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16-Session AEDP: AEDP, Only More So

Diana Fosha

> In a present characterized by an excess of openings and dissolving boundaries, we are losing the capacity for closure, and this means that life is becoming a purely additive process. Because it rushes from one sensation to the next, even perception is now incapable of closure. ... It occurs to me that we can only experience 'opening' if we have 'closure.' Our hearts can pump blood only if our chambers can both open and close. The silence between sounds is what creates rhythm.
>
> From: Byung-Chul Han, (2020): The Disappearance of Rituals
> Courtesy of Stephanie Woo Dearden in AEDP 9+1 class 2023

> In 16-session AEDP,] EVERY moment counts and presents an opportunity to co-create safety, engage an AEDP change process, and metaprocess moments of change for the better, be they big or small.
>
> Richard Harrison
> Therapist, AEDP Research Project

> "We let ourselves aim high, and more often than not we achieve, and even exceed, the goals set at the beginning. .... It has been astonishing to witness case after case of unexpected transformations--it blows my mind and my sense of what is possible has also been blown open. Having witnessed this, I bring more authentic trust to each case, regardless of involvement in the research."
>
> Mary Androff
> Therapist, AEDP Research Project

Introduction

The notion of finiteness in psychodynamic therapy came from necessity. In the 1940s, psychoanalysis was the dominant model in the US, and psychoanalytic therapy typically went on

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for many years. After WWII, demand for therapy rose exponentially: waiting lists at clinics and outpatient departments became unmanageable.

It is in this context that Alexander & French (1946) developed the first model of time-limited or -short-term psychodynamic psychotherapy. Their aim was to preserve the depth of psychoanalytic treatment while curtailing its length. Incidentally, or not so incidentally, this is also the context in which the concept of the *corrective emotional experience* arose. Accepting the inevitability of repetition compulsion and of the reenactment of pathological patterns in the transference, Alexander & French's innovation was to embrace the repetition compulsion yet *actively* work toward facilitating a different ending, i.e., the *corrective emotional experience*.[1] Thus the shortened length of therapy.

Six or so decades later, with major developments in the field of STDP (short-term dynamic psychotherapy) in the interim 1970s (*see below*), with the publication of *The transforming power of affect: A model for accelerated change* (Fosha, 2000), I embraced the notion of the corrective emotional experience, decoupling it from the inevitability of repetition compulsion. I described the aim of AEDP, the new model I was proposing, as being to *lead* with the corrective emotional experience, thus aiming not only for a different ending, but also a different beginning.

AEDP, as introduced in 2000 and as practiced since, then fully embraced the relational undoing of aloneness, the experiential processing of affective experience and the metatherapeutic processing of transformational experience as vehicles for both acceleration and deepening. Conceived as a treatment with no pre-set time frame, the duration of the therapy determined by the collaboration between therapist and patient, AEDP therapy can range from very short-term to much longer-term work. And indeed, that continues to be the case with how AEDP is practiced in private practice settings: absent external constraints, limiting the number of sessions or setting the termination date from the start of the therapy are not aspects of AEDP as usual.

With the advent of AEDP research (see Shigeru Iwakabe's Introduction*, this issue*), of necessity, the time limit was resurrected. AEDP re-discovered its roots in STDP, and 16-session AEDP came into being. In 16-session AEDP, the very finiteness of the treatment, rather than being perceived as a necessary evil, joins AEDP's nine other affective change processes as itself an agent of therapeutic transformation.

> Unexpectedly, a dreaded 16 session deadline dissolves into a welcome embrace as an attuned, courageous, caring therapist and a safe, seen, committed client discover together the profound healing offered by AEDP's faith and skill in facilitating

[1] It is beyond the scope of this short (in length) introduction to detail the history of controversy regarding the corrective emotional experience, or how the concept evolved and transformed to get us to how it is currently operationalized in AEDP.

