

Time & Slowing, Attachment & Loss in 16-Session AEDP Therapy

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Abstract: This case study of maternal loss explores the impact of time in 16-session AEDP Research therapy---specifically setting the time frame ("clock-time") from the beginning and going slowly with affective time ("existential time"). The essential themes explored are: 1. how slowing down affective processing and the experience of time at key change moments facilitates secure attachment and deepens change 2. how the set time-frame, in the context of AEDP affective processing, mobilizes transformance and 3. how built-in anticipated loss of the therapeutic relationship may make this time-limited attachment therapy particularly sensitive to issues of loss.

Introduction

“The slower you go, the faster you get there.”²

There are moments in AEDP therapy when we step beyond time. These are mutually transformative moments where we’re down deep and slow with our patients. Sometimes moments of silence speak more than words. The dance of shared gaze, gesture and feeling speaks volumes. Time expands and time slows.

Paradoxically, these moments are intensified in time-limited 16 Session AEDP Therapy. Despite apparent pressure for quick results in this foreshortened format, the advantages of going slowly may be more important than ever. The more we slow down, the further we go. Our senses are

² SueAnne Piliero, Essential Skills Trainings I & II, 2014-2020. SueAnne Piliero, my AEDP supervisor/mentor, brilliantly teaches and embodies the crucial importance of attentive slow prosody, breath, and tempo.

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heightened. Every moment counts. "It's AEDP, only more so" (Fosha, 2017), according to Diana Fosha, AEDP's originator. "We are not so much *doing* more, as *being* braver in what we do, trusting the process more, harnessing each glimmer of change for the better," according to Jennifer Edlin, AEDP Faculty (AEDP Research Seminar 11/20/20). The end is in sight from the moment we begin, which brings existential anxieties to the surface with powerful immediacy.

The need to cope with loss in its many human variations is one of the most common reasons people seek therapy. Therapy with a specific time-frame and end point tends to evoke feelings about separation and loss. The time-frame also makes this therapy effective and accessible for many therapy patients, especially those with ambivalent feelings, financial or time constraints, or those for whom longer therapy does not appeal. Yet, the notion of time-limit often evokes the anxiety of feeling rushed, or controlled by insurance constraints, or worse, loss of safe attachment! This case study aims to show the opposite: the benefit of going slowly and being fully present in the moment with our patients, which AEDP teaches so effectively, is deepened by the explicit, predictable time boundary. The 16-session time frame creates a safe container which holds and focusses both therapist and patient to work together toward a good ending, promoting trust. The reality of a planned end creates a unique opportunity for mastery of separation and loss with empathic support where the felt sense of secure, meaningful connection carries forward for both patient and therapist. The clear, safely-boundaried structure of time-limited therapy may actually enhance safe attachment. Succinctly expressed by a 16-session therapist: "The time-frame is your friend" (Harrison, 2018).

This case-study is my 2nd patient in an ongoing out-patient private practice 16-session AEDP research project helmed by Shigeru Iwakabe, Jenn Edlin, and Diana Fosha, sponsored by the AEDP Institute to investigate change processes and effectiveness of AEDP. In return for agreement to complete questionnaires after each session and at 6- & 12-month intervals post-treatment, and informed consent to videotape sessions for educational and research purposes, participants receive a reduced fee and therapy with experienced AEDP clinicians, who likewise complete questionnaires. This ongoing study includes patients with depression, anxiety, interpersonal difficulties, and relational trauma, and excludes (not appropriate due to the therapy's short duration) patients with DID, complex PTSD, active or recent substance use, bipolar, psychotic, autism spectrum, or impulse disorders. Results with 62 self-referred adults show significant improvement on depression, experiential avoidance, and psychological symptoms scales (Iwakabe, S. et. al., 2020 p.10), as did the case-study patient described below. Like a significant percentage of research participants her gains were fully maintained in 6- & 12- month follow-ups, showing that rapid change can be deep and lasting.

This paper will first give a brief overview of some theoretical concepts related to the benefits of slow affective processing and of setting a specific time frame. The case study with verbatim

transcripts which follows the overview, is offered as an illustration of how beginnings, middles and endings unfold in one 16-session process.

Theoretical background for the 16-session model

AEDP is an experiential psychotherapy based in the neuroscience of attachment and emotion, which seeks to undo aloneness in the face of pain, trauma, and loss, and to catalyze our innate healing capacities and the positive emotions involved in change for the better. Going slowly here refers to the myriad right brain to right brain interventions the AEDP therapist uses such as slow and deliberate prosody, softened voice, synchronous breathing with the patient, or pauses while tracking both her own and the patient's experience. In the service of deepening therapeutic connection and promoting secure attachment, the AEDP therapist may pause to emphasize an affect-laden word, or match a gesture or body movement. "Stay with this, and stay with me," "let's slow this down" are our AEDP mantras. AEDP Faculty Natasha Prenn (2011) calls this "experiential language" which "tries to help make the shift from the left brain to the right brain, from thinking to feeling, from the language of the mind to the language of emotion rooted in the body, from talking about experience to actual experiencing and being in the experience together." We shift, she explains, from big words to small, to short interventions, to slowness and waiting, to the particular, emotional, and imagistic, all of which "encourage secure attachment." "The first essential skill ...is slowing down...for patients to get to know their internal experience" (pp. 314-315).

