

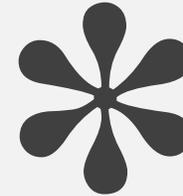
AEDP NYC Seminar Series

AEDP with Gay Men*

Presenter:
Ben Medley, LCSW

May 13, 2017

1



2



Internalization Continuum

3

Relationship with Caregivers

- Support is sometimes missing due to caregivers own heterosexist beliefs
- Emotionally abandon child when most in need of empathy and support
- He is left alone with overwhelming affects and experiences with no one to soothe, attune to needs, regulate feelings and delight in his full being
- Reinforces Heterosexist messages and belief that something is wrong with him

4

“Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and connection.”

-Brené Brown

5

Relationship to Male Caregivers

- Male Caregivers, affected by Masculinity Ideologies, may distance themselves from gay child
- Breaking the “boy code” can lead to disapproval or rejection
- Gay child can believe that he deserves the male caregivers reactions
- Must be emotionally autonomous
- Cannot rely on other males

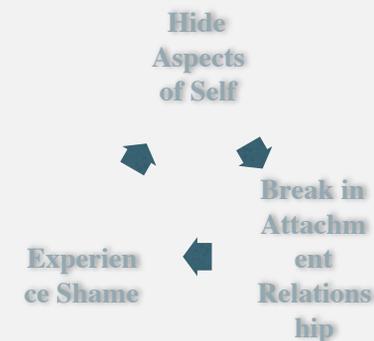
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Relationship with Male Caregivers

“Of all the invalidation we will receive in our lives, this is by far the most damaging. The first man we love-arguably the man we will love most in our life-is incapable of validating us at a time when we need it most. It is emotional betrayal of the worst sort. The wound created by this betrayal will go on to affect us throughout most of our lives.”

-Alan Downs

7



The Relational Shame Cycle

8

The False Self

“The individual must choose between preserving the integrity of his attachment ties and that of his affective self-experience.

Almost invariably, affective experience is sacrificed: access to affects-and with them, all the adaptive resources and richness inherent in experiencing them-becomes deeply compromised.

This Faustian bargain (giving away the affective soul in exchange for a measure of security) is effected through defense mechanisms employed against affective experience.”

-Diana Fosha

9

Using AEDP with Gay Men

- Aim of AEDP is to create a secure attachment the therapeutic relationship
- Emotion/Core Affective experience is viewed as a transformational agent of change.
- Categorical emotions of fear, anger, sadness, joy and disgust
- Core Experiences-Relational, Somatic, Sexual
- Aim is to give the client a new experience by fully experiencing/ embodying and processing to completion these emotions/ experiences in the context of a supportive, authentic, emotionally engaged relationship

10

The AEDP Stance

- Affirming, encouraging, emotionally engaged
- Compassion toward suffering
- Explicit delight in the “quintessential qualities” of the client
- Includes embracing sexuality as good and core
- Must be aware of our own internalized heterosexism

11

The AEDP Stance

Self-Disclosure

- Important to be open, real and authentic
- Therapist vulnerability begets client vulnerability
- “The quickest way to deepen an experience between two people is by one of them saying something personal or vulnerable.” -Prenn

12

“In an attempt to stay neutral and not self-disclose, many therapists do not share personal information about themselves, but this is not helpful to gay and lesbian clients. In their daily life, these clients feel disconnected and are treated as outsiders. Being a neutral mirror to these clients can make them feel even more excluded and disenfranchised...appropriate self-disclosure by the therapist is not just therapeutic-it is essential.”

-Joe Kort

13

The Dyadic Regulation of Affect

- This is the Corrective Emotional and Relational Experience
- Meet affect with empathy, attunement and responsiveness
- “Dyadic means dyadic”-being emotionally affected by the patient and making this explicit
- Releases healing, positive affects, producing felt sense of safety and ability to be oneself with all of feelings and experiences

14

The Dyadic Regulation of Affect

“The experience of making an impact on an attachment figure, and being able to have a sense of agency in relational experiences, a profound and healing experience for most people, is all the more so for those individuals with histories of trauma, neglect, abandonment, and loss who felt helpless to affect their dyadic partners.”

