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Is This AEDP? Six Unique Characteristics of AEDP

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Often asked during workshops on Accelerated Experiential Dynamic Psychotherapy is the question, "Is this AEDP?" The difficulty understanding what AEDP exactly stands for comes from the fact that AEDP is a highly integrative model that brings together elements from many different psychotherapy orientations (Fosha, 2000). Thus, observing AEDP therapists at work reminds workshop attendees of other therapies and can raise the question about what is different about AEDP.

AEDP is experiential, is relational, works with attachment, focuses on the positive, and works with the defenses and emotions. In that sense, AEDP bears resemblance to short-term dynamic therapies, relational and interpersonal therapies, emotion-focused therapies, and body-focused therapies. Yet AEDP is much more than just the sum of these elements; when we see an AEDP therapist at work there is something about the style and type of interventions that can be quickly recognized as distinctively AEDP.

In an earlier article (Welling, 2012) I described what AEDP bears in common with several other therapies in the process of accessing painful maladaptive emotions and processing these to completion to more adaptive emotional states, a transformative process that is most likely explained by the neurological process of memory reconsolidation.

Here I will not look how AEDP integrates and is similar to other therapies, but rather try to identify what is unique and innovative about AEDP. This article will not go into AEDP's theoretical contributions to the field, such as the four transformational states and transitions, core state, transformance, mourning the self, the True Other, and several new categories of affect such as heralding, healing, tremulous and realization affects. Instead I will focus on the procedural aspects and therapeutic techniques that be distinguished in AEDP practice.

I found six areas of therapeutic work that AEDP approaches in a qualitatively different way from most other therapies and thus may describe AEDP's contributions to the field in general. The six areas are experience, relationship, change, defenses, attachment and

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resilience.

1. ***Metaprocessing experience***

The letter E in AEDP stands for experiential. Like other emotion-focused therapies, AEDP promotes experiencing in clients through focusing on the body, working with concrete examples, empathically tracking of the moment- to-moment experiencing, and mindful attention.

In addition to this more common type of experiential work, AEDP uses metaprocessing to process the experience of the experience itself (Fosha, 2000). The therapist does not stop where the patient has become aware of a sensation, emotion or meaning, but asks the patient to go back and focus on the experience of this experience itself. This can provoke a continuing spiral of emerging experience, as metaprocessing promotes the accessing of new layers of emerging experience.

> Examples of interventions that promote metaprocessing are as follows:[1]
> *"How is it to feel sad?"*
> *"What is that like?"*
> *"How is it to know/say this about yourself?"*
> *"What does it feel like to be cared for/ understood?"*
> *"What does happy feel like?"*
> *"How is that in your body?"*

This kind of processing brings about a whole new quality of continuously deepening experience. In a way, metaprocessing begins where Gendlin's (1981) focusing ends.

2. ***Processing the relationship and relatedness***

Many therapies focus on the relational aspects of the therapeutic interaction. It is may not only be an important facilitating factor in psychotherapy, but is also a vehicle for change itself by providing corrective emotional experience through the client-therapist interaction.

What is largely unique for AEDP is that it makes the patient's and therapist's experience of this relationship explicit (Fosha, 2000). The relationship is not something that functions in the background, but the relational experience of the client and therapist is brought to the foreground, put into words and its effect is communicated.

Typical therapist interventions in this respect are as follows:

> *"Do you have a sense of me now?"*
> *"How are you experiencing me right now?"*

[1] Few of the verbatim typical AEDP interventions I use throughout this article may be original to me, as most are examples are adaptations of interventions that I heard through the years in workshops and read on the AEDP-Listserv.

"What is it like to talk with me about this?"
"What are you feeling towards me now?"
"What are you seeing in my eyes?"
"What was it like hearing me say this?"

Counterintuitively, putting the relational experience into words does not lead to rationalization or taking the attention away from the experience, but rather creates a new, deepened and shared awareness of the current relational event. Making the experience of relational quality explicit creates almost instant attachment and makes the patient more aware of his (both positive and negative) reactions evoked by this new connectedness.

3. *Metatherapeutic processing*

It is common practice in behaviorally-oriented and other psychotherapy formats to focus on and reinforce achieved change. Reinforcing the new changes empowers clients and increases their motivation in therapy.

AEDP developed metatherapeutic processing as a unique procedure for processing the experience of change and novelty itself (Fosha, 2000). The therapist explicitly asks about the visceral experience of novelty in order for the patient to process the change she just went through. "Metatherapeutic" processing is an extension of basic metaprocessing (described above) and focuses on the process of change and the perceived role and the presence of the therapist. Change is further consolidated and deepened, and the attachment is strengthened, which usually initiates a spiraling process of increasing depth eventually leading to Core State: An experience of calm truth and acceptance (Fosha, 2001).

