others. Our ability to smile and laugh while recalling his memories from dive bars also served to violate his expectations that disclosing his emotions to others would bring about discomfort for him.

Lastly, this session provided information regarding shifts in out-of-session dynamics. Namely, Chris recognized that recently "bringing things up" with Andrea, such as his memory of his father "banging around" in the kitchen, allowed him to receive acknowledgement and compassion from her. In terms of an exposure hierarchy, disclosing emotions and memories to

Andrea was likely a "lower level" item than disclosing emotions to a family member (or potentially a friend or colleague) since Andrea's acknowledgment generally "sat well" with Chris, and Andrea often demonstrated that his emotions were important to her. Regardless, these moments served as meaningful learning experiences for Chris, further challenging his expectations regarding expressing his emotions to others (e.g. that he will feel discomfort, that the other will be burdened, that the other will provide an ingenuine response).

### Session 6

I hoped to create new relational and emotional experiences outside of session that could shift the behaviors and beliefs maintaining Chris's cyclical maladaptive interaction patterns. Therefore, during session six, we returned to the prospect of receiving acknowledgement from key figures. Chris reported that Andrea was "not an option" because it had been "hard for [them] to have long conversations," they were busy, and it was also a new relationship so it was "hard to have negative talks" and they were "trying to keep things fun." I again linked Chris's current discomfort with his past history: "How uncomfortable conversations had been in the past may be part of the reason you don't want to have these conversations now." Chris also challenged his own reasoning by stating, "It'll always be a busy time." Drawing on my affection toward Chris, I gently suggested, "Regardless of circumstances, you *always* deserve acknowledgment." Chris nodded and sadly, bitterly stated, "She's not the one I really need acknowledgment from." In return, I nodded solemnly, recognizing that he was referring to his parents.

Wanting to ensure that Chris had a positive learning experience outside of session in terms of receiving acknowledgement, I asked if he had considered the possibility of receiving acknowledgment from his sister. Chris shared that he expected his sister "would turn it around and talk about herself." However, Chris stated that he had told her that he was going to therapy and anticipated having "a talk" with her around the holidays when he visited home. We considered different ways in which he could elicit the acknowledgement he needed from his family members, including directly telling them what he needed from them and describing to them what he did in his graduate program in order to receive recognition for his effort.

Chris then shared that his mother had asked for the link for his defense in order to re-watch his advisor's introduction. I asked Chris if he remembered the moment when she had reached out to him and facilitated exploration of his feelings in relation to this memory. Chris verbalized his mixed feelings, where a part of him felt hopeful that his mother was proud and part of him felt spiteful ("Now you care now that it's the end."). Chris mentioned that his mother was aware of the dynamic between Chris and his advisor. Keeping in mind his mother's limited knowledge of the content of his research yet simultaneously being aware of his relationship with his advisor, I tentatively suggested: "Maybe there are some parts of you that felt easier for your mom to acknowledge and some felt more unknowable?" After Chris affirmed the validity of this statement, I – in the hopes of creating a new, rewarding interaction with Chris's parents –



pondered: "Maybe if you guide your mom's understanding, maybe she'd be more receptive?" I sensed that Chris did not want to dismiss my statement but felt hesitant. I attempted to re-align with him by speaking more to the reservations I sensed he held.

**Therapist:** And I kinda feel like what's happening here with your dissertation in the past six years is kind of representative of your whole life. (placing recent experience into context)

**Chris:** Yeah.

**Therapist:** That your parents were generally quite disappointing. They didn't necessarily support you when you needed it.

**Chris:** Yeah.

**Therapist:** And I can imagine how sad and painful that is (validating emotions). And at the same time when you told me about that moment where your mom called and asked you to send that video, I smiled and I think I felt hope and excitement in that moment. (self-disclosure of my emotions to normalize conflicting emotions that may arise in this context and to potentially create an opportunity for a new experience with Chris's mother)

**Chris:** Yeah.

**Therapist:** I think maybe things *could* be different. What do you think of that?

**Chris:** No, I mean, I remember being pleasantly surprised when she told me why she wanted it.

**Therapist:** (nodding) Mm.

**Chris:** Um and I think I felt good for a few minutes and then I was kinda kicking myself for not recording the introduction. But um.

**Therapist:** Mmm. (active listening without validation of self-blame/regret over not recording introduction in order to stay with Chris's ambivalent emotions toward his mother)

**Chris:** Yeah I dunno. I guess I'm just also quick to put those feelings away so it was like 20 seconds (snaps fingers) and then it was gone. Then I moved on to something else. (I nod)

**Therapist:** Well, I think hope can also feel dangerous. Especially in situations where people have let you down repeatedly. (working to re-align since I had given more weight to hopeful emotions than to fear/reservations; labeling emotions (fear in response to hope); normalizing emotions; alluding to formerly-adaptive nature of not getting his hopes up)

**Chris:** Yeah! (demonstrating that he feels as though I am more attuned now by recognizing fear/reservations rather than hope). And it's also not the status quo.

**Therapist:** It's an anomaly. (reflecting; continuing to re-align)

**Chris:** Yeah. (I nod). So. Part of like the easy thing for me was just put it away and go back to what I considered normal.

**Therapist:** Mm.

**Chris:** But. But no I mean there was a few seconds where I was like, "Oh she doesn't want to just show off on social media. She actually wanted to watch something." (I nod)

**Therapist:** And I think that's where the hard aspect of this is: trying to balance what all of these experiences with these people have taught you.

**Chris:** Yeah.

**Therapist:** Cause I think they're adaptive responses for a reason, right? Your family has taught you that you should be careful with getting your hopes up about them. That they won't really give you acknowledgment when you deserve it. That sharing your emotions with them makes them overwhelmed and that makes you feel overwhelmed ... having to take care of them. I think your experiences have been difficult and have accumulated over the years, so the way you're feeling now makes *so* much sense (Chris nods). So I think it's trying to balance *that* with the hope of "how can I change things to elicit the response I need." (normalizing and validating emotions, highlighting formerly adaptive-nature of Chris's typical response)

**Chris:** Yeah.

**Therapist:** Cause I think things on their own don't always change.

**Chris:** Yeah.

**Therapist:** And I wish that I could speak with your family also and get their input on all of this (smiling and shaking my head; Chris smiles) (bringing in levity and humor – likely an unconscious re-emergence on my end of defending against sadness with humor), but I think it really is the case that with what you *do have* available to you ...

**Chris:** Yeah.

**Therapist:** Realistically there are going to be times where your parents continue to let you down because that's what they've done historically, (continuing to normalize his reservations)

**Chris:** Yeah

**Therapist:** And also maybe like with this moment where your mom called or when your parents came to your dissertation and were talking about you growing up, maybe there's at least little gems (hand motion indicating small item) of acknowledgement that you can get.

**Chris:** Yeah. I mean I should definitely call her. I haven't talked to her since she came down but. (ending sentence with "but" likely indicating ongoing ambivalence) And I know that she

was very – she left like very happy that she was invited to the whole thing and like got to see it. (Now, from a state of greater attunement with my adequate recognition of his fear/reservations, Chris is able to access hope and recognize related actions he can take.)

**Therapist:** (nodding) Mhm.

**Chris:** You know, my mom felt this was on the relationships side of things. That's just who she is. So like she took all of the "Oh the people in the department love you" thing with her when she was leaving. I knew that was what stood out to her. (evidencing Chris's increased willingness to speak to his hope of his mother seeing and acknowledging him)

**Therapist:** Mm.

**Chris:** Um then my dad had no idea that ... I know he was happy that he went too but it's harder to get specifics out of him. (I am nodding)

**Therapist:** I'm glad that your mom had that experience of seeing how much your program loved you and enjoyed knowing you. (relating to theme of acknowledgement)

**Chris:** Yeah.

**Therapist:** And saw that you were special. (working to foster self-love; highlighting his significance matter-of-factly and firmly due to: (1) returning to defense of intellectualization in order to provide new relational material in a manner that can be received by Chris, and (2) so as to show Chris that, for me, there is no hesitation or doubt that he is loved, that his company is appreciated, and that he is special)

**Chris:** Yeah.

Later in our sixth session, Chris also mentioned how he would be saying goodbye to a lot of people. In another attempt to generate new out-of-session relational experiences, I suggested that within these goodbyes, "it could be meaningful to acknowledge what you have meant to each other," to be "mindful" and "vulnerable." Chris expressed that he anticipated having an "emotional goodbye" with his professor and shared how she was "one of the few people that [knew] everything," including the details regarding his cat and hospitalization. Chris also shared that the morning of his defense, the professor said she was nervous. Chris shook his head and said, "I'm the one who should be nervous - don't add that to my conscience" (another instance where others' emotions feel like a burden).

Chris then proceeded to describe his relationship with his professor and shared that there was initially tension between them but they came to understand each other better with time. Chris felt comfortable reaching out to her when he needed to miss class due to personal matters. He noted that "she'd be understanding but not overly sentimental," and when she "checked in" with him, he would provide her with some details of what he was coping with and "would ask

for space if [he] needed to.” Trying to highlight the key strengths of this relationship, I summarized, “Your relationship felt positive - she acknowledged what you had gone through, and it resonated in a way that felt effective for you. You would let her know what type of support you wanted. Whenever she encroached on what felt comfortable for you, you reaffirmed your limits.” Chris acknowledged that he had become more assertive overall. I summarized: “Being yourself and talking about things that may feel uncomfortable, like boundaries, have at times led to greater commitment and understanding.” Chris recognized that the first time he had asserted a boundary with his professor, it “blew up” but then their relationship shifted, where they “felt more like colleagues” and “she recognized [him] more.” I suggested, “This connection could be some of the antidote to the loneliness - opening up helps the other person see you and recognize you and helps you get to a place where the interaction feels more genuine.” I then asked, “I wonder how that makes you feel about yourself.” Chris stated, “It makes sense,” and that he “[hadn’t] done that until this point.”