Consistent with AEDP's phenomenology (Fosha, 2019), in State 1 where the client is distressed or defensive, we attune and *slow down* to give attention to somatic arisings, glimmers of transformance strivings and core affective experience with their adaptive action tendencies. In State 2 we attune, focus, and *slow down* to process waves of core emotion and True Self needs. In State 3, we go *slowly* to deepen and reflect on or "metaprocess" affects of relief, pride, joy, mourning the self, gratitude, exuberance, enthusiasm, and realization, releasing an upward transformational spiral which builds on positive healing affects. In State 4, Core State, we get quiet, or even silent, as we *slowly* savor the felt experience of Core Self.

Shari Geller and Les Greenberg (2012) address the neurobiological value of going slowly and taking time for integration: "Current research shows that...positive experiences are typically registered through standard memory systems and need to be held in consciousness for 10-20 seconds for them to sink in (Hanson & Medius, 2010). When we allow ourselves to rest in experiences of calm, centeredness, acceptance, immersion, and equanimity, we are increasing the possibility that these experiences will become 'neurological imprints' and will be readily accessible for recall" (p. 163). AEDP Senior Faculty Danny Yeung (2021) refers to slow emotion processing as "deepening smart vagus activation" (p. 22), key in Porges' polyvagal theory of social and emotional parasympathetic processing. Trauma therapists immersed in the

neurobiology of healing like Resmaa Menakem (2017), also teach the value of slowing down: “A traumatic response usually sets in quickly—too quickly to involve the rational brain.....This is also why, when mending trauma, we need to proceed slowly, so that we can uncover the body’s functions without triggering yet another trauma response” (p.7-8). Rick Hanson (2017), a neuropsychologist, discusses major factors which install positive states: "duration" (e.g. slowing down to allow core emotion to complete), "intensity" (inherent in time-limited therapy) and "multimodality" or somatic embodiment (a major intervention in AEDP therapy) (p. 59). As the case study will illustrate, going slowly with key affective moments and somatic responses, to undo trauma responses, to deepen receptivity to positive emotional experience, and to imprint transformational experience are central to healing in 16 session AEDP therapy.

Time and the arc of time-limited therapy

16 Session research therapists learn to marshal hope for a positive outcome by anticipating ending from the beginning: "How would you like your life to be different at the end of 16 sessions?" we ask in session one. Periodically throughout the 16 sessions, we check-in on progress toward the patient's goals and feelings about ending: "now we're halfway, how are you feeling about our ending drawing closer?" We promote the expectation their progress will continue beyond the end of therapy: "you've shared so much with me, any sense of what you want to carry with you from our important work together into your life beyond our 16 sessions?" Many patients experience the time-frame as confidence in their capacity to change, grow and accomplish much in a brief time, like the young adult who feels both the sadness and anxiety of a known transition, yet also looks forward to leaving home. For many, the clear time-frame injects the refreshing, practical, reality note that all relationships ultimately end, and because our time together is finite, we'll be intentional in the use of our time and how we say farewell.

According to James Mann (1982), whose work in time-limited therapy helped guide the research project, “time-limit directly influences the progress and process of treatment because of the unconscious meaning and experience of time in the course of personality development and because of its enduring role in giving meaning to the past, present and future of *affective* life” (p.2). The unconscious makes the most of the available time; what most needs to be dealt with tends to surface quickly. Mann (1982) also distinguishes clock time from "existential time" which "is experienced, lived in" (p.3). He writes, "There is only now in existential time...The patient's presenting distress...is linked firmly to enduring events in his inner life...felt as now" (p.10). In time-limited therapy, awareness that our (clock) time together is finite, mobilizes both therapist and patient to 'give it our all'. Emotional activity boosts — as it may when facing a life-transition, or when someone is dying and awareness of the impending end brings about intensive life review or making peace with relationships and loved ones (existential or affective time). Time-limited therapy, loss, and perhaps even death, evoke a sense of the preciousness of every

moment of life. Our awareness that now is the only moment we really have is sharpened.

16-session therapy has a planned end, but we aim for a safe, emotionally connected therapist-patient relationship which will live on well beyond the therapy. According to Mann (1973), "the most poignant and most distinctively human reaction occurs in the face of loss" (p.28). The anticipated loss of the therapist revives and intensifies the emotional experience of earlier losses and creates a separation crisis. AEDP's close attention to the creation of safe attachment, combined with clear awareness of ending, makes this therapy especially likely to activate and accentuate attachment losses and longings. The therapeutic structure, here, is isomorphic with a presenting problem of loss. The significant difference is that where the patient experienced disruptive or traumatic loss in the past, here we aim for integrated, corrective experience of separation and loss. "This time the internalization will be more positive (never totally so), less anger-laden, and less guilt-laden, thereby making separation a genuine maturational event" (Mann, J., 1973 p. 36). The patient processes past loss and integrates what she wants to carry forward from that loss. In parallel, particularly in later sessions, she processes and integrates emotions about the therapeutic relationship ending, and what she wants to internalize and carry forward from the relationship. Each process enriches the other. Here we work closely with "receptive capacity," the uniquely potent AEDP change mechanism where the client "takes in" feeling felt, resonated with, and understood by the therapist, which often generates sensations of warmth, spaciousness, and care in both therapist and patient. Each therapy dyad is unique in what needs to be carried forward. The challenge is to create a corrective experience where this deepened capacity to process emotions related to complex loss becomes the patient's tool for coping in a more vital future after the therapy ends. To meet this challenge in a brief time-frame, the therapist leans in relationally even more. "It's attachment, even more so!" (J. Edlin, personal communication, 12/3/20).