-Fosha (2004)

15

Metaprocessing

- Not enough for a gay client to have a new experience, he needs to know that he has had it
- Basic question of “what is this like to do with me?”
- Can begin an experience of change and transformation
- The therapist is tracking, promoting, responding to and affirming experiences of transformation
- Also, metaprocess the attachment relationship with the Therapist!

16

Core State

Two Markers:

1. State of “feelingful calm” – Sense of calm, openness, compassion for self and others, confidence, creativity, relaxation, wisdom, generosity, sacredness, well-being, vitality, connection (self and others)
2. A subjective feeling of truth and the experience of things being “right” whether happy or painful.

17

Core State

“In working with core state experiences, the therapist is a partner, a witness, a fellow human being. The beauty of core state is that it requires nothing of the other, and accepts the other as the other, just as it accepts with equanimity, clarity of vision and compassion—the self as self. When the patient is in core state, the therapist—like the patient—has maximal freedom, including the ultimate freedom of being just another fellow human being.”

-Diana Fosha

18

Case Presentation

- 31 yr old gay male who began tx in July 2013 to address sx of “overwhelming depression.”
- Extremely hard on himself, difficulty socially and suicidal ideation.
- Lonely and full of shame.
- Has made significant improvement: SI absent, social life improved and more stable mood.
- Hx of neglect and trauma

19

Self at Best/ Resilient Self

Defense

Anxiety



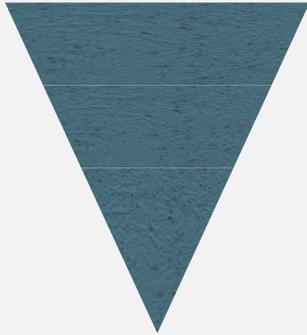
Core Affect

20

Self at Worst/ Compromised Self

Defense

Anxiety



Pathogenic Affect

Come Out, Come Out, Whoever You Are

Gay Therapists Working with Straight-Identified Men

Benjamin Lipton, LCSW
AEDP West Seminar
January 28, 2018

Culturally Sanctioned Emotional Neglect

Baby boys

- take longer to be picked up after crying
- are sung to less often
- are told stories less often
- are read to less often
- are held and cuddled less often

(Planty, US Dept. of Education, deMause)

Culturally Sanctioned Emotional Neglect

- 204 men and women
- Shown a 10 minute tape of 9 months old infant exposed to various stimuli: teddy bear, jack in the box, buzzer, and a doll.
 - When told baby was a **GIRL**, the infant's crying was interpreted as **FEAR**.
 - When told baby was a **BOY**, the infant's crying was interpreted as **ANGER**.
 - Would you respond to a scared infant the same way as you would an angry infant?

(Cundry and Cundry)

Culturally Sanctioned Emotional Neglect

8-9 year old boys interviewed about what they did **not** like about being a boy:

- Not being able to be a mother
- Not supposed to cry
- Not allowed to be a cheerleader
- Supposed to do all the work
- Supposed to like violence
- Supposed to play football
- Boys smell bad
- Having an automatic bad reputation
- Grow hair everywhere

(Perera)

“My work with depressed men has led me to turn the conventional thinking about sons and their fathers on its head. If we give credence to the research detailing the centrality of affections in father-son relations and the relative irrelevance of the father’s ‘masculinity,’ it becomes clear that boys don’t hunger for fathers who will model traditional mores of masculinity. The hunger for fathers who will rescue them from it...sons don’t want their father’s ‘balls’; they want their hearts.”

T. Real

“The crisis facing men is not the crisis of masculinity, it is the crisis of patriarchal masculinity. Until we make this distinction clear, men will continue to fear that any critique of patriarchy represents a threat....

If men are to reclaim the essential goodness of male being, if they are to regain the space of openheartedness and emotional expressiveness that is the foundation of well-being, we must envision alternatives to patriarchal masculinity. We must all change.”

b. hooks

What can Gay Men teach Straight-identified Men about being a Man?

- Boys do NOT need to be turned into males. They *are* males.
- Boys do NOT need to develop their masculinity. They *are* masculine.