As the session came to a close and I asked about our next appointment, Chris and I recognized that we would not have as many sessions remaining as we had anticipated. Based on his timeline to relocate and his upcoming trip, we would only have time for two remaining sessions. We both looked disappointed at this revelation but, due to time constraints, did not further process the end of treatment. Instead, I offered to meet for one-and-a-half hours instead of one hour for our next two sessions. With a smile, Chris quickly agreed. I suggested that we use our last two sessions to “reflect and process” and “prepare for [his] transition.” Chris noted that he felt himself “pushing back on the solution part of things” and was “curious about my thoughts regarding the future” and the possibility of working with another clinician once he relocated. I stated that I would be happy to talk this through with him next time.

### The Role of AEDP in Session 6

During the session, while exploring opportunities to receive acknowledgment from Andrea and from Chris’s mother, I sought to encourage consideration of new ways of relating while matching my affect and degree of emotionality to Chris’s. In particular, we jointly considered what may or may not work for Chris, approaching the potential for new experiences together with curiosity (i.e. “side by side, sleeves rolled up” (Fosha, 2006)). When I first introduced the idea of receiving acknowledgement from Chris’s mother and expressed my hope following her request for a recording of his dissertation, I sensed Chris’s ambivalence and recognized the importance of speaking to all of the emotions he may have been feeling. As I gave voice to some of the hesitation, distrust, and fear Chris may have felt and recognized the perceived dangerousness of his hope, he likely felt more understood and became more open.

Throughout our conversation, I wished to non-judgmentally highlight and gently challenge beliefs that may have come up for Chris and caused him to “get stuck” in his relationships. I presented my statements with the same off-handed manner Chris often used in

order to increase the likelihood that he could hear my sentiments without feeling overwhelmed by affect. For instance, when Chris identified various ways in which he and Andrea were "too busy" to discuss his history and emotions, I gently but firmly stated, "Regardless of circumstances, you *always* deserve acknowledgment." Later, as we discussed his mother's recognition of how much individuals in his department appreciated him, I wished to convey the notion "Chris, you are special and loved and your mother now knows that" but imagined that making such a statement, particularly in the present tense, could feel emotionally overwhelming. Therefore, I off-handedly summarized, "I'm glad that your mom had that experience of seeing how much your program loved you and enjoyed knowing you, and saw that you were special." There were also moments during the conversation where our attunement to one another's emotions was strong enough that we were able to share an experience without explicitly voicing it (e.g. when Chris stated with bitterness in his voice, "[Andrea's] not the one I really need acknowledgment from," and I nodded solemnly, recognizing that he was referring to his parents.)

As we discussed Chris's relationship with his professor, we jointly, with curiosity, explored and deduced what about their relationship felt positive. I sought to show Chris that I was present, listening, and understanding his experiences by mirroring his affect, nodding, and reflecting back to him his own observations while connecting them to various themes explored in treatment (e.g. the need for acknowledgement). I worked to heighten Chris's sense of agency by framing my reflections in terms of opportunities for future interventions (e.g. "Being yourself and talking about things that may feel uncomfortable, like boundaries, have at times led to greater commitment and understanding.") I also hypothesized, "This connection could be some of the antidote to the loneliness - opening up helps the other person see you and recognize you and helps you get to a place where the interaction feels more genuine." This statement was important because (1) it related back to the presenting problem, and (2) it demonstrated to Chris that he existed within my "heart and mind" (Fosha, 2013, p. 514) since I had been thinking about his loneliness even when we had not directly spoken about it in the past few sessions.

Lastly, our discovery that we had fewer sessions remaining than anticipated served as an important moment even though the conversation spanned no more than five minutes. Our joint surprise, disappointment, and decision to keep core affect at bay due to the time constraint, evidenced our level of attunement and appreciation for our time together. I showed my appreciation for Chris and our work, as well as my wish for more time, by offering one-and-a-half hour sessions. Chris's quick acceptance of the offer indicated that he held a similar appreciation for our time. Our desire to have more time together was significant both in terms of the theme of feeling "unrooted" within Chris's life (i.e. discomfort over the temporariness of therapy) and in terms of our attachment relationship (i.e. discomfort over separation).

### The Role of Exposure and Expectancy Violation in Session 6

The content of the session generally focused on Chris's expectations for interpersonal relationships as they related to Andrea, Chris's parents, and his professor. For instance, regarding Chris's relationship with Andrea, it became clear that the prospect of discussing his emotions and history and potentially receiving acknowledgement was riddled with beliefs and expectations related to his worth and the aversive nature of discussing emotions (i.e. a belief that his emotions are not worth discussing when the two of them are busy, an expectation that new relationships should be "fun" and discussing his emotions and history would be unpleasant). The session also demonstrated that an out-of-session interaction (his parents' behavior and comments regarding his dissertation defense) challenged certain expectations (i.e. "I can never/will never get any acknowledgement from my parents.")

The discussion of Chris's relationship with his professor was meaningful because it highlighted the aspects of their relationship that made him more willing to disclose his emotions, thereby allowing him to receive acknowledgement and feel less lonely. It also evidenced that a meaningful connection could arise even within relationships that had previously had aversive interactions (e.g. Chris now had a positive relationship with his professor but initially his assertion of his needs led to tension (i.e. it "blew up")). It could have been valuable to highlight this learning experience and apply it to Chris's other relationships since his past history with his parents and sister understandably influenced his expectations of future interactions, maintaining his avoidance of emotional disclosures.

Lastly, as we jointly explored Chris's thoughts and emotions throughout the session, we experientially challenged the beliefs that (1) Chris's emotions were unwanted and burdensome to others and (2) that others' reactions to Chris's emotions would be overwhelming and burdensome to him. Rather than pulling away or emotionally punishing Chris as he disclosed a thought or a feeling, I verbally and non-verbally encouraged further exploration of his experiences by physically (e.g. leaning in) and emotionally moving closer. The experience was positive for both parties, as evidenced by our decisions to extend the length of our final sessions.

### *Session 7*

Our seventh and eighth sessions were one-and-a-half hours long. The seventh session predominantly focused on reflecting on the upcoming end of treatment and our relationship. It began with a check-in, where Chris reported that he moved to his new apartment but was still returning to the clinic's area to attend to a few matters. When asked how he felt about moving, Chris stated that there was only "baggage and reminders here" and that he was "excited for new experiences and for [his] new work."

Chris stated that he was attending a conference the following week, to which Andrea was accompanying him. Regarding the upcoming conference, Chris sadly shared that he usually saw



distantly located friends at conferences and was disappointed that many would not be able to attend. He shared that it would have been a long time since he had seen many of them because he had missed the previous conference due to his hospitalization. I mirrored Chris's sad tone and facial expression, voicing how I recalled that he missed those close friends.

Chris shared that he had a two-and-a-half hour long goodbye with his professor right before our session. I asked him how this goodbye felt for him and he said it was "good" and "emotional." Chris described that the two shared wine and "chatted" about their time together. Chris shared that his professor "feels like an older sister to [him]." He expressed appreciation for this goodbye, which possessed "no judgment" and they were both "just present." Chris shared, with emotion in his eyes, that his professor told him she was grateful to know him. With an affectionate laugh, Chris recounted that she said she would have given him a hug but she knew he would not want it. Mirroring Chris's affection and joy, I highlighted that Chris had been "clear with her regarding his needs," and that she "got him" and responded to him in a way that was comfortable to him. Chris agreed that it was "easier to be open with her because she respond[ed] to [him] in a way that's comfortable."

Chris then shared, "It's hard to find genuine people. There's not many of them." I solemnly nodded in response, voicing my own appreciation for genuine connection. I asked him, "What has this shown you?" Chris recognized that there were genuine people in the world even if there were not many of them. I suggested that "making friends is worth the effort" and it may be "worth finding even a couple of genuine friends." Chris and I exchanged a smile. I wanted Chris to attend his new post-doctoral position with a willingness to connect with others. I noted that in Chris's program there were new masters students every year and so Chris experienced many goodbyes, in addition to the goodbye he had today with his professor. I suggested that perhaps these frequent goodbyes contributed to Chris's sense of everything being temporary and to feeling "unrooted." Chris affirmed that everything feels temporary, including his upcoming post-doctoral position. I queried, "So how will you be able to make your next temporary experience meaningful too? How can you get yourself to put in effort?" Chris expressed a desire to continue with his progress but reservations knowing his tendency to withdraw.

I shifted to a reflection on his time in treatment, hoping to apply our experience to future out-of-session connections. I highlighted that Chris had entered our treatment knowing it was temporary and asked him about his initial expectations for treatment. Chris stated that he "didn't really have any expectations" but that he felt like he "got a lot out of it." I smiled warmly in response to this and mentioned that he had gone through many goodbyes recently and that we would be having our goodbye soon. I disclosed that I had been caught off guard at the end of our last session when we realized that we had fewer sessions remaining than we hoped for and that I felt sad about our time together ending. Chris's face mirrored my sadness. I asked him what our

time together had felt like. With emotion in his voice, he expressed that he felt sad about our treatment ending and grateful that we were having a longer session.

Chris shared that in our sessions, my responses felt genuine. He shared that he considered most people ingenuine and it was hard for him to find people he trusted and connected with. Gratitude and affection blossomed inside of me and, with warmth in my voice, I disclosed that I, similarly, did not often feel very connected with many people and that I found Chris warm and genuine, and felt grateful to know him. The tears in Chris's eyes were reflected in mine.

Sensing that disclosure of my emotional responses toward Chris could be crucial for our understanding of his experiences of the emotional responses of others, I shared with Chris that I often felt a lot of emotion during our sessions, yet early on, felt as though I had to hold back my emotions. I gently shared that I believed my experience had been connected to Chris's early disclosure of feeling overwhelmed by others' emotions. I revealed that in an earlier session while discussing Chris's memory of sitting at the kitchen counter, I felt deep sadness but tried to conceal it. After a moment of quiet, Chris stated: "I know that you think you were holding back your emotions, but I could see it all over your face." I asked Chris what that had felt like for him, and he said that my reaction had allowed him to recognize how painful that memory was for him and allowed him to be sad.