The case-study

My patient, Jo³, a heterosexual Caucasian aid-worker in her mid-twenties with an avoidant attachment style, sought treatment for significant depression and unprocessed grief related to her mother's premature death three years prior to this therapy. Her mother's death followed 8 years of grueling medical treatments, in the midst of which her parents separated, and her father became angry and unavailable. During her mother's life, Jo was often her mother's caretaker; the two spoke daily and their relationship was so close their identities often seemed to merge. Jo also suffered from low self-confidence at work, and symptoms of anxiety-induced throat and stomach pain requiring medication.

³ Identifying information is disguised to protect patient privacy and confidentiality.

I am a heterosexual Caucasian therapist in my “senior” years—which naturally accentuates awareness of the reality and finality of death. I have never experienced the premature death of a close loved-one. My patient’s experience of early-adult loss harkens emotional learning for me alongside my patient.

We explicitly foreshadow ending in session one by identifying what Jo wants to achieve at the end of a successful 16-session therapy: she wants to be more capable of processing feelings of loss which, “I just don’t deal with.” Aloneness with loss has constricted her emotional range and capacity to grow; part of her stays young, stuck in her time of loss. In the sense of psychological development, time stopped when her mother died. The aim in our brief time-frame is to bring *affective* time safely back on-line through the creation of a secure patient-therapist attachment which facilitates processing emotions of loss.

Early sessions: safe attachment, core emotion and empowerment

As we begin, Jo’s face appears wan, eyes dull, voice high-pitched, tense and young, her smile strained and self-conscious. Minutes into the first session, we slow down to give attention to fluttery uneasy sensations in her stomach which she connects with getting started. She reports her fluttering sensations begin to settle when she realizes they’re saying “You’re doing the right thing being here” (green signal of openness to our process). I sense that her embarrassed tears, smiling, and anxious, shallow breath belie grief. We take a slow quiet pause, breathing together, as we stay with what’s coming up. I ask, “I’m guessing you’re missing your mom...all the time?” She nods, then tearfully describes their closeness.

In our first minutes together, tracking physical manifestations of anxiety, I support her dropping down into core affect of grief (State 2). Slowing down by quietly breathing together may be one of the fastest ways to relax the sympathetic nervous system and make space for feeling.⁴

Early in session 1, I empathize with Jo’s guilty resentment of her younger sister’s extremely dramatic grief, which leaves no room for Jo’s own grief. Jo experiences this as burning in her throat telling her “just push it down...I’m not supposed to feel this way.” I ask Jo to look over at me---does she think I feel she shouldn’t be feeling this way? She shakes her head “No!” Attending to her somatic response (throat burning) and leaning in early, relationally, with dyadic regulation of her maladaptive guilt, helps melt her defensive protection of her

⁴ As AEDP Faculty Ron Fredericks says, “Breathing deeply is the fastest way to stimulate the parasympathetic nervous system and reverse the activation of a fear response” (2009, p.102).

close sibling relationship and avoidance of her own grief. Jo then tearfully describes, her voice high-pitched cracking with pain and grief, barely breathing, wiping tears, how she felt such a strong "probably crazy" urge, she physically took out her phone (curbside, earlier that day) and talked with her mother. This was sad, and a release, also fun. Alone, she dismisses her spontaneous portrayal with her mother as "crazy". Together, we undo her aloneness validating how much sense her experience makes. We begin to strengthen her receptive capacity for internalizing positive memories of her mother by slowly processing and amplifying emergent feelings of pride, as she recounts telling her mother, in her phone-call, of recent work accomplishments:

PT: I told her about... (*wiping tears*) what we did...I think she was proud of me...

TH: (*soft slow tone*) I just had this feeling...I bet she was proud of you!

Together we delight in, then slow down to deepen into the "nice" felt experience of this first glimmer of her mother's pride in her. Sharing missing her closeness with her mother with me, Jo reflects, "it's very strong right now". Quietly smiling, she *adds* "it makes it feel more important". She experiences relief and "a little opening". She notices more room to swallow and how good it feels to acknowledge her body. With hands on hearts, and quiet breath, I disclose how moved I am by her "opening", and how far she already moved in a short time. We've caught a glimmer of Jo's True Self taking in her mother's pride in her. This first session has set out our work ahead: processing core grief of loss as well as taking in the energetic sense of her mother's importance in her life---with my full support.

In sessions two to five, Jo reports feeling more grounded in her self, "a feeling I can take with me outside". As we process grief, sadness and anger around painful anniversaries and developmental losses (e.g. graduation during her parents' painful separation), Jo begins to recognize the paralyzing cost of holding in her grief. "In small moments of pain or big moments of loss" she discovers she is resilient like her mother, and feels her mother's love and support. Self-consciously, she fears losing intimacy with her mother, "giving it away" by sharing her grief with me. Using myself as a corrective experience, I let her know I don't want her to feel her emotions crowded out with me as she experiences with her sister. Accessing her future healed Self, I ask "if there were a way to share without feeling it's cutting into your special space with your mom, what might that be like?" Jo brightens, owns how good that would feel, and hesitantly agrees to let me know if it starts to feel scary. Reading a letter she wrote to her mother at my suggestion, she realizes how uplifting it can be to "find you in everything I do... can carry me through challenging moments." Moment by moment we attend to her grief, and glimmers of her receptive capacity to take in the felt-sense of her 'good mother'.