“In patriarchal culture males are not allowed simply to be who they are and to glory in their unique identity. Their value is always determined by what they do. In an anti-patriarchal culture males do not have to prove their value and worth. They know from birth that simply being gives them value, the right to be cherished and loved.”

b. hooks

Men and Shame

Shame \neq Empathy

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Contributions of AEDP to Working with Straight Men

- Empowering the therapist to lead with vulnerability and authenticity
- Making the implicit **EXPLICIT**
- Privileging **attachment** yearnings
- Privileging dyadic, **relational** processes
- Privileging processing **emotions** to completion and the adaptive, positive results

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Contributions of AEDP to Working with Straight Men

- Learning to feel and deal in the present moment
- Undoing aloneness
- Transforming shame into acceptance and pride
- Providing autobiographical coherency

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Contributions of AEDP to Working with Straight Men

- Affirming **emotional mastery** and a **patient's emotional impact on the therapist**
- Valuing and celebrating emergent **receptive affective capacities**
- **Metaprocessing the experience of attachment as a transformational process in itself**

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Contributions of AEDP Therapeutic Stance: Leading and Modeling

- Embodying respect
- Modeling and privileging authenticity
- Modeling and privileging self-acceptance
- Modeling self-disclosure
- Modeling emotional experiencing and capacity
- Normalizing explicit gratitude

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What Gay Therapists can offer to Straight Male Clients

Healing Power of Coming Out

“As gay men, coming out means calling into question everything you were taught about love, relationships and the order of the world.”

S. Ball

Coming Out

- Outsider Status = Outsider Perspective
- We bring this template of valuing our subjective truth and seeking it out in our interactions with others, at times even if it means stepping outside of what is expected of us.
- Explicit reckoning with shame messages
- Proof of survival and thriving (think trauma)

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What Gay Therapists can offer to Straight-identified Clients

- Stepping outside of cultural expectations
- Healing the masculine/feminine binary split
- Uncoupling gender identity from stereotypes of emotional vulnerability
- Uncoupling sexual anxiety/orientation from emotional experiencing and intimacy

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**“I’m giving you what I feel like you can feel...
The other shit, you can’t feel. You can’t feel a box.
You can’t feel a label.”**

Frank Ocean

What Gay AEDP therapists can offer to Straight Male Clients

- Modeling “maternal” feelings as a “paternal” figure
- Embodying the value of emotional self-awareness and self-determination
- Modeling masculine strength and power in being vulnerable
- Powerful love / Strong softness
- Pride and Delight in Feeling Deeply
- Uncouple sexual action from emotional connection
- Normalize erotic feelings between heterosexual men and across sexual orientations

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Healing

I am not a mechanism, an assembly of various sections.

And it is not because the mechanism is working wrongly, that I am ill.

I am ill because of wounds to the soul, to the deep emotional self, and the wounds to the soul take a long, long time, only time can help and patience, and a certain difficult repentance,

long, difficult repentance, realization of life’s mistake, and the freeing oneself

from the endless repetition of the mistake

which mankind at large has chosen to sanctify.

D.H. Lawrence

Feeling Like A Man

Using AEDP to Overcome Shame and Undo Aloneness in
Gay and Straight Men

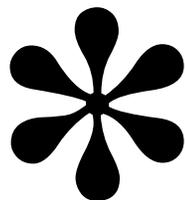
Benjamin Lipton, LCSW and Ben Medley, LCSW

May 13, 2017

1

The Emotional Challenges of Being a Man*

2



3

What it means to be a Man is influenced by:

- Geography (Country, State, City/town)
- Social and Economic Class
- Ethnicity
- Neighborhood
- Family
- Peers
- Organizations (Schools, Offices, Clubs, etc)

4

Masculine Norms

“Men live under the pressure of one unrelenting message: Do not be perceived as weak.”

-Brené Brown

5

Common Cultural Messages

1. Avoid effeminacy

- Avoid all behaviors and feelings deemed feminine by cultural context

2. Be Strong/Act Tough

- Repress emotions/Emotional Mastery* is a sign of strength
- Be ready to defend one's reputation— with physical force if necessary

6

Common Cultural Messages

4. Be Self-reliant

- Be separate and independent
- Restrict the need to be held, touched, affirmed by others*
- Figure out your problems on your own
- Physically protect and provide material goods for women and children

5. Be Aggressive/Take Control

- Value competition and power
- Privilege anger

7

Common Cultural Messages

6. Don't Be Gay

- Be straight
- Avoid characteristics and behaviors associated with being gay

7. Sexual Prowess

- Be ready for sex
- Desire sexual conquests
- Separate sex from emotions

8. Focus on *DOING*, on tasks

8

“Each boy, like Faust, makes a deal with the devil gaining worlds of knowledge and power—the capacity to *do*—in exchange for his relational soul.”