As we sat together, sharing a moment of affection and sadness, I highlighted that treatment was temporary yet it ended up feeling meaningful too – that Chris had gotten more out of it than he had expected. Chris smiled and nodded in agreement. I suggested, "It could be the same in the next place too," referring to his postdoctoral position. Chris nodded.

We reflected on the factors that enabled us to connect. I shared that Chris's openness and willingness to show his emotions allowed me to connect with him. He agreed, stating, "I came here willing to be open with you because I knew it was your job and it was what I was *supposed* to do." We recognized that my role as a therapist gave Chris permission to express his emotions without worrying about burdening me. I disclosed that, regardless of my role, I was incredibly grateful for his emotions and memories – that knowing how he felt helped me feel more connected and allowed me to better understand how to support him. I gently stated that I sensed that Chris may have felt less *lonely* here. Realization dawned on his face, and he nodded.

Feeling Chris's trust in me in this moment, I felt more willing to push against some of his protection of his parents. I gently suggested that, just as Chris had felt comfortable expressing his emotions to me because it was my "job," that we could argue that it was his parents' job too, and that they had let him down. I asserted, "They should have been there to support your emotions and experiences and they dropped the ball." I also gently said that we could argue that it is his friends' jobs too to know him and support him. Chris nodded and looked at me with hope and affection. We sat quietly in session for a moment.

We returned to reflecting on treatment. We explored how Chris's willingness to show his emotions in session allowed me to see, understand, and respond to his *genuine* self, thereby enabling us to connect and Chris to feel less alone. We reflected on Chris's progress, particularly in expressing his sadness and anger to Andrea and his sister outside of session and his deepened emotional expression in session. Together, we recognized that his expression of his pain allowed me to relate to him and support him in a way that counteracted loneliness.

Chris shared that his "default" was "not to care about asking other people questions but just to be polite when they ask questions" and that he was "used to being alone." I affirmed this statement and compassionately highlighted that Chris had been left alone for so much of his life and he truly had to adapt by holding in his emotions. We reflected on how Chris's parents' and sister's reactions to his emotions had taught him to keep his emotions locked away. As our session came to a close, I softly yet firmly clarified that it was "not just my job" but that I had been genuinely "grateful to get to know [him]" and that his "emotions, experiences, and pain *should* be shared because they matter, because [*he*] *matter[s]*." Chris did not verbally respond to my statement, but his nod and tears indicated that he felt moved. At the end of the session, I offered for us to exchange goodbye letters during our final session, and Chris agreed that he would be happy to do this and would prefer that we read each other's letters outside of session.

### The Role of AEDP in Session 7

Throughout the session, I mirrored Chris's emotions (e.g. while discussing his disappointment in not being able to see his friends at the conference). As we processed Chris's goodbye with his professor, I "delighted in" (Prenn, 2011) Chris's experiences, mirroring and sharing his joy. I drew on the AEDP stance of "equal parts knowing and wanting to know" (Fosha, 2000) at several moments, including (1) highlighting aspects of his relationship with his professor that felt special (e.g. "It is easier to be open with her because she responds to you in a way that's comfortable.") and (2) suggesting that the frequent goodbyes Chris exchanged throughout his program contributed to his sense of feeling "unrooted." Returning to experiences Chris identified during earlier sessions (e.g. feeling lonely and unrooted, missing his friends) showed that he resided in my "heart and mind" (Fosha, 2013, p. 514)

Drawing on the notion that an AEDP therapist should be brave and confident in guiding emotional discussions (Prenn, 2011), I used self-disclosure to initiate a discussion of the painful aspects of our upcoming termination. My emotional vulnerability likely permitted Chris to reflect on the significance of treatment for him and to express his gratitude over having a longer session. Our implicit and explicit discussion of wishing to have more time together felt particularly vulnerable because of how revealing it was of our appreciation for our attachment.

My goals in referring back to an earlier moment in treatment where I had felt emotional yet hesitated in expressing my emotions were to (1) bring Chris's attention to a potential

interpersonal dynamic in which Chris's reservation in witnessing another's emotion may be unconsciously communicated in a manner that hinders the other's emotional expression and, thereby, prevents him from receiving the validation he deserves, and (2) for me to provide him with the acknowledgement of his suffering that he craved but that I had previously believed he would not have been able to receive. I believe my comment served to accomplish both of these goals and it also provided a new experience for me as a therapist of feeling incredibly seen by a client (i.e. when Chris stated, "I know that you think you were holding back your emotions, but I could see it all over your face."). This conversation to me felt emblematic of Fosha's description of a "core state" (i.e. State 3; Fosha, 2006) in which there is a felt sense of "truth" and a sense of "this is me" that is felt by both the client and the therapist (Fosha, 2013).

While reflecting on Chris's willingness to be more emotionally expressive with me because it was my "job" and that he would therefore not be "burdening" me, I emphasized my gratitude in being able to know him and challenged that perhaps his parents and other significant figures in his life were also meant to be emotionally responsive to him in order to convey Fosha's (2000) message that he was "worthy of being protected and responded to." And, in particular, that he was worthy regardless of circumstance. The sense of "truth" (Fosha, 2006) felt by both the client and the therapist that is representative of AEDP's core state (Fosha, 2006) was once again experienced when I voiced my sense that Chris felt less *lonely* in session with me.

At the end of the previous session, my offer and Chris's quick acceptance of extending the length of our final sessions signaled our deep appreciation of our time together. Similarly, at the conclusion of the seventh session, my offer and Chris's quick acceptance of exchanging goodbye letters the following week was also representative of our deep attachment. Both instances depicted our wish for something *more* – whether it was more time, more words exchanged, or something more to hold on to for after we parted.

### The Role of Exposure and Expectancy Violation in Session 7

As in previous sessions, in session seven, exposure to one's emotions and the emotions of others arose (e.g. while reflecting on treatment termination). Once again, accessing sadness and expressing it to me was less aversive than Chris likely had anticipated and led to greater connection. Additionally, vicarious learning within the context of exposure to previously-avoided emotional and relational experiences arose when I self-disclosed my emotions.

Our conversation regarding Chris's meaningful separation from his professor and his reflections on this relationship highlighted how the relationship may have served to challenge certain expectations that Chris held (i.e. that people are ingenuine). My statement that it may be worth making the effort in friendships to try to find some genuine people highlighted future opportunities in which tolerating distress while opening up to others could potentially lead to a worthwhile outcome that would challenge Chris's beliefs.

Recognizing that our treatment was representative of some of the difficult experiences Chris had to cope with outside of treatment (e.g. being vulnerable, relationships being temporary), I encouraged him to reflect on his expectations when entering treatment in order to highlight how treatment may have challenged those expectations. Although Chris did not identify specific expectations he held, he did note that a meaningful aspect of our treatment together was how genuine my responses felt to him. This was noteworthy since Chris broadly anticipated that others' responses to his emotions would be ingenuine and, therefore, avoided disclosing his emotions and thoughts. In essence, our treatment served to challenge the expectation that others' responses would be ingenuine and uncomfortable.

Another theme in our treatment that was palpable but less frequently referred to was Chris's sense of feeling unrooted and the potential beliefs that may have been associated with this. Although an expectation that temporary experiences are not meaningful was never expressly verbalized, I sensed that these thoughts were part of Chris's lived experience. I, therefore, strived to highlight how our treatment may have challenged this expectation by expressing that our treatment had been temporary and yet had simultaneously been meaningful.

This session also addressed beliefs Chris likely held regarding being a burden and being unworthy. In particular, when Chris stated that he felt willing to express his emotions with me because it was my "job" and so he would not be "burdening" me, it suggested that in addition to his belief that his emotions would burden others (which had been previously discussed), he held various beliefs regarding being unworthy of "burdening" others with his thoughts and emotions, and about whether or not it was permissible for him to rely on others. First, I challenged his belief that his emotions were a burden by expressing my gratitude in being able to know him and being able to connect with him. Furthermore, I stated that it may in fact be the "job" of others – namely his parents and his friends—to care about his emotions and that his parents' inability and/or unwillingness to do so during his childhood was due to a failure on their end rather than a deficit of his (i.e. that it is permissible for him to share his emotions and rely on others, but that they may occasionally fail to respond effectively).

### *Session 8*

For our final session, we met after a two-week break due to Chris's trip. Once again, we met for an hour and a half. To assess progress, I asked Chris if things had felt different in his relationships. He noticed that while he was on his trip with Andrea, he felt upset that she was often on her phone. When she asked him if he was angry about something, he expressed his disappointment. She subsequently spent less time on her phone. Chris recognized this as a significant difference from his previous interactions, where he noted that "in the past [he] would have let [his] frustration stew" rather than express his emotions. We reflected on what it felt like for Chris while his partner was on her phone, and he stated it felt like they "weren't a couple." I highlighted that he felt "isolated from her" and I expressed my admiration for his willingness to

express his needs to her. I summarized: "Having negative interactions with someone doesn't feel good in the moment but it allows you to get your needs met and feel less lonely." Chris noted that being "prompted" by Andrea to discuss his emotions was "easier" than having to bring up his emotions spontaneously. I highlighted how both in this situation and in session when I asked him questions, despite discomfort Chris felt, he was able to "manage the distress" and "get through these moments."

With affection in my voice, I reflected that in our treatment, "We've had a short journey but we've gotten pretty far." I asked Chris about his thoughts regarding our last session. He shared that he had been thinking about our upcoming end of treatment and found the prospect of building a relationship with a new therapist to be "nerve-racking." I validated Chris's anxiety and stated, "You never quite know the next step." We then considered the value of ending therapy or continuing with a new therapist. I described therapy as solving *part* of a puzzle. Chris agreed and amended my metaphor by stating, "It's like solving one part of the puzzle and then six more pop up," where as "one thing makes sense, more questions pop up."