When we relationally metaprocess whether sharing with me feels like taking away from her intimacy with her mother, or her capacity to keep those memories close, she acknowledges “No... I haven’t even thought of it as an option.” Her sister’s grief took so much space, it didn’t occur to her she could share her own grief and assumed this would damage her closeness with her mother. Unwittingly, she learned to defensively exclude sharing her grief. Because sharing memories of her mother with me is a scary emotional leap, I suggest we go “slowly... We’re up to five out of sixteen... We’ve got lots of time.” Playfully, we expand our sense of time.

With maladaptive defenses melting, and our collaborative bond strengthening, our sixth session is pivotal. Jo's anxious mind won't shut off, her stomach feels jittery and “needs to feel cared for.” Her sense of my caring soothes her jitters somewhat (dyadic regulation) yet naturally brings up missing her mother’s caring. Frustrated, tearing-up, Jo asks, “why can’t I give this to myself?” Bypassing her defensive self-criticism, I pause with quiet empathy as she rides a wave of tears and grief (State 2 core-affective processing) then privilege her underlying positive longing:

TH: You’d like to really give yourself the care that your Mom gave you... as your own?

(*Pt nods.*)...what a beautiful idea...(**affirmation**, *kind, slow prosody. Pt smiles back a little, nods and wipes tears.*) What could it be like to really carry your mom with you...the mom you want to keep alive with you? (**meta-processing her future healed Self**)

PT: Yeah (*long pause, deep breath, brightening, perceptibly dropping down*) Immediately I feel like more grounded and in my Self. (**State 2, authentic self state, anticipating State 4**)

Moments later:

PT: (*looking upward, face luminous*) That’s a really beautiful thing to know that I can carry that around all the time (*long pause, smiling thoughtfully*)So, like, I can keep her alive and also care for myself. (**glimmers of State 4 Truth Sense**)

TH: And what’s it like to care for yourself that way? (**intra-relational meta-processing**)

PT: (*reflectively, then with a tremulous giggle*) It’s....important.... (*wiping a tear, nodding, click of self-recognition: State 3*) ...and grounding....

TH: more about the sensations of grounding?... (**somatic meta-processing**)

PT: (*breathing deeply, slowly*) I feel just centered... in my body... something of feeling like whole... (*long pause*) not so off-balance...

TH: That sense of balanced and grounded and not so off balance....how does *that* resonate in your body? (**somatic meta-processing**)

PT: It's certainly in my breath...

TH: in your breath...wow... beautiful ...Just feel into that...(*long slow pause deepening the moment. Pt & Th breathe together, sharing smiles of joy and awe.*) It's in your breath....like your *life's breath*...

PT: Yeah... (*gazing connection*)

TH: Like it's right here ...right here in you...

PT: Yeah...there's kind of a (*makes a small fist gesture toward her core*).... like a feeling of resilience in that...(**enlivening zest of emerging transformation**)

TH: "...Um-hmm.... seemed really strong here...you notice that fist? (*mirroring her fist gesture, laughing conspiratorially, amplifying empowerment, delighting in pt*) ... Seemed really strong....What was that? (*curious*)...Do it again!...a resilience in here!

(*Both gesture core strength with fists again, full eye contact, breathing deeply*)

We have more rounds deepening into our transformational spiral --like variations on a musical theme where each iteration is subtly different. As Diana Fosha says, "... not only does the processing of emotions release the adaptational resources contained within them, but also ...the exploration of the *experience* of transformation activates a nonlinear, nonfinite *transformational spiral*" (Fosha, et. al., 2009, p.173). I delight, "You're doing it...It's in you!" while Jo repeats, with an empowering click of recognition, "I can give it to myself!...that's good!" She tears up, with a slow wave of mourning the Self, "realizing how little I've done that to myself especially since she's passed...talking about all this... hearing somebody else say it kind-a makes it more true in a way." True-Self empowerment comes on line with delighted dyadic witnessing and empathic support.

When we meta-process the quantum shift enabling her to feel her "own capability on her own behalf", Jo is aware of "leaning into....knowing my mom was so capable and resilient...and I'm her daughter." Her eyes fill, as she drops into the felt-sense of her core new truth. With our long slow pause, Jo shyly takes in her newly alive sense of self:

TH: Something big here about really making space...for feeling proud...and sharing it with your mom, receiving that she's proud of you... (*long pause*). Funny...I'm curious

how it is to share that with *me*...because I almost feel I'm buttin' in here (**Th self-disclosure, mutual smile and laugh**)

PT: No, I'm really thankful... to have somebody to witness and make space for it is really ...adds even more...makes it more important and more real. (**corrective relational experience: sharing without feeling her space threatened, healing affect of gratitude**)

TH: It almost feels like we're kind of growing her *presence* in your life and it also feels like *your* presence is growing. (*Pt's face lights up, she nods; self-disclosure of Th felt-sense of Pt*)

PT: Yeah, I agree...I do...it's funny since we've started there has been a new... the presence of my mom in my life is kind of shifting ...it's more... I'm able to grow with it...rather than feel like I have to protect it or have to ... (*presses hand to chest in holding-in gesture which Th mirrors*).... keep it unchanging...