- (T. Real)

9

Loss of the relational (Real)

- Diminished connection to mother
- Diminished connection to emotional Self
- Diminished connection to others
- “Conditional grandiosity”

10

How masculinity rules are communicated

All of these cultural demands are reinforced through shaming (and rewarding)

- “Boys don’t cry” in response to tears
- “Man up” when scared or vulnerable
- If you don’t fight back, you are weak or a “pussy”
- Often called derogatory names that refer to males as feminine or gay when gender ideologies are not followed

11

Male definitions of shame

- Showing weakness
- Failing
- Being wrong
- Being defective
- Being soft
- Showing fear
- Not making enough money

12

Shame as Organizing Experience

- How tall you are is malleable depending on how “masculine,” i.e physically strong, you feel (UW study of Stanford students).
- Men with baby faces more likely to have assertive and hostile personalities and commit crimes
- Men told they scored low on masculinity tests more likely to act aggressively, harass women and battle other men

13

Benefits of Following the Rules

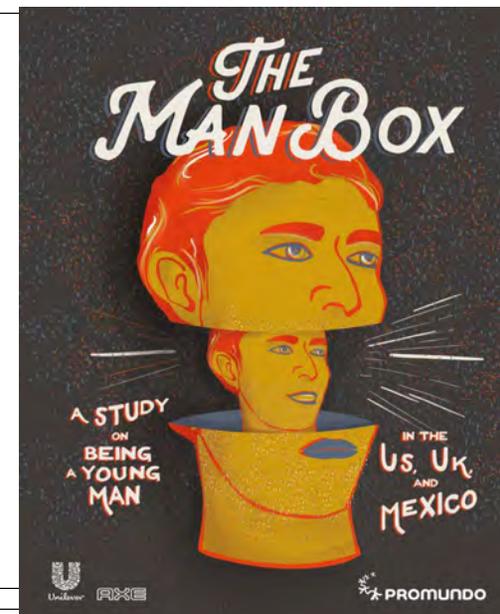
- Privileged in Society
- Power, money, dominance
- If it wasn't advantageous, men wouldn't do it
- Praise and Acceptance from those important to us
- Sense of belonging
- Sense of being “a real man”

14

The Shame Cycle for Men

- The expression of feelings or vulnerability leads to shame.
- Boys learn to hide vulnerability and repress feelings to avoid experiences of shame and ridicule
- Present a “mask” to others that all is fine, which leads to experiences of not being one's True Self with all your feelings and experiences in relationship to self and other.
- Cannot know what we know and feel what we feel

15



16

The Man Box Continuum



17

What Society Says

My parents taught me “Real Men” should act strong even when nervous or scared	59%
Society tells me to act strong even when nervous or scared	75%
Men who talk about worries fears and problems shouldn't get respect	57%
Men should figure out problems on their own	66%
Guy who doesn't fight back is weak	68%
A gay guy is not a real man	55%
Straight men being friends with gay men is totally fine and normal	58%
Men should use violence to get respect if necessary	51%
Man should have final say in relationship	55%

18

What Participants Actually Believe

Men should act strong even when scared or nervous	59%
Men who talk about problems shouldn't get respect	30%
Men should figure out problems on their own	40%
Guy who doesn't fight back is weak	43%
A gay guy is not a real man	29%
Straight men being friends with gay men is totally fine and normal	84%
Men should use violence to get respect if necessary	23%
Men should have final say in relationships	34%

19

Mental Health

	In	Out
Met Screening Standards for Depression	41%	26%
Reported feeling down, depressed and hopeless in last 2 weeks	64%	61%
Reported Having Thoughts of Suicide in last 2 weeks	40%	17%

20

When feeling Sad or Depressed Who Do Men Go To For Help?