We reflected on Chris's journey in therapy, reflecting on the reasons why he sought treatment, his growth, and his realizations. Chris noticed that he had initiated discussing concerns with Andrea in other circumstances and provided an additional example where a dreaded conversation "went smoother than [he] expected." Chris noted that our discussions "spurred" him to recognize "different aspects of memories that he already had," such as noticing his father's tendency to tell jokes. When asked what he experienced as these memories and realizations arose, Chris noted that the first time it "sucked" but now this knowledge guided his actions. In particular, he stated that he did not like it when others "fake it" and that he now viewed his tendency to make jokes to "get through" social interactions as a form of "faking it." He described recognizing this pattern as "freeing" and shared that he now tried to avoid "faking it." Chris mentioned that his initial sadness toward labeling himself a "sad clown" had shifted to acceptance ("I'm okay with it") and sadness in response to recognizing this pattern in his father.

Chris also noted a pattern in his interactions where he sometimes got frustrated at himself when he explained himself several times to someone and they still did not understand or did not respond how he would have liked them to. I disclosed that I could imagine that individuals in such circumstances often felt frustrated at the other person rather than at themselves, but that I was not necessarily surprised that Chris blamed himself. With a knowing calm, Chris guessed that this related to "everything else with [his] childhood," where "whenever something went wrong, it was [his] job to figure it out. It was [his] fault and [he] should figure it out." I shared, "As kids, it's hard to blame our parents. So when we're not getting our needs met, sometimes we blame ourselves," and explained that this could be adaptive for children in order to preserve their relationship with their parents. Chris agreed that he had "done this forever," in "every aspect of [his] life, including work," that he "always blamed [him]self," and that his "default" was: "I



probably screwed it up.” Chris shared that it was hard for him to be in the “middle ground” because he worried that if he did not blame himself, he would blame “everyone else.”

This disclosure led to an emotionally-laden discussion of the guilt Chris held regarding the end of his relationship with Julia and not informing her earlier that his feelings had changed. I shared that I never blamed Chris, that his feelings and thoughts would have been very difficult for anyone to bring up, and that he handled the situation the best way he could. I said, “It wasn’t easy to bring it up but you didn’t feel safe to either. In your childhood, you had to reign in your emotions to protect those around you because there wasn’t enough space for your emotions and thoughts. So of course, you did that here to protect the relationship.” I kindly and firmly said, “I can’t imagine how to blame the person who was trying to do what he thought was right and the only thing he could do.”

With tears in his eyes, Chris shared that he felt bad for Julia. I labeled that he is feeling sad, and I disclosed that I was feeling sad for *both* of them. I remarked that Chris often felt bad for other people but rarely felt bad for himself. Chris sadly acknowledged the validity of this statement. I also highlighted that Chris was a good person and loved her so much. This prompted him to share a memory of the last time he left the apartment.

**Chris:** There are certain moments where ... like ... I can think of that are super emotional and I (snaps fingers) cry on the spot. (I look at him sadly and nod along)

**Therapist:** This is one of those?

**Chris:** Well yeah ... more so like the last time I went over ... to our house (I nod) and packed some things and we talked ... like a logistical talk ... we talked about what to do with our bills and everything. Um but then like leaving ... the last time was like very traumatic (both of us looking sad and Chris becoming increasingly tearful) for both of us. (I nod)

**Therapist:** You remembering?

**Chris:** (tearfully) Yeah.

**Therapist:** (softly) How were you feeling when you were leaving?

**Chris:** Uh scared ... sad ...uh.

**Therapist:** (gently) What were you scared about?

**Chris:** Not knowing what I was doing. (Short, sad laugh; I remain sad, not mirroring laugh). Um that was my place of normalcy ... and I was leaving it. (I make a sad, empathetic sound of acknowledgment and nod). It was the same for her ... like we hugged and cried ... said we’d be okay. (tearful pause) Yeah ... (brief sad laugh) so that’s one of my moments (moving away from affect; I remain sad and quiet, model staying with sadness). And it

pops in there every once in a while and it sucks every time. But uh ... (attempting to move away from disclosure and from affect using "but")

**Therapist:** (interrupting) And what are you feeling right now remembering that memory?  
(returning to affect, deepening affect)

**Chris:** Uh it always just brings me right back to that ...

**Therapist:** (softly) Sad and scared?

**Chris:** Yeah.

**Therapist:** (gently) You feel scared now?

**Chris:** (sniffs, takes deep breath, collects himself) Not really about like not knowing my life ... but my brain has a way of transporting me like right back to that moment.

**Therapist:** (I nod) Yeah.

**Chris:** So I can put myself again like how I felt in that moment.

**Therapist:** It makes me sad to think about how painful that goodbye was for you (using self-disclosure to normalize sadness) and the uncertainty of the next step.

**Chris:** Yeah.

**Therapist:** I think ... I think I feel sad for *that* relationship ending ...but I can kinda picture that happening today too. (drawing parallel to present situation in order to: (1) assess if connecting to current ending will increase or decrease affect and (2) demonstrate therapist's care of the client and his significance)

**Chris:** Yeah.

**Therapist:** And I'm kinda wondering about when you walk out the door and the next step there too ... about the uncertainty that will come.

**Chris:** (more intellectualized, less affect) I think that one ... there's still a bit of being scared now about not knowing what's gonna happen but (I nod) I think part of that was like this person that you've been attached to ... (straight hand motion down as though depicting image of something being cut off)

**Therapist:** (nodding) For ten years. (re-aligning, recognizing that former goodbye felt different and more painful)

**Chris:** I was also scared for her. Um. It's like cutting off a limb. (I nod)

**Therapist:** (gently, emotionally) And you cared so much about her.

**Chris:** Yeah.

**Therapist:** I think that's one of the reasons why I'm not remotely upset with you for the fact that you didn't tell her earlier that your feelings for her had shifted. 'Cause what you were thinking about until that last moment was about protecting her. (Chris nods, once again tearful) It must have been *terrifying* to tell her how you felt. (amplifying affect)

**Chris:** (nods) It was. (thoughtful, sad silence). Yeah, it was. (again, silence)

**Therapist:** I think also from what you described ... I know that there have been a lot of things in your life that felt very temporary.

**Chris:** Yeah.

**Therapist:** And I feel like that relationship probably felt pretty permanent.

**Chris:** (nodding) It did.

**Therapist:** (whispering) It must have been terrifying. (using repetition in language, as well as tone and volume of speech to further amplify affect)

**Chris:** (nods). Yeah it was. I mean a lot of it is visual I think too. Uh meaning like ... a house, a door (I smile with sad affection), that you kinda just walked in every day (I nod) like coming home from work (I nod) and was like greeted by her and my cat. (I make wistful empathetic noise). Um. (small hand motion of shifting away) And then here was like the complete opposite ... of like walking out that door. (I mirror sadness)

**Therapist:** Remember what that's like?

**Chris:** Yeah. (appearing composed, sadness under the surface).

**Therapist:** I can almost see it. (conveying sadness and gentleness in tone of voice; creating space to stay with visual)

**Chris:** Like I uh hold a lot of guilt that probably shouldn't - I know it shouldn't be there. But sometimes feeling like I let down the cat and uh ... (hand motion indicating more, likely referencing Julia) (I provide a sad empathetic noise) Um.

**Therapist:** (gently) You feel like you abandoned them?

**Chris:** Uh sometimes. (quieter, becoming tearful) Yeah.

**Therapist:** (tearfully) And I think I know how painful that was for you – to be left behind. (thinking of Chris's mother)

**Chris:** Yeah.

**Therapist:** (quietly) You know how hard that is. (Chris nods).

**Chris:** I don't think I wanted to ever do that to somebody else. (silence. I take a deep breath. Chris takes a deep breath). I know that we both had to figure things out very quickly (I

nod) um but, you know, it's the same thing I always do. I was never worried about me figuring it out (I nod), I slept in my office for two days (points with thumb behind him) I was always just (hand moves side-to-side to indicate something under control; I nod)

**Therapist:** (nodding) Yeah. I think you worry about others in a way that people didn't worry enough about you.

**Chris:** Yeah.

**Therapist:** (quietly) I think when your mom left you (first time framing parents' divorce as his mother abandoning him; Chris nods) she probably should have wondered more about you. (Chris nods).

**Chris:** Yeah. (long quiet). That memory comes up a bit. (moving away from affect, concluding emotional uncovering). The holidays have ... it's not so much emotional, it's memories.

**Therapist:** Yeah. (matching emotional closure)

We then discussed how the holidays bring up memories of Julia, and recognized that she was "one of the few very positive, stable parts of [his] life." I self-disclosed holding hope because many individuals with upbringings resembling Chris's, where one parent leaves and the other is neglectful, find it difficult "to *ever* find a sense of permanency and trust" and Chris "found a sense of permanency with Julia" and is "finding a sense of trust with Andrea." I, again, normalized experiencing pain from the end of relationships, particularly ones in which individuals "cared so much about one another" and "had given each other so much." Then Chris shared a wish to have "had more conversations" with Julia after their separation, and I wondered what he would have wanted those conversations to be like.

**Chris:** Um. And that's what I would be looking for if we were to meet for a bit ... I would be hoping that we would both think that it was still worth it.

**Therapist:** (gently) Your relationship?

**Chris:** Yep. (I get tearful) That it wasn't like a waste of time.

**Therapist:** (choked up and then after a collecting breath) I can't imagine that you could be a waste of anyone's time. (Chris gives a short sad laugh, which I match with a sad smile; a long silence follows). Does it feel like a waste of time for you?

**Chris:** No. (sniffles and laughs sadly) No. (firmly) Not at all. Um. My first response was gonna be: "It doesn't matter if I think it was a waste of time" (voice catches) but (smiles; I nod) cause if one person thinks it was a waste of time then it probably was.