> intrinsic human capacities for self-righting and *accelerated*, quantum transformation. Miracles, evidence-based miracles, abound!
>
> Penelope Andrade
> Therapist, AEDP Research Project

How 16-Session AEDP Model Came About

The origin story of AEDP itself (Fosha, 2000, *Appendix*) has *one* of its roots in STDP: first the brief therapy of David Malan (1976), followed by the ISTDP (Intensive Short-Term Dynamic Psychotherapy) of Habib Davanloo (1990), and by Michel Alpert's (1992) AET (Accelerated Empathic Therapy) in the 90s. Then, in 2000, AEDP is officially born (Fosha, 2000). The importance accorded the time element is reflected in its name, however with "short-term" being replaced by "accelerated," and thus finiteness replaced by the rate of change. AEDP theory holds that its experiential focus, combined with the dyadic co-construction of safety via undoing aloneness, *accelerate* access to the innate wired-in affective change processes and phenomena. The pace of healing is sped up or accelerated. The attention to time is also reflected in "healing-from-the get-go" being central in AEDP's credo: rapid access to affective change processes, corrective experiences, both relational and emotional, and the deepening and expansion of transformation through metatherapeutic processing characterize AEDP sessions from the very first session onward (DiCorcia et al., 2022), with first sessions often being used by AEDP teachers to show the basic principles of AEDP in clinical action "from the get-go[2]."

The time limit as an active ingredient of change was re-engaged with the advent of empirical research into AEDP. As the first aim of our research was to empirically demonstrate the effectiveness of AEDP, therapy had to be finite: To evaluate effectiveness and investigate maintenance of gains post therapy, therapy needed to have an end point. We picked the number 16, as it was a commonly used number of sessions in psychotherapy research, and thus it would allow us to compare our results with other empirically validated therapies.

Time: A Unique Change Agent In 16-Session AEDP

> What I love about 16-session AEDP is the structure, in which both clients and therapists have intention to see the finish line together, which can be scary for both of us but accelerates our work as well as gives us a sense of completion.
>
> Kaori Stram
> Therapist, AEDP Research Project

[2] Most recently, 'healing from the get-go' was validated empirically, showing that indeed patients in the first three sessions of AEDP therapy have many transformational experiences which positively relate to outcome (Di Corcia et. al., 2023).

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The next step was to elaborate the 16-session AEDP model, which Jenn Edlin and I set out to do (Fosha & Edlin, 2015). We wanted to preserve the integrity of our model, all the while reducing length of treatment to a finite number of sessions. We evolved our model in conversation with another key figure of the 1970s short term therapy renaissance: James Mann and his Time-Limited Psychotherapy (TLP) (Mann, 1973; Mann & Goldman, 1982). We went to James Mann because of his sophisticated elaboration of how the unconscious processes time, his empathic approach centering emotional pain as the core issue in psychopathology, and an attachment orientation in many ways congruent with AEDP's own. Mann proposes that the time limit in therapy, i.e., knowing of the end from the beginning, gives people an opportunity to process the painful separations and losses that are present in each person's life experience. As such, the very time limited nature of the treatment becomes a powerful vehicle for therapeutic change. Thus, we adopted from Mann the practice of spelling out the finiteness of the treatment from the beginning, and as a rule, having therapists reference it in just about every session.

We were also encouraged to learn from Mann's clinical experience that the therapist's adherence to the time limit, even in the face of the occasional setbacks, functioned to convey the therapist's faith in the patient's capacity to heal, as well as confidence in the effectiveness of the model. We learned from Mann to hold firm, have faith and 'trust the process' in the face of challenges, such as the often-seen return of symptoms and other temporary regressions in the sessions close to termination.

We were rewarded for our efforts. With more than one hundred 16-session therapies completed, our clinical experience replicates that of James Mann: significant change happens in 16 sessions (Iwakabe et al., 2020); furthermore, the change not only holds after treatment ends, but in many cases improvement and growth continue well after termination (Iwakabe et al., 2022).

16-session AEDP turns out to be robust: it is effective for patients (Iwakabe et al, 2020; Iwakabe et al., 2022) and satisfying for AEDP practitioners (*see below*).

AEDP: Only More So

> What allows 16-session AEDP to be AEDP only more-so, is, above-all, the finite time-frame: the intense nature of knowing from the get-go that our time together is already coming to an end—a planned, good, healing end——heightens all our senses, allows what most needs our attention to surface rapidly, catalyzes engagement and safe attachment, often lifts us outside Time, and mobilizes transformance.
>
> Gail Woods
> Therapist, AEDP Research Project

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A favorite AEDP koan is that the patient should feel safe and the therapist brave. This is *a fortiori* true in 16-session AEDP, especially the part about therapist bravery.