Mother	25%
Romantic Partner	25%
Male Friends	11%
Father (Male Caregivers)	7%
Online	4%

- Rely Primarily On Women For Help
- More Likely to Provide Help than Seek Help
- 40% Spend More Time Alone Than Wanted

21

Violence and Men

Experiences of Bullying

Man Box	Bullying Verbal	Bullying Online	Bullying Physical
In	70%	60%	59%
Out	43%	21%	15%

Perpetration of Bullying

Man Box	Bullying Verbal	Bullying Online	Bullying Physical
In	63%	54%	52%
Out	26%	9%	7%

22

Overall Findings

“The harmful effects of the Man Box are severe and troubling. The majority of men who adhere to the rules of the Man Box are more likely to put their health and well-being at risk, to cut themselves off from intimate friendships, to resist seeking help when they need it, to experience depression and to think frequently about ending their own lives.”

23

Historical Myth of Masculinity

- Remains for most an unquestioned assumption of our society
- An achievement rather than a trait.
- Boys must be “turned into men.”
- Manhood achieved by ritual emotional and/or physical wounding: emotional amputations (Real).

24

Historical Myth of Masculinity

- Manhood is about contraction and constriction vs. expansion and openness.
- Failure to “achieve” a “stable masculine identity” leads to negative consequences.
- And this stability must be vigilantly guarded...so how stable can it actually be?
- And how stable does it really need to be?

25

Challenges in Therapy

- The paradigm of psychotherapy is antithetical to cultural messages of masculinity
- Shame will be a powerful player from the get-go
- Therapist may be asking/expecting men to ask for help, express feelings and give up “control”
- Men may have less experience/skill in recognizing, understanding and expressing emotion

26

Feeling Like A Man

Transcript of portion of online course, including client session

[00:00:01.11] Presenter: Ok so I'm going to try to squeeze in one more tape before our closing process here. With this young man, whose name is Alex and I know that I've shown him in a training I believe so for some of you who've been to a recent training you might have seen this. So just very briefly, this young man came to see me when he was.... I'm trying to think how much I really need to tell you about this for the purposes of today. So, this young man came to see me while he was in college. He had taken a year off from college because he was not going well as a result of feeling very depressed and unmotivated and just having a lot of trouble adjusting so he took a year off, came back home to New York and while he was coming home to New York he came to see me for some help. During that time, he decided that he was interested possibly in pursuing an acting career so he took an acting class and in that acting class he met a woman - he is twenty-two, I think, in this video - and this woman was like twenty-seven, so a much older woman (audience laughs) ...who he me, who he had a brief relationship with. For him, it was falling in love and unfortunately for her, it was really much more of a fling and she said goodbye to him and he was crushed. And so, in the sessions leading up to this one, including earlier in what you're going to see, we were processing his feelings about the end of this relationship and right before this, he was actually doing a very intensive rage portrayal towards this ex-girlfriend in which feelings of sexual aggression started to emerge, which is not an uncommon thing to happen for men. And maybe not just for men. And as that happened, he became very, very anxious and dysregulated and so I invited him to come back to being here with me and to help regulate his anxiety before moving forward. We're going to pick up right after that anxiety regulation has taken place.

Just a little bit about his earlier history that's relevant. While he was having trouble in school, Alex is actually a brilliant guy as you're going to see, very, very smart and historically very successful in school. So, within the context of his family he was actually the golden child and he had an older sister who had some significant developmental disabilities and she was really the person whom his parents had to attend to in all kinds of ways that left him as someone who was considered to be basically self sufficient. Cared about and loved but self-sufficient. In addition, his dad was a rather traditional dad within the culture we're talking about who was a very good provider for his family but emotionally not particularly present. Well meaning and loving but just not particularly present. His mom, also well meaning and loving, was also very, very anxious. So when her children would become anxious or distressed, she would become dysregulated and intrusive in her efforts to try to be helpful. So the message that this young man took home was that I really can't be helped because when I get helped and my attachment system gets activated and I reach out for help, what comes back to me is not help, it's intrusion that I need to keep away. So that's the internal working model that he was contending with. So with all that being said, here is some video. I'm going to

Feeling Like A Man

Transcript of portion of online course, including client session

start it a little ahead in the service of the less time we have here today. I won't be able to stop and start as much, but we'll do what we can. Okay so this is updated.... I've lost some hair, I'm a little older and I have nicer, new chairs in my office and again, I'm in a mirror but I'm actually right opposite him in the office.

CLIP BEGINS

Client seated in chair, shoulders low and slightly forward. Dimmed energy in eyes.