**Therapist:** (I gently shake my head) Hm (sounding surprised).

**Chris:** I would think (said cautiously in response to my surprise; checking in with me). For a relationship. Maybe that's just me. Not caring about myself but.

**Therapist:** (softly) I think it may be that.

**Chris:** Yeah.

**Therapist:** (wiping away a tear. Said off-handedly) I think your feelings matter regardless of what the other person thinks.

**Chris:** Yeah. (smiles sadly; sniffs).

**Therapist:** I just (looking down and then looking back up) I just get so mad at your parents sometimes ... (Chris laughs; I smile) I really do. (shaking my head)

**Chris:** Yeah. (sniffs)

**Therapist:** Cause even if she thinks this was a waste of time – which I *doubt*, I really can't imagine that that's what she thinks (shaking my head) – even if she thinks that, that relationship helped you so much and you care *so much* about it – it can't possibly be a waste of time. It matters to you.

**Chris:** Yeah.

**Therapist:** Cause what you feel matters *regardless* of if there's somebody there to see it, and feel it, and help you. (Silence. Chris appearing sad). Your sadness and pain mattered when you were a kid even if nobody else acknowledged it. (Chris snuffles; we sit together in quiet, sad silence).

Then Chris stated that he may reach out to Julia. Chris shared a happy recollection of Julia texting him that she was proud of him and the work he had put into his defense. Chris and I shared in the joy of this moment. Then, tying into Mann's themes of time and loss, I shared, "Things, even if not permanent, can hold a special place in time." We talked about the value of grief and Chris mentioned that grieving was "never easy for [him] to do." Chris mentioned that he was always "so focused on getting through whatever it was that grieving didn't feel productive to getting through it." I responded, "I can also imagine grief being uncomfortable for you because, in a way, grief is sadness for ourselves and the last person in the world you'd feel sad for is yourself." I asked Chris how he was feeling in this moment and he shared that he was feeling sad and recognized that "that's a memory that [he] tr[ie]d to bottle up quite a bit." I expressed my gratitude that he "let it come up with me," and said, "Some memories are so powerful...they show how important some things for us are." I shared that I noticed relationships, home, permanency and his cat were all important for Chris, and that although stability had been rare for him, he had had stability and could have it again. To address Chris's worries about Julia, I encouraged that she could "have it again" too; I clarified that Chris was selective and picked

genuine people and the fact that he cared about Julia indicated that "there must be something special to her" and so she could meet someone else.

With a glance at the clock, I shared that I felt like our time was too short and that there were moments in our treatment that "had been hard." I asked Chris what it had been like for him. Chris shared that it felt short for him too and that he had come into the first session "work-like" and that things had changed and we made a connection. Chris stated that I showed I cared and that he felt like he "got a lot out of this and made a friend." We once again discussed how Chris's willingness to be open with me helped me get to know him and I suggested that "giving people a chance to be there for you" could help Chris "make a connection" and "feel less lonely." Chris noticed that "when [he] put in effort and went outside of [his] comfort zone [he] got to a more positive place," and that he could "take a step back and see a difference in [himself]." With passion, I said that I saw *tremendous* growth and suggested that Chris's increased expression of sadness and anger in session and outside of session with his partner and sister; my increased willingness to show my emotions to him; and his reactions to my emotional expressions were a testament to the growth that had occurred. I asked Chris what it was like to notice my emotions in session. He disclosed that the first time he felt "uncomfortable with the acknowledgment of how sad what we were talking about was" and because I had felt sad. He noticed that this changed with time, however. He said the discomfort lifted and, "Instead of watching your emotions, we were going through it together so it was okay."

We reflected once more on how this was a new experience for Chris because he rarely received the empathy he deserved. Chris, again, expressed his gratitude for our time together and stated that my reaction felt different from some others' because it was "genuine" and had "some camaraderie to it." We acknowledged that the connection felt worthwhile. We exchanged goodbye letters to read on our own. Chris mentioned that he usually did not "reciprocate with questions," but "in another world, [he] would have asked [me] questions." I was moved by this statement and told him so. We acknowledged, one last time, how special our time together was.

### The Role of AEDP in Session 8

The session began with the two of us together ("side by side, sleeves rolled up" (Fosha, 2006)) reflecting on new experiences in Chris's life (e.g. his disclosure of his disappointment to Andrea). I placed Chris's recollection of the week's events within the context of the theme of loneliness we had discussed, demonstrating once more that I was thinking about him and keeping his emotions in mind. Additionally, the manner in which we compared therapy to working on a puzzle, with Chris elaborating on my metaphor, evidenced our collaborative approach of new experiences and our "coordinated state" (Fosha, 2001, p. 232). Additionally, during this session, we returned to several experiences that had been touched on previously during our treatment. This time, as we explored Chris's experience of making jokes during conversations and seeing himself as a "sad clown," the conversation possessed the elements of calm, vitality, and truth that



are evident in State 3 of AEDP (Fosha, 2006) that arose from the intense emotional pain he experienced previously (State Transformation 2; Fosha, 2006).

Although in earlier sessions I often colluded with Chris's defenses (e.g. isolation of affect), now I responded in a manner that would accentuate my sadness and the pain of what he was describing. For instance, as Chris attempted to distance himself from his sadness with a short, sad laugh or by intellectualizing (e.g. stating, "So that's one of my moments"), rather than mirroring his laughter, I continued to express my sadness in order to demonstrate that it was permissible to remain with the pain. In another moment, as Chris attempted to move away from the sadness by stating, "But uh," I interrupted his attempt and prompted him to access his emotions once more, asking, "And what are you feeling right now remembering that memory?"

Throughout the session, I amplified affect through my tone of voice, mirroring Chris's affect, normalizing sadness using self-disclosure (e.g. "It makes me sad to think about how painful that goodbye was for you"), thoughtfully choosing my words (e.g. stating Chris must have felt "terrified" rather than "afraid."), and facilitating visualization of the memory (e.g. stating, "Remember what that's like? ... I can almost see it."). In one moment, in an effort to deepen affect, I brought attention to the end of our current relationship, believing that a present-moment emotion may feel more intense. Based off Chris's responses, I sensed that I shifted into an area with less affect and therefore re-aligned with Chris by reflecting back my recognition of how significant his romantic relationship had been (e.g. stating that it was the end of a ten-year long relationship). Lastly, I worked to amplify positive affects like pride, by following Chris's statement that he saw a difference in himself with, "I see *tremendous* growth."

During this conversation, dyadic affect regulation (Fosha, 2001) allowed Chris to draw on both his and my resources, such as when I followed Chris's statement, "I don't think I wanted to ever do that to somebody else," by taking a deep breath, which Chris then mirrored. I trusted Chris's understanding of his own tolerance for emotional processing at that point and worked with him to shift out of the emotional space as he began to do so. I also brought attention to the dyadic processing of emotions in our treatment by expressing gratitude that Chris allowed a painful memory that he typically "bottled up" to "come up with me."

As Chris disclosed his guilt and grief (core affect, evidencing AEDP's State 2 (Fosha, 2006)) regarding the end of his relationship with Julia, I strived to embody the stance of an AEDP therapist who was authentic, warm, and genuine. At various points, I brought compassion to Chris's current use of defenses and ways of relating to others by highlighting the formerly adaptive nature of his beliefs (e.g. stating, "In your childhood, you had to reign in your emotions to protect those around you because there wasn't enough space for your emotions and thoughts. So of course, you did that here to protect the relationship."). Additionally, my genuine, resolute certainty of Chris's goodness, combined with my certainty that what he felt with Julia, as a child,

and in session with me was important, allowed me to convey the essential message of AEDP that Chris was “worthy of being protected and responded to” (Fosha, 2000).

Throughout the session, there were moments in which I felt a strong “coordinated state” (Fosha, 2001, p. 232), a sense of “truth” (Fosha, 2006, p. 572), and “glimmers of integrated self experience” (Fosha, 2013, p. 503). For instance, early in the conversation when I mentioned that I had been surprised that Chris was the object of his frustration in moments when he needed to explain himself multiple times, he quietly suggested that this related to “everything else.” Furthermore, we had essentially drawn a parallel between Chris’s perception of abandoning Julia to how his mother had abandoned him before we verbally brought his mother into the conversation (e.g. I stated, “And I think I know how painful that was for you – to be left behind.”). Lastly, our discussion of Chris’s inability or unwillingness to feel sadness for himself had a sense of “truth” to it for both of us (State 3 (Fosha, 2006)).

Our final session showed the value of metaprocessing – not only did Chris have a new experience in treatment, but he was aware of what led to the experience and what the new experience felt like. Chris recognized that expressing his emotions and witnessing my responses felt different for him at various points in the treatment. In particular, the initial awareness of the sad nature of our conversations was difficult for him (i.e. emotional pain, State Transformation 2 (Fosha, 2006)), yet it later gave way to empathy and a sense of “truth” (i.e. core state, State 3 (Fosha, 2006)), and an “antidote” to loneliness.

#### The Role of Exposure and Expectancy Violation in Session 8.

At the start of the session, we recognized that, despite his misgivings, Chris expressed his disappointment to Andrea. This out-of-session exposure provided a learning experience where Chris’s expression of his emotions led to understanding and greater connection. We recognized that being “prompted” to disclose emotions by Andrea and me were lower-level items on Chris’s hypothetical exposure hierarchy than disclosing his experiences unprompted would be. Chris noted that there were other conversations that had occurred outside of session with Andrea. He had “expected the conversations to go poorly and feel uncomfortable” but they had gone “smoother than [he] expected” (i.e. his expectations were violated).

Furthermore, the content of this final session – with detailed consideration of Chris’s affective experience in the context of the memory of leaving Julia and then disclosing this experience in session with me – was essentially an exposure to his own emotions as well as to the emotional response of others (namely, me). AEDP techniques utilized to deepen affect (e.g. slowing down, mirroring, prompting visualization of a past memory, and identifying emotions felt in the past) and label affect served to heighten the intensity of the exposure. Metaprocessing at the end of the session – which entailed considering what it was like to witness my emotional

expression at earlier and later points of the treatment – served a similar function to the consolidation of learning that follows an exposure.