Those unfamiliar with 16-session AEDP might imagine that caution must be exercised, i.e, that the therapist should hold back on bolder interventions, because there is so relatively little time. Nothing could be further from the truth. Precisely because time is limited, not only does every session count, but every moment counts.

> In 16-session AEDP, the time limit raises stakes in the best way: every moment is truly amplified—the hope and the despair, the longing, and the desperation. It adds a sharpness and a clarity to each intervention that keeps the therapist focused on the micro attuning, on being brave, boldly relational & experiential as only AEDP therapists are trained to be.
>
> Emily Bilbao
> Therapist, AEDP Research Project

Instead of holding back, AEDP therapists in the 16-Session AEDP Project are invited to go for it, to be brave, to take chances. On the principle that, in AEDP, the *unit of intervention is the therapist's intervention and the patient's response*, therapists in the project have grown increasingly comfortable with being brave and taking mindful chances from the get-go, knowing they can rely on moment-to-moment tracking to assess the impact of any intervention and thus guide the choice of the next intervention.

We urged our 16-session AEDP therapists to practice what we came to call '*AEDP, only more so'* (Fosha & Edlin, 2015): rather than being reticent or intimidated by the time limit, we urged our therapists to practice AEDP! Full throttle. Get even more brave, lean in and trust the process, as well as patients' own transformance drive and wish to heal and self-repair. Even more so than in AEDP as usually practiced, therapists in 16-session AEDP are encouraged to make use of every opportunity to affirm the patient (Tunnell, 2023, *this issue*); to name, affirm and metaprocess moments of change for the better; to lean into the relational work, rather than avoid it, and seek to expand receptive affective capacity; to go for the experiential processing and use portrayals to process unprocessed or dissociated material; to dyadically celebrate every triumph achieved together; and, of course, metaprocess, metaprocess, metaprocess.

Mindful of James Mann's assertion of the universality of separation and loss as central issues that are at the core of each person's emotional suffering, we worked with those experiences from AEDP's own attachment perspective: We used the finiteness of the treatment to platform experiences related to separation and loss, and process the emotions associated with them, both

the present pain and whatever unprocessed pain from the past came up. However, AEDP being AEDP, we disabused ourselves of the notion that the only metaphors for termination were loss and death. Instead, we encouraged our 16-session AEDP therapists, i.e., ourselves, to be on the look-out for the emergence of other imagery, especially metaphors more developmental than dire in nature: e.g., graduation, leaving home, launching, completion. We thus used the finiteness of the treatment also as an opportunity for the therapeutic dyad to process successful completion: successes, goals met and achieved, and transformations as a result of the good work done together, and to dyadically process the emotions associated with such positive experiences. The accompaniment in processing both losses and successes together also helped patients process the emotional pain associated with having been alone with both triumphs and losses in the past (Harrison, 2020).

And as the papers on this special issue make so clear, cases in our project dealt with matters of complex trauma, including complex sexual trauma (Silvan, *this issue*); issues of maternal loss, illness and attachment trauma (Woods, *this issue*); matters of identity and social location, such as POC-white dynamics in the therapeutic dyad (Harrison, *this issue*; McDonnell, *this issue*), or a share a marginalized identity (Tunnell, *this issue*). And these are only five cases out of 103 (to date) where these and many other topics and challenging clinical issues were tackled.

Attachment Work in 16-Session AEDP

> Mann viewed the ending of therapy as an opportunity to redress patients' earlier experiences of "separation without resolution" (Mann, 1973, p. 35). From an AEDP perspective, we aim for separation with resolution. The process offers a unique opportunity to disconfirm the patient's earlier attachment-based expectations, revise inner working models, and help patients face and accept loss, and discover that it is possible to thrive in its wake.
>
> from Harrison, R. (2020) *Together we say goodbye*.