TH: Wow...like it's allowed to change now and grow your relationship with your mom, ...that's beautiful...moving to me...more how it's growing for you? (**self-disclosure - Th feeling moved by Pt**)

PT: I have this idea that I don't have to cling so tightly because I'm not going to lose her ...importance in my life."

We reflect how her underlying fear of losing her mom's importance meant "sort of holding it in," i.e. defensively avoiding her grief. Affirming the value of her relationship with her mother, I self-disclose that her sharing with me gives me the privilege of knowing her mom in her life, which feels "really great...validating" to her:

TH: How does your mom like that we're doing this?

PT: She does too... I'm sure (*nodding, tearing with another wave of grief*) ...yeah she does...

TH: Something clicked...she likes this...what's it like for her? (**meta-processing her recovered felt sense of connection with mother**)

PT: I think she's... glad... (*wiping tears, long pause as her wave of grief completes*) yeah.... (*Th quietly teary with her, PT & TH touching into core state*)

When we meta-process awareness of time "wrapping-up....6th of 16 sessions", Jo tearfully acknowledges feeling a connection with her mother this session she knows is "in" her, she previously hadn't been calling on. Jo begins to embody her new felt-sense of internalized attachment with her mother:

TH: Huge...grieving and growing...growing from the grief? *with* the grief?

PT: Yeah, that does feel like a very big thing for me right now...

Here in our early work, as in traditional AEDP, we work first and foremost to establish a secure, affirmative, empathic therapist-patient relationship, and to put aside defenses blocking core emotions (here, sadness and grief). Jo releases fear of sharing her grief, and transformational growth emerges. She learns that her relationship with her mother keeps growing even after she dies. Different from traditional AEDP, the need to fulfill our commitment to the work within the set time-frame focusses us more intently, in a palpable yet ineffable meditative way, in the timeless present. Strong therapeutic alliance often occurs rapidly. The work is replete with embodied emotion and meaning. Sometimes, in key moments of shared affective processing and transformational change, clock time feels suspended. Our perception of time changes: we go slow and stretch beyond time.

The middle phase: anger at unfairness & loss, transformance & core state

In sessions 7-10 from her new-found space of strength & safe-attachment with her mother's memory and with me, Jo begins to process a wider range of affects from intense grief to significant buried rage at her father's abandonment and her sister's undermining of her career and closeness with their mother. Initially she "explodes" at a jar that refused to open. In fits and starts, her anger unfolds to the unfairness of her mother's early death. In session nine, she's just returned from an emotional visit to her mother's grave and hometown. She's overwhelmed with love for the people who loved her mother, and profoundly upset. Momentarily she touches anger: "*...She should be here!*" Jo notices her own shallow breath imagining her mother with her surrounded by everything important to her. After a long slow pause to make space for welling tears of grief and sadness, she breathes more deeply. She struggles to put words to what "feels very big...There was my entire life until my mom died...now I'm in another life...Every memory I've identified with, that's all changed...memories I have of my childhood...are now textured with the loss of my mom...my childhood home ...like I can't disassociate a memory that's not about my mom's loss but that's about my family... I associate that with '*my mom's not here*'".

Time has become disconnected and compartmentalized for Jo into before and after, as it often does with traumatic loss. At the same time pain of loss pervades nearly every moment. She feels "no longer as connected to a huge part of my life...isn't as important as when my mom was here...maybe even...*I'm not as important.*" Recalling her earlier anger, actively feeling her immense pain of loss, I amplify

the unfairness of her mother's absence in a fierce tone, "it's like a play without the main character....how can a play work without the main character?....It's a gaping hole...she's not there...How do you make sense of your life without your mom here?"
(*Jo sobs, biting her lips, swallowing, breathing hard.*)

TH: (*quietly, slowly*) I don't know if this makes sense...I feel like there's this huge hole in your life (*holding arms in a wide circle, Th bravery, vulnerability*)...I'm wondering if we can kind of embrace it together? (*PT nods slightly.*) It kind of needs to be felt... and experienced. and held, ...so you can know what your body wants to do with this hole...how does that sound?

PT: (*nodding, whispering*) Good.

TH: Can you see it? (**utilizing her strong visual capacity**)

PT: Yeah.

TH: What do you see?

PT: (*shaking her head no, squinting, looking down*) I don't see the bottom...

TH: Umm-hm....Like no bottom here... the bottom pulled out of your life...no fault of yours...completely beyond your control...what's that like?

PT: (*frowning*) Crummy!

TH: Crummy... are you allowed to touch the anger about that?

PT: Yeah.

TH: Can you feel into that.....what's that like in your body?

PT: (*thoughtful pause*) It's that *explosive* feeling....right now I feel that in my stomach... (*pained, sickened look, referencing her earlier explosion at the jar that refused to open*)

TH: (*still holding my arms in a circle*) Is it ok to feel into that with me here?....so you don't have to feel this detonation alone, by yourself?... sounds a little scary?" (**undoing aloneness**)

PT: (*childlike high-pitched voice*) Yeah.

Th: Just sensing into that explosive feeling in your stomach...what's it got to say? (*Pt. closes her eyes...long pause*)

PT: It's not fair... (*crying*)

TH: Really not fair... I couldn't agree with you more....(*long pause, pt. breathing hard, blows her nose*)...How does that explosive feeling like being heard by us?

PT: Good...because (*wiping her eyes*)...validating...a little more grounded...I don't often give that to myself.