### ***Follow-Up (Eight Months Following Treatment)***

Approximately eight months following the conclusion of treatment, I met with Chris virtually for a follow-up session to assess his wellbeing and reflect on our treatment. Chris recognized that there were “good and bad moments” following the conclusion of our treatment as he navigated relocating to a new state and the impact of the COVID-19 pandemic (onset following the conclusion of our treatment).

Regarding therapy services following relocation, Chris reported initially engaging in a time-limited treatment through his new postdoctoral program and, following five sessions, being connected with a community provider for trauma-focused therapy. Chris reported that the first, briefer, treatment was “not quite right for [him]” but that the provider was “really nice.” He expressed appreciation for his current, long-term, trauma-focused treatment where he had “learned a lot about [himself]” and worked to process traumatic memories related to his upbringing.

Chris shared that the week before I contacted him to offer a follow-up session, he had had a dream in which he discussed with me his new insights from his current treatment. He expressed a desire to share what he had learned, including that he had a tendency to look away when answering questions and used “logic” to avoid emotions. In-line with the AEDP therapist’s warm, accepting stance, I responded with genuine enthusiasm toward Chris’s increased self-awareness and expressed gratitude for his willingness to share important aspects of himself with me. Consistent with our treatment, I framed Chris’s intellectualization as a response style that had assisted him cope during painful experiences in his childhood where emotions felt dangerous. To strengthen compassion toward his defenses, I highlighted positive aspects of his coping patterns: facilitating his success in graduate school and fostering an ability to step outside of himself and reflect. I mentioned that Chris’s relationships and treatment could help him test if previous coping patterns were still necessary to keep him safe.

We also discussed Chris’s adjustment post-relocation. He reported working from home due to the COVID-19 pandemic. He expressed frustration and disappointment over some work-related matters and difficulty with socializing and establishing new relationships. Chris noted that the pandemic made it “easier to default to staying isolated,” which provided ease and comfort in response to his urge to withdraw from others. Chris shared that he maintained irregular contact with some of the friends he met in his former state of residence. He reported that he “caught up” with his professor the previous week and still felt connected to her.

In regard to his familial relationships, Chris reported that he had been talking to his father less due to disagreements related to social and political matters. He reported a period of not

speaking with his father that was reminiscent of past arguments Chris had described. Once again, Chris expressed dissatisfaction that his father overlooked the disruption in their communication and “acted like nothing had happened.” According to Chris, his interactions with his mother had not significantly changed, but it felt as though their relationship had improved when he compared it to the tense relationship he now had with his father. Chris reported that his sister had been a good source of support during his recent tensions with his father, that they were more connected now, and exchanged calls and text messages. The discussion of the tensions and disappointments Chris experienced lacked the emotional valence that had been present toward the end of our treatment. This could have been due to a combination of factors including the long gap in our communication, a re-emergence of Chris's avoidance of deep emotion, and/or the time-limited nature of the follow-up that did not make room for slowing down.

Regarding his relationship with Andrea, Chris reported that although there were occasional tensions due to spending so much time “cooped up” during a stressful period, the communication between them had improved significantly. For instance, recently Chris channeled his frustration over work toward Andrea, but then apologized to her and clarified that he was upset with a work matter rather than with her. Chris described his willingness to express himself as “better than in [his] past relationship and better than the past [him].” Chris noticed that although sitting with his discomfort and “letting [frustrations] stew” used to feel normal, now he wished to discuss and reconcile. I recalled our treatment discussion regarding feeling uncomfortable expressing something potentially hurtful and not wanting to inflict pain on someone else. Chris noted that he still felt this discomfort but, with Andrea, it felt as though it was worthwhile to have the discussion, and that he realized he could choose his words carefully so as to not hurt her. I summarized that there was a risk in expressing a concern (just like with his family), yet, with Andrea, the risk felt worthwhile.

The final portion of our follow-up involved reflecting on our treatment. Chris reported that he had gotten “used to” meeting with me and that he had felt nervous “starting over” with someone new. He shared that in our work, with me, it was the first time he had shared many of his painful memories and “allowed emotions to come out” with *anyone*, and that this had “set him up” for his next two therapies. When reflecting on what more would have been helpful in our work together, Chris expressed that he was grateful for the increased insight into his trauma, emotions, and patterns of relating, and simultaneously wished for greater guidance on how to implement change in his life. I provided validation and reflected back to Chris that he probably wondered, “What now?”

Chris noticed that with each provider he first offered a logical overview of his life that he humorously described to me as the “Chris for Dummies,” and then he later was able to access his stories with greater emotional depth. To contrast, Chris noticed that the content and feel of each of his therapeutic relationships felt different. In particular, he expressed that his current treatment

felt more like an “academic,” “patient-provider,” or “business,” relationship and that I felt more like a “compassionate friend.” We recognized multiple potential reasons for the difference in relationships (e.g. different treatment approaches, personalities, and modalities (in person versus telehealth)), and that each relationship could be significant in a unique way. Chris noticed that his current treatment allowed him to access his “anger” and “rage” and that our treatment had allowed him to access his “grief” and “sadness.” I expressed my gratitude for his current treatment and normalized both the rage and grief in response to neglect.

Reflecting on our work, Chris shared that receiving my acknowledgment for his pain and resilience—an acknowledgment he had always needed but never previously received—was “comforting” and “emotional to hear from someone that wasn’t [his] own brain.” Chris noted that our treatment was the first time he was able to “look at everything and see it as a third party” and that this had provided him with a “new appreciation” for his own resilience. Chris shared that he “enjoyed” how “emotional” and “tough” our treatment was, that he had left each session with “adrenaline” and “emotion flowing,” and that each session felt “meaningful.” Chris noted that his current treatment is slower at accessing emotions possibly due to the “luxury of time,” and that sessions sometimes feel less fulfilling. Referring back to the theme of feeling unrooted, I expressed gratitude for Chris’s current, slow-paced treatment and stated that he “deserved the time and space.” Chris smiled in response.

### *Discussion of the Therapeutic Processes*

With time, AEDP’s emphasis on processing emotional experiences to completion in the presence of an accepting other increased Chris’s tolerance of disavowed emotions. In particular, slowing down, discussing Chris’s emotional and physiological responses, and self-disclosure of my emotional responses and associations allowed deeper processing of (1) Chris’s sadness from leaving behind his cat during his separation from his partner; (2) Chris’s fear and sadness during his father’s anger outbursts; and (3) Chris’s guilt over “abandoning” his partner Julia as his mother had abandoned him.

Psychoeducation regarding the impact of his parents’ responses on Chris’s emotional expression (i.e., the role of extinction and punishment), as well as psychoeducation regarding maintaining factors of depression (e.g., withdrawal from social interactions) helped contextualize and normalize Chris’s emotional experience. Deepening Chris’s understanding of his emotional reactions to early attachment figures allowed him to mourn his childhood, forgive himself, and receive the acknowledgment he had not previously received.

My validating and empathetic responses, with genuine and appropriately regulated emotion to Chris’s sadness reinforced his emotional expression. This corrective emotional experience showed Chris that his emotions were valuable and could elicit comfort, and, furthermore, that he was able to tolerate others’ emotional responses without needing to take care

of them. As treatment progressed and Chris became more comfortable with expressing his emotions with me, previously referenced memories were revisited with a deeper expression of affect. With time, I felt more comfortable expressing my emotional reactions, trusting Chris to be able to witness my emotions without becoming overwhelmed.

The Triangle of Person was utilized to identify commonalities in Chris's relationships and the accompanying thoughts and behaviors that maintained his distress. Chris was encouraged to experiment with expressing his emotions to key figures outside of treatment in order to receive support and acknowledgment. Gradual exposure to sadness and expression of sadness both in and out of session drew from an inhibitory learning approach to exposure therapy, with discussion of violation of expectations. The final four sessions of treatment focused on skills generalization to interactions with Andrea and Chris's sister.

## **7. THERAPY MONITORING AND USE OF FEEDBACK INFORMATION**

Throughout the course of treatment my collaborative reflection with Chris on his emotional and relational experiences was utilized to assess progress. Chris's intelligence, reflective capacity, and honesty enabled him to smoothly transition between deep emotional processing and non-judgmental reflection on interpersonal and therapeutic dynamics. He was open to considering potential areas of change and recognizing his own tendency to resist implementing change.

Furthermore, review of session video recordings, detailed therapy notes, and post-session process notes were utilized to track the therapeutic process. Weekly supervision with Dr. Karen Riggs Slean, a clinical psychologist with extensive experience in the treatment of relational trauma as well as with short-term dynamic therapy interventions like AEDP, was further utilized to assess treatment progress. Each supervision meeting involved a re-cap of session content and relevant themes; review and revision of the case conceptualization; reflection on transference and countertransference processes; and assessment of and reflection on areas of suffering, relational patterns, and areas of potential growth. Supervision also enabled discussion and practice of AEDP techniques, such as tracking of affect.

As described above, to quantitatively assess treatment progress from a retrospective point of view, Chris completed three standardized, quantitative, outcome-related measures at post-treatment. The results of these are described in the outcome section below.



## 8. CONCLUDING EVALUATION OF THE THERAPY'S PROCESS AND OUTCOME

### *The Outcome of Chris' Therapy*

#### Quantitative Results

Treatment outcomes for Chris are, in part, indicated by his responses on the three quantitative measures, as described below.

OQ-45 Results. The change in Chris's overall OQ-45.2 scores are presented in Table 1. His Total score change from pre-treatment (96) to post-treatment (75), as well as his Symptom Distress score change from pre-treatment (54) to post-treatment (42) were both indicative of statistically significant improvement (OQ Measures, 2021; ADAMH, 2018). When considered in the context of an emotion- and attachment-focused treatment for a client with a history of neglect, the direction of change from pre-treatment to post-treatment on three items was particularly meaningful in terms of positive change: Chris' responses indicated a decrease for item 5, "I blame myself for things," from "Always" to "Sometimes"; a decrease for item 18, "I feel lonely," from "Frequently" to "Sometimes"; and an increase for item 20, "I feel loved and wanted," from "Rarely" to "Sometimes."