A: I'm feeling so like...alone and isolated and...just having so many feelings that...I don't really know what to do with (sighs)...and....just feeling like I have no one to really go to for this and...like I'm just gonna be left alone and...(swallows, slight jaw tension)....and like nothing can help me (slight shoulder shrug, brow furrows)...like get through it....

Therapist: So what about me?

[00:05:44.23] Presenter: Can you hear me? (Audience confirms) Yeah so he just described his internal working model....I had just helped to regulate all of this anxiety and get him to a better place and then he starts to talk about these feelings and as he's saying, he's alone, there's nobody there who can help him, etcetera...I'm thinking...(laughter)....so I challenge him...I challenge him to look outward as opposed to inward and say what about me?

A: (glances down, sighs)....in some...it feels so like locked down....that feeling...

Therapist: Mmm-hmm...

A: (slight shrug, shakes head no, glances down)....that I don't even...I don't even know....

Therapist: So when you're in that place you lose track of me being here? With me being available?

A: (nods, brows furrow) I guess so, yeah...(sighs)...I don't know why...

Therapist: I wonder...we've been through so much together....

A: I just feel like this is kind of like (swallows) all driving towards just like the heart of my loneliness (one fist hand pushes outward, voice trembles, wipes a tear) you know?

Therapist: Yeah...

A: And I feel like no one can really help me with that...

Therapist: So it this a part too? Meaning like....that holds a belief that you have to be alone with these feelings?

A: (glances away then to Th, nods then head jiggles and nods again)...I feel like that part's so much like blended with me (one hand sweeps in front of face)...that's what it feels like right now...

Therapist: Uh-huh.....okay...so what's it like for that part to hear me...caring about it? And wanting....I understand it may not be able to make use of me but wanting it to know that I don't want it to have to be alone if it doesn't want to be....(A nods)....I'm here....

Feeling Like A Man

Transcript of portion of online course, including client session

[00:08:37.04] Presenter: So here, as we're moving into this very lonely place...which is actually good that we're getting to....I'm wanting to work with metaprocess...small M metaprocessing...just checking in with what's going on, what this is like moment-to-moment because as, those of you who are studying AEDP know, or who are expert in AEDP also know, the level of intervention in the model is not just what you do or what's happening implicitly for you...it's what you do and how the patient responds. So you can have all the best intentions and I can be so loving and caring and well meaning and wanting to be helpful, but if that's not being internalized, if that's not being experienced, if that's not happening on the inside for this client, then that's not happening. So I'm wanting to know, does that part of him that we're working with right now understand or know or feel my care for it.

A: (sighs, tilts head, jaw clenches, brow furrows)....I think it's almost....it's almost like resentful...

Therapist: I sense that, yeah...

A: Just like...like fuck you (one hand lifts)...

Therapist: Yeah..

A: (chuckles)

Therapist: Right...can we hear from that?

A: I think it's just saying like....like...like you can't....like fuck you like how are you gonna help me...you know what I mean?

Therapist: Uh-huh...

A: Like how are you...(eyes narrow, winces)....yeah....(swallows)....just saying like...(one hand lifts and twists mid air)...like how the fuck can you help me, you know?

Therapist: Uh-huh...

A: Like I'm just....I'm gonna be just as alone whether you help me with it or not....

[00:10:55.29] Presenter: So that's the history right? That's his history that he's coming into this with...that help isn't help...

A: That's what it feels like.

Therapist: When that part says that, is it interested in hearing how I could help or it doesn't even want to hear?

A: I think it's kind of interested, yeah...(scratches gut)....you could tell it (chuckles)...

Therapist: Ok...so the question is how can I help it...it's gonna be just as alone whether I help or not? (A nods) You know, I think that that part doesn't know what it's like to have somebody really want to be...and also be somewhat able...to be present with really big, dark difficult feelings (A nodding)....because that part is from a much younger time in your life (A nodding)...when people, even who were very well meaning and who loved you very much and really wanted to be...couldn't tolerate it and couldn't be with you with it...and so you felt just as alone...even though you were in the presence of other people...if you were...and a lot of times you really were also really just alone...

Feeling Like A Man

Transcript of portion of online course, including client session

(A nodding)...so I think, I believe, that I could help because I really want to be with you through whatever you are feeling...and I think I've kind of proven myself in a certain strange and bizarre way it would look from the outside but even with what we did here today...