Here the therapist is the "tool" holding pain and anger of loss too great to bear alone (Jennifer Edlin, personal communication, 2/18/20). We slowly and gently acknowledge bits and pieces of her loss: the unfairness of her mother's suffering, her painful absence, her early death, and that "it's a lot". Jo retrieves memories, and her chronological time-line begins to reconstitute. She makes sense of loss within her life narrative. As she processes more completely previously dissociated core emotions of anger, sadness and grief, affective time comes back on line.

With recognition of her anger, in particular, Jo's sense of her own strength re-emerges.

Empowered, she sees herself walking around the gaping hole----"now not so strewn with debris...not so bottom-less". In subsequent sessions she begins to fill the hole with memories of her mother, such as their daily calls and shared curiosity about the world. Jo feels soothed and calmed. Her recognition her memories won't disappear, brings acceptance of loss and a sense of peace.

By session eleven, with greater access to core anger with its action tendencies of self-assertion and boundary setting, Jo experiences herself both in an out of session checking in with herself and finding new clarity to assert what's right for her in key relationships: "True to myself...no guilt...this is what I'm gonna do!" But her anxiety races ahead wanting to have her new clarity "all the time". By simply slowing our prosody, she drops into feeling capable and amazed to find strength in herself "when I give myself *time* to listen." Going slowly to connect to her embodied, capable Self evinces enlivening and exuberant affects of her emergent Self in Transformation (AEDP State 3). Jo experiences new continuity between time past, time present--and also here, time future.

When I disclose my joy in working with her because I feel her clarity, truth, and strength coming on-line stronger and stronger, Jo is visibly moved and expresses gratitude for my recognition. We deepen into a shared moment of joy, then an intrapersonal dialogue between her present-day adult Self and her newly discovered True Self:

TH: How do you feel toward your Self for finding this new strength and wanting to keep it... with you?

PT: I feel very like... proud of myself (*soft whisper, mastery affect, pride*)

TH: Ummm...just breathe that in...'proud of yourself' (*long pause*)... imagine for a moment looking into your own eyes...what do you see?

PT: (*voice faltering*) ... someone who's strong...trying to follow her Truth, her authenticity ...who's figuring it out...I'm very happy for her. (*smiling, tearing, tremulous, verging on quantum change*)

Moments of regret and frustration at not finding this Truth earlier, and wondering how she lost it, follow. We name her 'mourning the self' and the newfound internal strength she doesn't want to lose. She then returns to her intrapersonal dialogue looking into her own eyes. After a long pause, swallowing hard she says, "I want to keep listening and encouraging myself".

Wendy Summer beautifully describes the exquisite significance of *slowing to pause* within the pulsations of transformational spiral: "One wave of emotion or insight gives rise to the next wave but before the rise, there is a rest, a moment, a pause, an incubation, before the next wave emerges...there is as much magic in the incubation or pause as there is in the rise" (Magnificent9 list-serve discussion 7/19/20). In this way, the waves of Jo's State 3 transformational spiral continue in Session 11: "I like hearing myself...my own validation...I like giving this to myself...and feel encouraged that she's figuring it out... I like feeling that pride for myself!" Jo points up and down the centerline of her body as she affirms the pride that lives in her body core. I mirror her gesture--and another wave of pride reaches shore. Jo acknowledges her throat is "strong and clear" without pain; her earlier work indecision is irrelevant because she knows what she wants to do. We laugh in delighted recognition of her new truths. Meta-processing relationally how it is to share this with me, she affirms the significance of our attachment, realizing "something about sharing it makes it feeling more true...more accountability to myself to continue practicing this and showing up for myself."

As we come to the end of session eleven, I reference having five sessions left ---again bringing awareness of clock time and approaching ending. Sensing that imagery might be a way to capture time and the depth of her transformative shift this session, I ask if she might have a good image which will help her carry with her the newfound strength of knowing what's right for her when she pauses to listen to herself?

PT: (*after long silence*) Immediately a big oak tree...that blows in the wind.... that's very strong and rooted (*hands motion back & forth then express rootedness* **Truth Sense of Core State**).

TH: (*slow prosody*) It has roots...and you're the oak tree...(Pt nods...mutual laugh of delight)... do I love that!

PT: Yeah. (*wide smile, eyes sparkling*)

TH: Especially in light of...only a few sessions ago saying how 'uprooted' you've been feeling in your life...and here you are with an image of an oak tree....rooted. (*pt. tearing, looks down.*)....just let the feelings come....just be with whatever's coming up... (*long pause*)....

PT: It's that 'mourning the self' ... (**State 3**)

TH: Yeah...'cause you were in that uprooted place for a long, difficult, painful time....so there's a lot to grieve here....(*Pt nods... long pause to deepen and hold the moment*) can you give yourself space for that?

PT: (*wiping tears, in a whisper*) I'm feeling that...and... a lot of love for that person....and not wanting to lose that either.....As hard as those experiences were they're a part of me ...I know that I can't lose those experiences....and I think I've identified with them for a long time....(**State 4 openness and compassion for the Self, coherent narrative**)

TH: Yeah...and something huge is shifting here...she's part of your memory... you love her for all that she went through... a little more what you love about her?

PT: That she got through..(**her new Truth**)...I'm proud of that.