QOLS Results. In these results, presented in Table 2, Chris's pre-treatment score of 51 increased to 68 at post-treatment, and then declined to 59 at follow-up. Although Chris's scores remained below the average score of 90 found amongst healthy individuals (Burckhardt & Anderson, 2003), his increase following treatment indicated some perceived improvement in his quality of life. Of note regarding specific items, on item 5 Chris reported an improvement in his close relationship with his significant other Andrea from pre-treatment to post-treatment; and on item 10 he reported an advancing increase in understanding himself from pre-treatment to post-treatment to follow-up.

Overall, Chris' scores were likely influenced by a combination of therapy-related and external factors. For instance, Chris reported a temporary increase in close friends (item 6) and socializing (item 13) between pre-treatment and post-treatment, but then a decline at follow-up in both items. Similarly, his contact with his parents and other relatives went down at follow-up (item 3). Also, he reported a decreasing Total Score from post-treatment to follow-up. All of these decreases could have been related to difficulty establishing relationships following his relocation at the end of therapy and/or to social-distancing due to COVID-19 during the relocation.

ECR-RS Results. Finally, on the ECR-RS scores presented in Figures 1, 2, and 3, across time, Chris's scores remained consistent regarding his attachment to his mother (Dismissive/Avoidant), with his partner Andrea (Secure), and with his therapist (Secure). His

attachment style for "Friend" indicated a minor shift from Secure to Dismissive/Avoidant at follow-up, perhaps due to isolation after his relocation after therapy ended. The most significant shift in scores was evident in Chris's attachment toward his father from Secure at pre-treatment, to Dismissive/Avoidant at post-treatment, to Fearful Avoidant at follow-up. The shift in his relationship with his father was consistent with Chris's self-report at the eight-month treatment follow-up, reflecting a constructive, ongoing "working through" process with his feelings towards his father.

### Qualitative Results

Chris's growth in treatment is evident across several areas, namely increased awareness, increased self-compassion, and increased comfort in experiencing and expressing emotions to others. Chris's experience in treatment and progress indicated that his self-identified treatment goals (addressing his aloneness and having someone to speak with when he found himself "spiraling" in depressive thoughts) were successfully met.

Chris's intelligence, receptivity to feedback, and collaborative nature brought about increased awareness of (1) the source of his loneliness (i.e. lack of expression of his genuine emotions to others precluded acknowledgement and support); (2) the ongoing impact of past relational experiences on his current interpersonal dynamics (e.g. guilt in burdening others); and (3) potential shifts that can increase his connection with others (e.g. discussing his emotions, memories, and thoughts with his professor, with his partner Andrea, and with his sister). His increased awareness was strikingly apparent during session 8 during the discussion of Chris's tendency to blame himself when he was not understood by another person. Chris theorized that this tendency related to "everything else with [his] childhood," which generated thoughts like, "Whenever something went wrong, it was my job to figure it out. It was my fault and I should figure it out." His increased awareness was also evident during session 8 as we connected Chris's guilt in "abandoning" his previous partner Julia to his experience of being abandoned by his mother. During both moments, Chris's affect expressed a sad acceptance, reflective of his understanding both the significance of these connections as well as his acknowledgment of how painful they were.

The development of Chris's self-compassion was interwoven with the development of his self-awareness. His heightened kindness toward himself was evidenced by: (a) his recognition of grief in response to his history (e.g., feeling like being a "sad clown," being left behind by his mother, and leaving Julia); and (b) his ability to take in my grief and anger on his behalf (e.g., when I became tearful in sessions or, in session 8, when I shared that I got angry at his parents). In line with one of AEDP's goals, Chris evidenced increased non-judgmental awareness of his defenses and an increased awareness that his commonly-used defenses may no longer be necessary to maintain safety across all relationship patterns.

The most striking manifestation of Chris's growth was evident in his increased willingness to experience painful emotions (e.g., when processing traumatic memories); his increased willingness to express his emotions and thoughts to others (e.g., to his sister, Andrea, his professor, and me); and his increased comfort in witnessing others' emotions—in particular, Andrea's and mine. This willingness to approach emotional experiences within the context of interpersonal relationships was striking during session 4, as we explored Chris's memory of sitting at the kitchen counter; and in session 8, as we explored Chris's experience of leaving his shared home with Julia for the final time. As hypothesized by AEDP, Chris's increased expression of his emotions and his genuine self, combined with my attuned, validating, empathic response, decreased Chris's sense of loneliness (as discussed in session 7). The power of this new learning lay in Chris having a new experience in treatment and being aware of having a new experience (i.e., AEDP's moving back and forth between processing and metaprocessing).

### ***Discussion of Broader Issues Raised by Chris' Case***

Chris's treatment demonstrates that AEDP—a treatment categorized as relational and experiential—was effective in improving the quality of his interpersonal relationships, in modifying his perceptions of himself, and in decreasing loneliness. Chris' treatment also demonstrates how the key mechanism of change in AEDP overlaps with exposure therapy, a treatment categorized as cognitive-behavioral. Chris's fear of being emotionally vulnerable with others was identified as a source of the barrier he felt when interacting with others, and his resulting loneliness. As treatment progressed, Chris's distress tolerance increased with regard to experiencing his own emotions, recalling emotionally-laden memories, sharing his concerns with others, and witnessing other's emotional responses both in and out of session. Emotional expression led to acceptance and closeness rather than the rejection and hostility Chris anticipated.

Additionally, Chris came to recognize that communicating his needs to others, although frightening, enabled him to have his needs met. Expression of emotions within the sessions enabled Chris to build a relationship with me that he found both rewarding and genuine—a relationship in which he did not feel lonely.

As predicted by both AEDP and exposure therapy, Chris's repeated exposure to his own emotions and the emotions of others provided him with a new learning experience. Not only was expressing emotions found to be safe in the presence of an accepting other, but it was found to be a pleasurable, meaningful source of connection. Suddenly, Chris's long-held beliefs about the value and acceptability of his emotions—and even of their existence – were overturned. He learned that overcoming his fear of vulnerability and revealing his genuine self could elicit appreciation, respect, and warmth.

To generalize what I learned in my therapy with Chris, it would seem that AEDP and exposure techniques complement one another when working with clients who experience shame or distress in response to their own emotions, who avoid expressing their emotions to others, and/or who fear others' emotional responses. Specifically, on one hand clinicians may be able to bolster exposure-based treatments by integrating AEDP techniques, e.g., by slowing down and emphasizing a dyadic approach of new experience. And on the other hand, clinicians may be able to bolster AEDP treatments by integrating factors that enhance exposure treatments, e.g., by maximizing expectancy violations, limiting distractions, eliminating safety behaviors, and varying stimuli and contexts (Blakey & Abramowitz, 2019; Tolin, 2019).

In sum, an analysis of Chris's treatment and the evaluation of his quantitative and qualitative outcome indicators suggests there may be a common underlying principle of change in trauma treatments across treatment models like AEDP and exposure therapy: approach of previously-avoided emotional and relational experiences. As advocated by Gaines and Goldfried (2021), the presence of such a "transtheoretical principle of change" can advance cross-theoretical collaboration in research and practice, enhance therapy integration, and improve therapeutic care.

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**Table 1***Responses on Outcome Questionnaire (OQ 45.2)*

	<b>Pre-Treatment</b>	<b>Post-Treatment</b>	<b>Follow-Up</b>	<b>Clinical Cut-Off</b>
<b>Symptom Distress (SD)</b>	54*	42*+	46*	36
<b>Interpersonal Relations (IR)</b>	22*	18*	20*	15
<b>Social Role (SR)</b>	20*	15*	17*	12
<b>Total</b>	96*	75*+	83*	63
Item 5: I blame myself for things	4 (Always)	2 (Sometimes)	3 (Frequently)	
Item 18: I feel lonely	3 (Frequently)	2 (Sometimes)	3 (Frequently)	
Item 20: I feel loved and wanted	3 (Rarely)	2 (Sometimes)	2 (Sometimes)	

\* = indicates scores above clinical cut-off

+ = indicates a statistically significant change when compared to Pre-Treatment; a numerical change that exceeds the Reliable Change Index (OQ Measures, 2021; ADAMH, 2018)

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Volume 19, Module 2, Article 1, pp. 71-153, 04-17-23 [copyright by author]**Table 2***Select Responses on Quality of Life Scale (QOLS)*

Item	Pre-Treatment	Post-Treatment	Follow-Up
3. Relationships with parents, siblings & other relatives—communicating, visiting, helping	5	5	3
5. Close relationships with spouse or significant other	4	5	5
6. Close friends	3	4	3
10. Understanding yourself—knowing yours assets and limitations—knowing what life is about	2	3	5
13. Socializing—meeting other people, doing things, parties, etc.	2	3	1
<b>Total Score +</b>	<b>51</b>	<b>68</b>	<b>59</b>

\* Each item is rated from 1-Terrible, to 7-Delighted.