[00:12:48.00] Presenter: And there I'm referencing the murderous rage portrayal that we had done where he was expressing all of these unacceptable feelings and I was being very supportive of him. And this whole piece that just happened here was, what in AEDP we say is organizing experience or an interpretation if you will...it's a way of making sense of what's happening and then delivering it back for him to understand. And we're seeing, I'm seeing a lot of confirmation that this is moving in the right direction, both in a left-brain way in terms of language but also, I think, right brain in terms of the emotional process that's unfolding because of these head nods that are coming from him and the gaze that's being held.

Therapist: I mean that was some pretty intense stuff...

A: (smiles, nods, glances down)

Therapist: And I'm right here with you...

A: (deep breath, slight mouth twitch, nods)

Therapist: And I still think you are the same fantastic person that I thought you were before you started feeling those feelings with me...and in a bizarre way, it actually felt really good to me that we could trust each other enough to let those feelings come out (A nodding) ...because they're just feelings....you know? And I know that could bear and be with you in the depth of your sadness and your loneliness...so that you don't have to be alone anymore (A winces, tightly closes eyes, jaw clenches, sniffs, tilts head to side to wipe tear from closed eye with index finger, begins to sob, State 3)yeah....yeah...

[00:14:59.14] Presenter: So I'm going to pause just for one moment just as Ben did this morning in the service of preparing your nervous systems that he has some big waves of grieving his aloneness in the context of now having connection. As you can imagine, as the last video of this day, it all works out okay but (audience laughs) ...I'm giving you that so that you can do what you need to do....

Therapist: Yeah.... (A sobbing, head lowered, two fingers pressed over eyelids) yeah.... (A continues to heavily sob)so much right? (A takes tissue and blows nose, squeezes eyes closed, covers faces with one hand, sobbing again) ...yeah.... yeah....(A rubs eyes, hand moves to cover mouth, glancing down)...

[00:16:57.15] Presenter: So as this is moving through, I'm also very mindful of his attachment history and having had issues around intrusion so in contrast to what we saw this morning with Ben and the way that Ben was responding with his client, I'm not wanting to go in there too much.....I'm wanting to take my lead from this young man in

Feeling Like A Man

Transcript of portion of online course, including client session

terms of what he needs but I'm wanting him to know that I'm there with him so I lean in, I use my paraverbal ways of holding him with my words and with my affect and allow him to have an experience that he hasn't been able to have, which is to feel sad...he feels sad, let's allow him to move through this sadness in the context of me being with him.

A: (deep exhale, eyes open, takes tissue, wipes tears, deep exhale through mouth, glances at Th, deep exhales, winces)

Therapist: Just let it come.... it's alright...

[00:18:29.22] Presenter: Just let it come...it's alright...

Therapist: It's ok.... (A sobbing, covers face with one hand)...it's okay Alex...

[00:18:39.14] Presenter: It's okay Alex....

Therapist: I know there's a lot inside.... (A sobbing)...I really know....yeah....yeah....(A continues sobbing)...yeah...yeah...(A moves hand away from face, adjusts/removes microphone)...

A: I think I need you to hug me... (both rise and embrace)...

Therapist: It's ok...

[00:19:42.17] Presenter: So that's amazing (audience laughs)....and among the many things about that that are amazing, is just what a pure example it is of what it means when you process emotions through to completion that the adaptive action tendency emerges...he moves through this big multi-wave wave of griefhe comes to the end and the disposition to repair the attachment trauma of get away, right, is I need to come forward....he has access to his attachment yearning/needs again and just...we had not hugged before...this is a total shock to me...and he just comes forward with it so...watch a little more...

(Embrace continues, A sobbing then exhales, both sit down again, A sits at edge of seat and wipes eyes with tissue, blows nose, exhales then nods)

A: (softly) Okay.... (exhales, chin rests on hands, leaning forward)....I guess when you asked what I needed to hear...at least that part....

Therapist: Which part?

A: Huh?

Therapist: Which part?

A: What you just said...

Therapist: Yeah...

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[00:21:47.27] Presenter: He said I guess that's maybe what I needed to hear, at least that part and I said which part? And he said, no, what you just said....so there's not really coherency there yet...this is like emergent on the heels of what just happened...