> Being aware of our finish line makes both clients and therapists focus on our collaborative work and accelerates our attachment process.
>
> Kaori Stram
> Therapist, AEDP Research Project

> The more frequent chances to process closures, completion of a process, separation, saying goodbyes, sending a loved one to their way with a warm backwind of support and trust (and knowing they take me, or something of me, with them in a deep way).
>
> Sigal Bahat
> Therapist, AEDP Research Project

If adult attachment involves being able to lean into others in moments of overwhelm, crisis, physical/emotional vulnerability, intense emotion on the edge of, or exceeding, one’s window of tolerance, and being able to make explicit and genuine use of the other's presence, love, care, help, dyadic affect regulation, etc., then 16-session AEDP is inherently an attachment-based experience! "With all the privilege and responsibility that accompanies the therapist's role of attachment figure, why not utilize the opportunity to work explicitly, experientially and transformatively with attachment and relational experiences that time limited treatment presents to heal attachment trauma?" (Gleiser, 2023).

It is not separation and loss which are responsible for attachment trauma, but rather the unprocessed emotions associated with attachment separation and loss, often as a result of the patient's unwilled and unwanted aloneness with such complex and overwhelming emotions (Fosha, 2000, 2021). 16-session AEDP constitutes an opportunity to, together, process everything attachment: attachment, separation, individuation, loss, acceptance, re-union, what have you.

We saw the activation of those issues as a result of the finiteness of the therapy as an opportunity to do deep attachment work, not avoid it. The unavoidable presence of separation and loss, along with healing, there from the get-go in 16-session AEDP gave us rich opportunities for helping to transform patients' internal working models. Indeed, deep relational work, and work with receptive affective capacity, is a feature of each of the five cases showcased in this issue, with clear evidence of changes in their internal working model, along with positive changes in many other domains.

Time Limit as an Agent of Therapeutic Change

For AEDP practitioners who do not work with a time limit, the notion of a finite number of sessions seems like a liability, or at best a necessary evil. However, as the quote at the beginning of this article from Byung-Chul Han so eloquently declares, there is something very important, as well as settling or grounding, about things with a beginning, a middle and an end. A distinct end allows for completion. Moreover, limitlessness and endless availability are illusory, the stuff of fantasy: The therapy session --whatever length it be-- ends. There is a schedule. Both patients and therapists move, get sick, go on vacation, die, have babies, or change professions. Financial circumstances change. Bottom line: much as we try not to grasp that fact, our very lives are finite and thus, so are all relationships.

With that in mind, the work of James Mann takes the time limit and makes it an active agent of change, an active focus and ingredient of the treatment, a vehicle for working the unconscious material associated with infinite hope and possibility (at the beginning of treatment), fear and despair (as the reality of the end dawns upon the patient) and eventually acceptance as the end of the therapy. The need for the dyad to say goodbye to their work together guides us to grasp the

inevitability of separations and losses that we all face in our lives, past present and future, and process then together with a True Other.

Informed by Mann's (1973) clinical experience, research and theory of time-limited treatment, the 16-session AEDP model proposes that awareness of the set time-limit, established at the outset of therapy, accelerates, and amplifies AEDP's change mechanisms, which all operate throughout the treatment as well as during the termination process itself.[3] Furthermore, in 16-session AEDP, the pre-set finiteness of the treatment, becomes an active change agent itself.

> Both the patient and the therapist lean in with more intention, accountability and courage--so deeply enlivening.
>
> Mary Androff
> Therapist, AEDP Research Project

> The constant dialectic tension between slow (all the time in the world) and fast (no time, we are ending in a moment).
>
> Sigal Bahat
> Therapist, AEDP Research Project

> Turbo-charged healing from the get-go, but with the termination session ever on the horizon.
>
> Stephen McDonnell
> Therapist, AEDP Research Project

> Time is an active ingredient in crucial ways—I think I've heard others use the metaphor of the crucible in our group discussions: the time limit raises the intensity and pressure of the work; we are forced to face limitations and loss; it can heighten awareness of mortality; and the time limit paradoxically facilitates moments outside of time, as if the time pressure breaks time open into timelessness.
>
> Mary Androff
> Therapist, AEDP Research Project

[3] There are important differences between James Mann's TLP and AEDP, 16-session or otherwise. The former is a psychodynamic/object relations treatment that seeks to resolve patient conflict between idealistic longing for endless connection and dreaded fear of loss; whereas AEDP is an affective-experiential and psychodynamic treatment that seeks to put positive neuroplasticity into action through the provision of corrective emotional/relational experiences and the processing of: a) past trauma and b) present moment experiences of therapeutic change for the better. Additionally, AEDP's attachment-based therapist stance is more actively and emotionally engaged and judiciously self-disclosing than that of TLP.