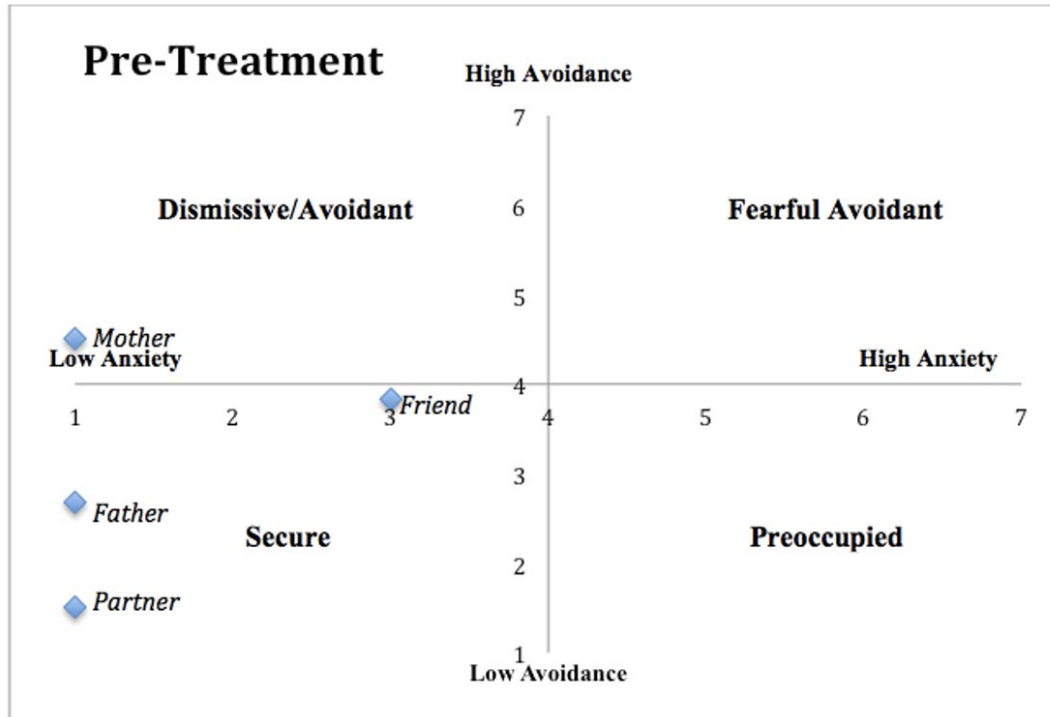
+ The average QOLS score is 90 for healthy populations

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*Figure 1. Attachment Styles Drawn from Responses on Relationship Structures Questionnaire at Pre-Treatment (graph dimensions from Fraley & Heffernan, 2011)*

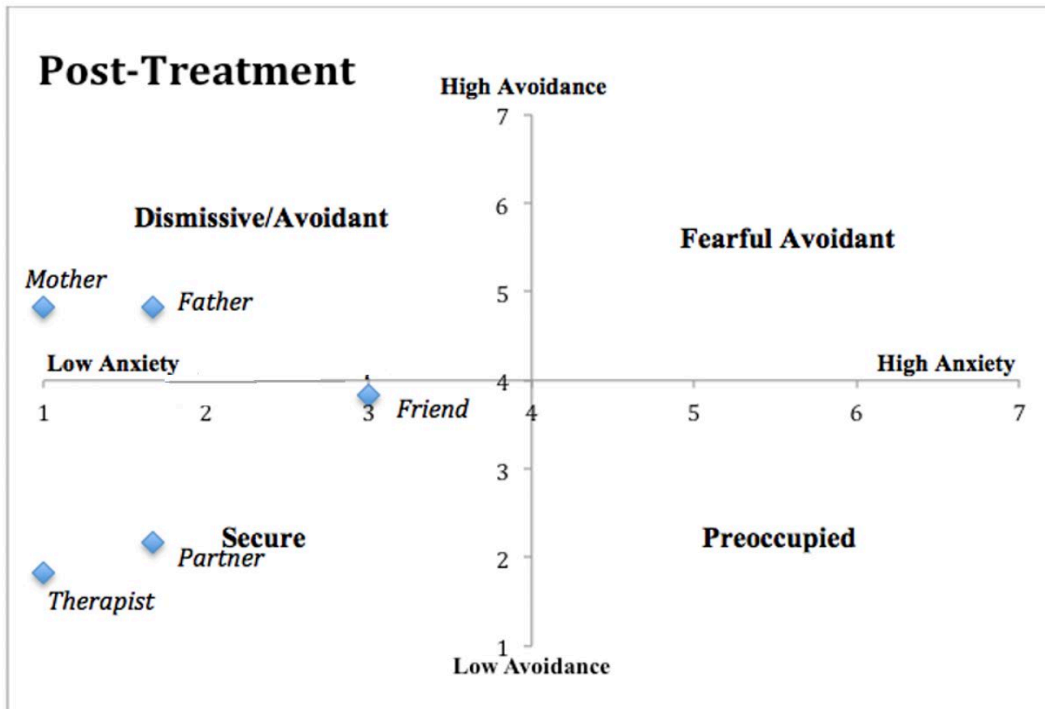


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*Figure 2. Attachment Styles Drawn from Responses on Relationship Structures Questionnaire at Post-Treatment (graph dimensions from Fraley & Heffernan, 2011)*



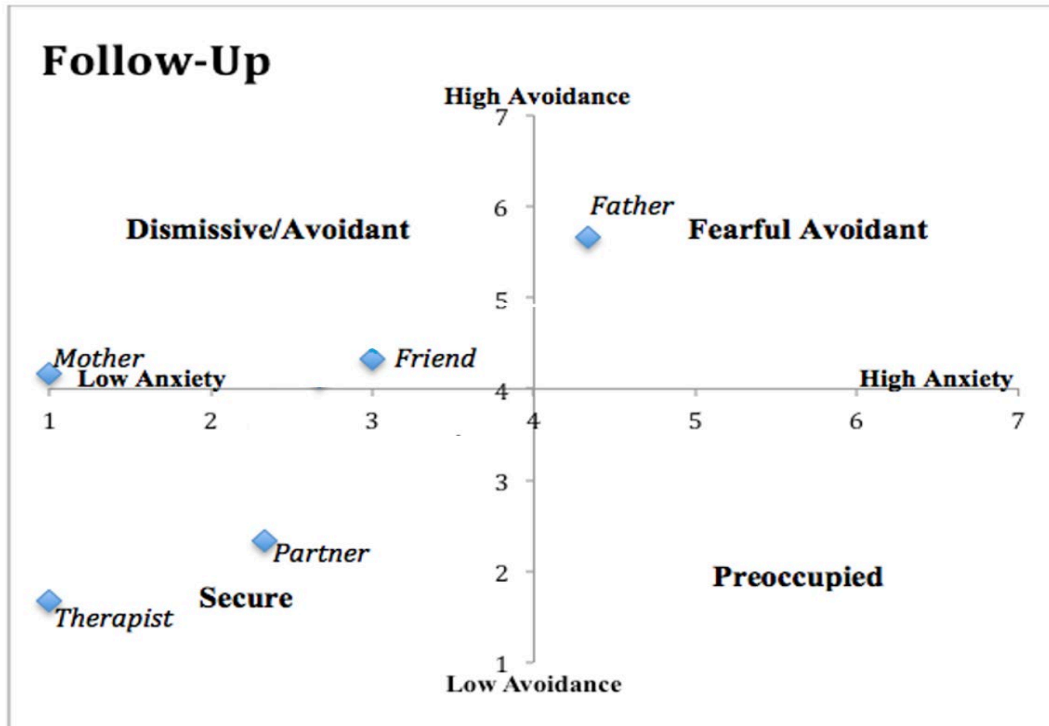


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*Figure 3. Attachment Styles Drawn from Responses on Relationship Structures Questionnaire at Follow-Up (graph dimensions from Fraley & Heffernan, 2011)*



## APPENDIX 1. OUTLINE OF THE CASE STUDY OF "CHRIS"

### 1. CASE CONTEXT AND METHOD

*The Rationale for Choosing This Client*  
*The Clinical Setting in Which the Case Took Place*  
*Confidentiality*

### 2. THE CLIENT

### 3. GUIDING CONCEPTION WITH RESEARCH AND CLINICAL EXPERIENCE SUPPORT

*Emotions*  
*A Behavioral Understanding of Emotions*  
*Exposure Therapy to Address Maintenance of Aversive Emotions and*  
*the Concept of Expectancy Violation*  
*The Impact of Attachment on Emotions*  
*Accelerated Experiential-Dynamic Psychotherapy*  
*Use of Assimilative Integration*  
*The Role of Avoidance and Exposure in AEDP*

### 4. ASSESSMENT OF THE CLIENT'S PRESENTING PROBLEMS, GOALS, STRENGTHS, AND HISTORY

*Presenting Problem and History of Presenting Problem*  
*Psychosocial, Developmental, and Family History*  
*Mental Status Examination*  
*Diagnosis*  
*Quantitative Assessment*  
*Qualitative Assessment for Appropriate Type of Therapy*  
*Goals*  
*Strengths*

### 5. FORMULATION AND TREATMENT PLAN

*Formulation*  
*Treatment Plan*

### 6. COURSE OF THERAPY

#### *Session 1*

The Role of AEDP in Session 1

The Role of Exposure and Expectancy Violation in Session

#### *Session 2*

The Role of AEDP in Session 2

## The Role of Exposure and Expectancy Violation in Session 2

### APPENDIX 1. CONTINUED

#### ***Session 3***

The Role of AEDP in Session 3

The Role of Exposure and Expectancy Violation in Session 3

#### ***Session 4***

The Role of AEDP in Session 4

The Role of Exposure and Expectancy Violation in Session 4

#### ***Session 5***

The Role of AEDP in Session 5

The Role of Exposure and Expectancy Violation in Session 5

#### ***Session 6***

The Role of AEDP in Session 6

The Role of Exposure and Expectancy Violation in Session 6

#### ***Session 7***

The Role of AEDP in Session 7

The Role of Exposure and Expectancy Violation in Session 7

#### ***Session 8***

The Role of AEDP in Session 8

*The Role of Exposure and Expectancy Violation in Session 8*

#### ***Follow-Up (Eight Months Following Treatment)***

#### ***Discussion***

## 7. THERAPY MONITORING AND USE OF FEEDBACK INFORMATION

## 8. CONCLUDING EVALUATION OF THE THERAPY'S PROCESS AND OUTCOME

### ***The Outcome of Chris's Therapy***

Quantitative Results

Qualitative Results

### ***Discussion of Broader Issues Raised by Chris's Case***