A: It's like that what was kind the part (fisted hands push forward).

Therapist: Which was? What was the part?

A: (puts on microphone) It's like....

[00:22:26.11] Presenter: Yeah for those of you who are afraid of videotaping (audience laughs) you know in the context of something deep and powerful that's going on, it's just like whatever...this is just what we do, it's become a part of the thing...

A: A part that kind of just felt like I had to be alone with it all...

Therapist: Yeah....because you were, right?

A: (nods) And once that part was (laughs, continues to sit forward) ...reassured I guess (glances and smiles at Th) ...I just opened the floodgates...

Therapist: Yeah...

A: (exhales, nodding) ...I feel like that what they were...I feel like that's what (one fisted hand lifts)so much of the anxiety was about I guess...and maybe at different times it seemed like different parts but maybe it was all one, I don't know...

Therapist: Mmmm.

A: I don't know if that's possible but...

Therapist: Sure...whatever feels right is possible...

A: At least that felt like ninety percent of it (facial muscles begin to relax, glances down, exhales) ...okay...

Therapist: As you're saying okay right now...I'm just curious what the okay is about so I'm...

A: Okay means I need to get out of here (speaks while hands cover face)

Therapist: You need to get out of here because...

A: Because we're done (hands cover sides of nose, head tilting down, eyes closed) ...

Therapist: Because of time or because...

[00:24:09.04] Presenter: So....you're laughing....but I didn't like hearing that because I was thinking why does he have to get out of here...and so I wanted to check out why...but my sense was because we had gone over a little bit and that he was concerned about you know taking up too much time....so I wanted to make it okay with him if he wanted to stay a little bit, which I would prefer because then we can do a little bit of metaprocessing towards the end but if he needed to leave, he'd leave so that's what happens here...

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Therapist: You have to get out of here?

A: Oh, because of time...

Therapist: But this is like...

[00:24:47.28] Presenter: I ask him, are you saying you gotta get outta here or are you saying that it's because of time and he says oh no, no... because of time...

Therapist: We couldn't plan for (A chuckles) ...and we can't just short circuit it....that would be the antithesis of everything we're talking about right now (both chuckle)....

A: Yeah... (still leaning forward, glancing towards floor)

Therapist: Let's take a little time here.... (A exhales forcefully through mouth) ...if that's okay...

A: Sit back for a second... (A nods and sits back) ...

Therapist: You know, in other words, I'm not trying to keep you here...I just...

A: Yeah...

Therapist: Would like to take some time if you're okay with that...

A: (nods, sniffs) I feel like I need to....it feels like a step forward... (State Shift)

Therapist: Mm-hmm...

A: It feels like....

[00:25:32.13] Presenter: So here are just two little flashes of where we go to...

A: Beginning to know...that's not the case...

Therapist: Yeah...

A: That it doesn't have to be alone...

Therapist: Right...wow...

A: Yeah...I feel like where I am right now (backs of hands press together and placed in front of heart, voice is stronger) ...I feel like what would be most helpful for me (fingers of hands interlaced) ...would be to...just kind of continue with my life...

Therapist: Yeah...

A: (laughs)...and like if she doesn't text me back well okay...and then.... keep...keep plugging away at my life you know (slight smile, Third State transformation)

Therapist: Mmm-hmm...

A: And I feel like...like I started reading this play today that I'm really into and it made me happy kind of, you know...and like it took me out of (both hands sweep to one side)...that...

Therapist: Yeah...absolutely...that's what you should do...

A: Ok (brightly)...

Therapist: And this was a LOT today...

A: Yeah (nods)

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Therapist: I'm here.... if you need to touch base, if you need to talk to me.... you know before next week.... oh we need to talk about scheduling really quick before you leave...

A: Yeah...

Therapist: Then you call me or text me...whatever

A: (nodding) Okay.... (deep exhale) ...okay...

Therapist: We're in the middle of a process, we're not done...with all respect to the part of you that wants to be done and the other part of you that wishes he never came here in the first place (A laughs heartily) ...

A: (smiling, nodding) Yeah...okay...alright...I buy it...

(Sound of audience clapping)

[00:27:20.08] Presenter: Thank you.

END OF TRANSCRIPT