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Time Limit as Termination Need Not be Synonymous with Death

In true AEDP fashion, the mandated termination, the necessary goodbye and the ensuing separation is not viewed automatically as either a death or a death sentence, and thus, grief and mourning need not be the only experiences and process that emerge. While the experience of loss is almost invariably something to be processed (see Harrison, *this issue*), the patient's experience of the time limit and ending can be quite diverse --metaphors like "graduation," "leaving home," or "completion," abound. One patient called it "getting my PhD" (Andrade, 2023, case presentation).

The treatment coming to an end is not all loss and mourning, but also celebration and hope. The time limit helps both patient and therapist keep an eye of the prize and is motivating. Therapy gains are not only celebrated but also taken as the therapists' confidence in the patient to do the work and continue to do the work after the treatment stops.

As a result, termination and what it brings evoke not only grief and mourning but also celebration, pride and tremulous excitement. Termination can also be experienced as a developmental advance, as an achievement to be celebrated and a tremulous dyadic delight that the baby bird can now spread its wings and is able to fly from the nest.

And all these experiences, grief and joy, pride and gratitude, trepidation and excitement-- are all processed dyadically.

Therapists' Experience in 16-Session AEDP

I shift from discussing the features of the model of 16-session AEDP to focus now on the therapists' experience of doing this work.

All the therapists who contributed therapies to the study were experienced AEDP therapists: They were certified AEDP therapists, supervisors in training, certified supervisors, or AEDP Institute faculty. They brought with them a wealth of experience practicing AEDP.

For each case they treated, each therapist in the study received, free of charge, two sessions of supervision from either an AEDP faculty member or an AEDP certified supervisor. In addition, we offered optional weekly group supervision. Moreover, a sharing of the experiences of the broader community of 16-sesion therapists and the close collaboration between clinicians and researchers that characterizes our very own AEDP PRN (Practitioner Researcher Network) was shared in a couple of "community meetings," which we recorded. We hope to share those experiences in a future paper (Fosha, Edlin & Iwakabe, *in preparation*) on the AEDP PRN.

Group Supervision

Initially, we conceived of the supervision groups as drop-in groups. As the group met every week at the same time, any therapist actively working on a case could "drop in" to get support, accompaniment, feedback and some supervision if facing a thorny issue. A few people utilized the supervision groups that way, especially at the beginning of the project. However, a different phenomenon emerged: The group ended up functioning as a meeting ground for community and support: the group held the therapists as the therapists held the patients. The study therapists attending the groups ended up becoming pretty steady members of the group, especially when actively treating a case. These supervision groups were led by Jenn Edlin, Diana Fosha, and in recent years, Richard Harrison.

Many therapists in the study treated cases without ever setting foot in the groups, and they obtained beautiful results. However, for others in our community, the supervision groups became a very important part of the experience of being a 16-session AEDP therapist. What follows below is based in the experiences of the subset of therapists who became steady members of a weekly supervision group.[4]

Layers of Holding

A big feature of the experience of the therapists who became steady members of the supervision group is something we have come to call "layers of holding": the AEDP model holds the research team, the research team holds the supervision groups, the supervision groups holds the study therapists, the therapists holds their patients and the therapies. A tremendous sense of community from 'being in it together' is present in the supervision group meetings: collective shared goals, palpable excitement at what is possible, shared experiences, and the deep bonding that results through holding and supporting each other through the trials and tribulations of the challenges of case after case.

Below, the experiences of (some of) the members of the 16-session AEDP supervision group members, in their own eloquent words:

> For me what allows 16-session AEDP to be even more AEDPish is the focus and experience of ATTACHMENT for both my client and myself. What makes this so in 16-session AEDP work is that we each and both are impacted by the Research Supervision Group comprised of very, very experienced emotionally and clinically

[4] It is beyond the scope of this Introduction to discuss the parallels between the time limited supervision that obtains in the supervision groups and the time limited model of therapy being supervised but suffice it to say that there are many parallels at many different levels.