TH: And I'm really proud of the work you're doing here. (**self-disclosure, dyadic resonance**)

PT: Thank-you. (**St. 3 healing affect- gratitude, a moment of feeling fully felt by each other**)

Jo's sense of time has transformed from broken and discontinuous, to continuous and whole. Her emotional clock has re-started. Having significantly integrated past loss into present life, she's lost her fear of loss. Past memory now carries forward into present and future with embodied grounded-ness, strength and flexibility--- poignantly expressed in her image of Self as rooted oak tree blowing in the wind, a lovely time-capsule of True Self to carry with her into her life beyond therapy.

In these middle sessions, the reality of the foreshortened time-frame is sinking in for both patient and therapist. Here, as we've seen with Jo, AEDP interventions of leaning in to building receptive capacity for positive affects toward the Self, and meta-processing moments of change for the better, with slow affective processing, are especially crucial in fostering the patient's internalized transformed sense of Self.

Separation and ending

Diana Fosha, in supervision for 16 session therapy gives this helpful warning: "The wheels will come off...then resettle"⁵ as ending approaches. Some dysregulation or back-sliding, as in loss of confidence, disappointment, or grief of ending, is nearly predictable. This may also reflect secure attachment and normal protest against the anticipated loss of the therapist's emotional support. Confronting the reality of ending, also elicits mixed emotions for therapists: anxiety about unfinished work, pressure to consolidate gains, sadness and not wanting to say goodbye. Sure enough! in sessions 12-15, burning tightness in Jo's throat returns as she faces new challenges actively sought in her career. Fears of "being incapable" ---associated with childhood experiences where her mother "made" her audition--- bubble up. She felt alone on stage and shamed compared to siblings. But in imaginal intra-relational portrayal, she gives her Young Self choice---- "you don't have to do this" ---which historically she did not have. We name her fear of being incapable "a memory feeling" which once helped her stay close to family (**defense restructuring**). I let her know she always has choice (to perform portrayals or participate in our work) with me, unlike with her sometimes controlling mother. For Jo this brings up a wave of tremulous confusion at the enormity of this recognition. We slow down. Jo: "I wish I

⁵ Diana Fosha, 16-Session AEDP Research Supervision Group. Profound appreciation for the support of the research supervision group headed by Jennifer Edlin and Diana Fosha, which was an inspirational and crucial part of learning the 16-session model. The support we give each other in learning to trust the model and ourselves, parallels the support we give our patients. Videotape review in supervision *as the therapeutic process unfolds with micro-attuned accompaniment and empathic support* of trusted colleagues vitalizes immeasurably the transformational potential of each unique patient-therapist dyad.

didn't have to wait 25 years to know this!" Another slow wave of mourning the Self opens Jo to "a lot of compassion for the young me..."

We meta-process her new space from "memory feelings" with two sessions to go. Jo voices mixed emotions of sadness, curiosity, and optimism which endings often generate. She acknowledges "I don't want to stop.... Yet I'm also curious to see how much of all I've learned here I can carry forward in my life." Experience in the 16-session model reinforces the importance of the therapist leading with confidence in the patient's capacity to carry forward gains beyond therapy. Equally important, however, is that patient and therapist *both* carry forward their safe, caring, co-created connection. Richard Harrison (2020), writes of 16-session termination, "the caring relationship....lives on, because it is internalized...We take our patients with us in our hearts and minds, and they us(p.4)." Therapy ends, but the felt-sense of caring attachment does not.

We affirm Jo's growth. Once more leaning into our relational connection, I explore what she imagines it's like for me to witness and feel the growth in her. This brings a bright smile, and reprise of her sense of empowerment, truth and clarity. I disclose my own felt-sense that in her growth I experience healing in myself because of similarities in our journeys like needing space from sibling competition. By the end of session fifteen, Jo sees herself on a different path from her siblings and is taking in how rewarding our journey together has been for me. When we metaprocess what it's like for her that I'm growing with her, and that her growth has been rewarding for me personally, she responds slowly, "It's very dear to hear". We hold a quiet gaze of felt connection.

In our last session, I sense an unspoken mutual shyness about acknowledging how much this process has meant. Jo wavers between insecurity of so much more to work on, fear of shrinking back, and tearful pride in her newfound quiet strength. How to help her leave with confidence?

As we arrive to our last minutes together her posture is straight, dancer-like and steady, expressive of her emergent sense of Self. She coherently articulates that her mother is with her, growing with her, and that connection didn't stop: "I discovered I can call on that...it's in me, part of me." She feels a freedom and comfort knowing that having angry or mixed feelings toward her mother or other family members is ok. PT: (*big breath, emphatic*) Yeah, there's a *huge* part of me that says 'Yeah, let me live this way! Let me call on this!then (*nervous whisper*) this part of me... 'What if I can't?'

TH: (*gentle laugh & smile, long pause*) What do you imagine I actually think...feel about that...whether you'll be able to call on that strength in you when anxieties and worries come up? (**Th again leans in relationally**)

PT: I think you think I can do that. (*direct eye contact*)

Jo pauses thoughtfully taking in my confidence in her, but also feels her Young Self wanting to hear this from her mother. Slowly and hesitantly, I ask, "what's it like that I'm here...*living*...saying some things somewhat like your mom?" With dawning recognition, Jo says "It's like a new experience to hear...I haven't been this intimate with people since my Mom's passed...feels good ...like I've grown and continue to and somebody takes note of that". Nonetheless, uncomfortably, she fears "I won't have the touchstone this has been." I offer her a small stone which she holds, appreciating its cooling, grounding, comforting, peaceful qualities. She takes in that I'll think of her after we've ended, then wonders aloud, curiously, "I don't know what you'll carry with you?". Slowly, thoughtfully, I disclose: "I'll remember your courage in sharing deep vulnerable feelings of grief and insecurity" and how "invariably when we touched into that, a kind of inchoate pride came up...I didn't have a close relationship with my mother at your age so I got to feel what it's like to have a close relationship with someone who totally got you in some ways...and feel the pain of that loss." Jo, visibly touched, receives my unplanned disclosure with pride, gratitude and steady gaze.

TH: I'll miss you...It's hard to say goodbye...You're gonna live with me...

PT: (*tearing, moved*) This far exceeded my expectations of what this process would be like ...I've come to a place despite today feeling insecure of kind of discovering this place in myself that...I really love and appreciate (*direct eye-contact, breathing slowly and deeply*)...I'm glad... It's always been there, I don't always acknowledge it, particularly since my Mom died I felt very lost (*hands wavering*)... who I am and in relationship to my Mom...this has both helped me find this re-connection with my mother in myself and know that it's gonna be there my whole life and it's... that it's gonna continue to grow and change but she's here with me... a place in my Self I'm very proud that I can call on. It is there, I just have to give myself space for it (**truth sense, coherent narrative, state 4**)... I feel very infused with an outward energy wanting to be seen...

TH: (*long pause, shared delighting smiles*)...That's the touchstone I want you to carry with you.

PT: I will miss you. (*big spontaneous hug goodbye*)

Jo has discovered her capacity to slow down and make space for her felt experience of Self in safe connection with her mother and with me. Facing feelings about ending coalesces our work and mobilizes Jo's transference drive: the outward energy of wanting *to be seen* for who she is. In this ending phase, we bring greatest attention to feelings about the reality of impending separation, and the felt experience of connection between patient and therapist. Where early on we worked to create a securely attached dyad, here we reflect on the meaning to us both of our felt connection. The intimacy we shared touches us both as we say the good goodbye she was unable to have with her mother. We both feel seen and felt, and she feels new confidence and capacity for intimacy as she walks out into her world.

Jo's sense of Self transforms as she discovers a reconnection with her mother that's "always been there" by being seen and felt by an empathic Other. The transformation, however, is not one-sided. I'm also impacted by the privilege of being with the Jo's painful, meaningful intimate experience of loss---one I've not personally experienced. My disclosures of my own emotional growth through knowing Jo and her closeness with her mother affirms the meaning of both relationships: ours, and hers with her mother. We share the quiet exhilaration of a new energetic valuing of life. As Jo said, "there's a definite shift in me since she's passed...I've wanted to add more value in the world." Sharing my own emotional response to Jo and risking relevant sharing of my own vulnerable story, in turn, deepens Jo's valuing of her story. After the therapy ended, Jo wrote: "I know that those hours spent with you will stay with me always. Thank-you for leaving a mark on my life...for doing the work you do ...for sharing yourself... for bearing witness to me."

Jo came in empty, lost, her throat burning with pain of ungrieved loss; she leaves with new strength and confidence, likely to generalize throughout her life. Her felt-sense of Self ---based in her growing capacity to attend to her own emotions and visceral experience-- is her new tool for coping. She is "feeling and dealing while relating." (Fosha, 2000, p.42)

Conclusion

This 16-session case study of premature maternal loss has focused on moments of slow processing to attune to the patient's emotions and somatic responses and experiential shifts, with transcript excerpts. Slowing down allows for deepening the felt experience of secure attachment, a new coherent integration of the memories of the lost mother, and a transformed, newly energized, experience of Self. The hole of traumatic loss is filled by shared pain. Emptiness of unbearable aloneness is filled with attuned presence. The relationship with the therapist becomes the launching pad for a corrective experience of loss. Where previously the patient's only viable choice was to shut down overwhelmingly alone feelings, here the grief and pain of loss are front and center, shared, metabolized. The therapist does not replace the mother. The pain of grief does not end. Some issues are

touched on incompletely. But the patient comes away with a new capacity to process emotions more completely. The experience changes both patient and therapist. This is perhaps no different from traditional AEDP therapy where transformative change occurs in the context of viscerally experienced affective processing; however, here the A for *accelerated* connotes the remarkable mobilizing power of a specific time-frame.

In the 16-session model, awareness of the time-frame mobilizes the creation of therapist-patient secure attachment. Both are motivated, energized, poised to risk vulnerability and connection and attend to what's most important for healing. In crucial slow change moments, the patient feels felt and accompanied by the therapist, supported in riding waves of adaptive core emotion, and arrives to a newly healed space. Space and time for healing expand with slowing. Awareness of ending from the beginning brings core emotion and search for meaning to light. Therapist and patient alike gain confidence that deep attachment and lasting change can be accomplished in a safe emotionally focused brief time. *The time-frame mobilizes transformance.*

Postscript

Outcome research data showed Jo's scores on Depression, Interpersonal Sensitivity, Obsessive-Compulsive, and Automatic Thoughts measures improved from "high" at pre-treatment to "low" at post-treatment. These same measures remained low in 6- and 12- month follow-ups. Also maintained in 6- and 12- month follow-ups, are her Beck Depression Inventory score which improved from "moderate" at pre-treatment to "minimal" at post-treatment.

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