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gifted therapists who exponentially infuse the supervision with secure attachment that holds me as I hold my client to explore and transform in safety.

Eileen Epstein
Therapist, AEDP Research Project

I feel joy and exhilaration working AEDP deliberately, with others on the team, and witnessing the statistically relevant, positive outcomes we have been a part of.

Stephen McDonnell
Therapist, AEDP Research Project

As a therapist, I love the experience of the parallel multi-layered holding that takes place: me of the patient and the process, the supervision group of us, the research team of it (i.e., the supervision group). A lovely sense of multi-layered 'hug' that undoes aloneness in a unique deep way.

Sigal Bahat
Therapist, AEDP Research Project

"What I love about 16-session AEDP project is the structure of the 16-session framework coupled with a weekly group supervision, which helps my shaky part feel held and supports my best therapist self to come online."

Kaori Stram
Therapist, AEDP Research Project

What I have loved most about 16-session AEDP is the experience of working together in supervision to support each other, session by session sharing and tracking the unfolding of each case with love and care (and tape!), affirming, recognizing and supporting each therapist-client dyad’s strengths and resilience, across multiple cases, diverse dyads, across continents and cultures----exhilarating and personally transformative to work so closely and witness such profound change in a brief time.

Gail Woods
Therapist, AEDP Research Project

As a therapist, I love the felt-sense of *intensity* - rigorous *holding* and the *focus* it brings to the therapeutic process.

Sigal Bahat
Therapist, AEDP Research Project

When I close one case, the next right person always finds me for the role of “my research patient” which can now be tied to that ubiquitous truth; AEDP is scientifically valid in the general map of psychotherapy as ‘an outcome-measured’

branch of medicine. The Research Project demonstrates that healing the symptoms of complex PTSD can happen repeatedly, assuredly, confidently, and with AEDP's essential ingredient, the full AEDP community to "undo-the-aloneness" of us clinicians who serve as the mortar of the brick and building of these significantly positive outcome measures—in case after case.

Judy Silvan
Therapist, AEDP Research Project

"There's an exponential undoing of aloneness - the client with the AEDP therapist, the AEDP therapist in supervision with other AEDP therapists: celebrating the breakthroughs and together holding and working the sticking places- and then the therapeutic team held by the research team … all creating a deep spirit of in it together!"

Karen Pando-Mars
Guest of Diana Fosha's 16-session AEDP supervision group

"If getting certified in AEDP is like getting a Baccalaureate degree, and becoming an AEDP Supervisor is like getting a Master's degree, joining the 16-Session AEDP Research group is like getting a PhD! What a challenge it is to not only present and observe video of complex, astounding cases in 15-minute segments, but to respectfully, thoughtfully offer differing points of view to our beloved cohort, all the while maintaining our positive, relational stance and staying true to the model as well as to our own unique perspective. Wow! Being a part of the 16-session AEDP supervision group and part of the research project has been one of the most rigorous, most fulfilling, best communal learning experiences of my life. I am grateful and honored for this opportunity."

Penelope Andrade
Therapist, AEDP Research Project

"The supervision group provides a powerful holding environment, a beautiful balance of safety and support, deep trust in the model, often much needed perspective, and just the right amount of pressure to stretch into the places that challenge us. It has honed my craft and taught me radical trust in transformance and the AEDP model: a gift of deep belief that transformance, when met, will find its way."

Richard Harrison
Therapist, AEDP Research Project

In Conclusion

Each of the articles in this special issue on 16-session AEDP illuminates the therapist's fidelity to aedp methodology while also adhering to the parameters of the time constraint. These five papers cover a range of clinical issues: including complex sexual trauma (Judy Silvan); maternal loss, illness and attachment trauma in a young adult (Gail Woods); matters of identity and social location, such as POC-white dynamics in the therapeutic dyad (Richard Harrison, Stephen McDonnell,) and marginalized identity (Gil Tunnell). And these are only five cases out of 103 (to date), where these and many other topics and challenging clinical issues were tackled.

It is time for you now to have an experience.
Experience 16-session AEDP through the lens of the five cases that follow.

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