Typical therapist interventions that promote metatherapeutic processing are as follows:

"What is this feeling of lightness and relief feel like inside?
*"How is it to have done all this **together with me**?"*
*"Let's take a moment to look at **what we did here today** and how it feels to have arrived at this place."*
*"How are you experiencing yourself right now, as you reflect on your experience **with me** here today?"*
*"What are you taking with you from **our work** today?"*

Aside from the metaprocessing of change, *metatherapeutic* processing has the all-important relational component. Yet there have been times when we "forgot" to share our mutual experience of the process at the end of the session, for whatever reason (sometimes the time factor). At those times, especially after becoming used to the metatherapeutic sharing at the end of sessions, I felt a sense of incompletion and felt myself awkwardly separated from the client.[2]

[2] Editor's Note: Of course, in the next session, the therapist can bring up the fact that we didn't share the metatherapeutic processing together, saying "how I felt incomplete and awkwardly separated from you" after the session was over. And *that statement* can be further metatherapeutically processed.

4. ***Affirming defenses***

Like most psychodynamic and experiential therapies, AEDP tries to get behind the defenses to access underlying emotions by directly aiming at disowned affect (Greenberg, Rice & Elliott, 1997). In defense work, AEDP builds on a strong heritage from the Short-Term Dynamic Psychotherapies (Coughlin Della Selva, 1996).

AEDP has developed two alternative approaches that, instead of directly confronting the patient's defenses, "melt" the defenses and reduce anxiety by creating safety. In the first approach, instead of *undoing* defenses, AEDP *welcomes* defenses by validating and affirming their adaptive function. Although defenses may cause problems and limitations in the patient's *current* life, AEDP takes the radical view that everything the patient has ever done was always the best thing possible *at the time* to survive and secure his/her needs for safety, attachment and survival in adverse situations (Russell, 2015). This acknowledgment and acceptance of defenses as the product of past resilience will usually soften the defense and slowly lead to the patient feeling safe enough to open up to underlying feelings so that a transformation can take place.

In a second approach to working with defenses, instead of focusing on what is repressed or minimized, the therapist focuses on the part that is being revealed and expressions of the transformance drive to heal and connect (Fosha, 2007). Accessing this "Self-at-Best" facilitates accessing the painful emotions that are part of the "Self-at-Worst" that are normally protected by defenses.

Typical therapist interventions that illustrate these alternatives are as follows:

> *"Let's look at the part that wants to feel safe and hides and how this so often protected you."*
> *"Not feeling and numbing has helped you survive the violence in your childhood."*
> *"You tell me you have a hard time to be open and showing yourself, but today you told me so much."*
> *"You have worked so hard in your life to find what you needed."*
> *"Of course, you don't want to go there."*
> *"Thank you for being so honest about your skepticism."*
> *"Knowing that you can stop me when it is not safe enough, is reassuring for me as a therapist."*

5. ***Explicit therapist presence and engagement***

In most therapies the relationship with the therapist is seen as crucial to explore and change interpersonal and attachment patterns. From the way the client relates to the therapist, attachment styles become clear, internal dynamics reveal themselves through projection and transference, and the interpersonal cycles can become clear through complementary reactions felt by the therapist (Wachtel, 1997).

In contrast to this more distant "laboratory stance" (Alpert, 1992), AEDP focuses on the reparative potential of the real relationship between therapist and client. Avoiding being detached or authoritarian, the therapist actively takes the role of an older, wiser attachment figure providing care, guidance and orientation (Fosha, 2000).

The therapist does not merely reflect, but is present as a real person. She makes her presence explicit by expressing feelings of care, appreciation, enthusiasm, curiosity and delight which result from the interaction with the patient, while also acknowledging errors and not-knowing. The therapist also undoes aloneness when the patient is reliving painful moments.

> Therapist interventions which reflect being present as a person are as follows:
> *"Can I be with you in this? You don't have to do this alone."*
> *"Stay with me, stay with it."*
> *"That is so beautiful."*
> *"I feel a lot of compassion for you right now."*
> *"I am here, I care for you, and I really want to help you with this."*
> *"I can see now that indeed I was somewhat critical, and how that may have been hurtful to you."*

From this very true encounter of one human being with another, through the mutual honest expression of affect and care—but also welcoming difficulties in trusting and receiving these expressions—healing and growth in the real relationship become possible. As a fellow trainee once said, "AEDP is the most loving way of doing psychotherapy I have encountered so far." It is an "everything-on-board" approach, where there is room for every part of human experience and where both client and therapist disclose (Prenn, 2009).

6. *Focusing on the positive*

Making room for positive experiences is certainly not something new in psychotherapy, but AEDP has been more radical in its approach. AEDP searches for the patient's capacity of adaptive functioning *that is already there*, but often not recognized by the patient. In the very first session, AEDP explicitly acknowledges the patient's wishing and striving for change and reaching out for help by virtue of being in the therapist's office. The mere reaching out to another human being for help expresses a wish for a healthier attachment, and a trust and desire to heal, even in the most despairing, lonely and distrustful patient. The therapist whenever possible will highlight the strength and resourcefulness that the patient is already demonstrating throughout her life, overcoming and surviving crises. Even the most problematic reactions are rooted in attempts to deal adaptively with adverse circumstances. Patients are not sick and have to be cured, but are viewed as having both problematic "Self-at-Worst" and adaptive "Self-at-Best" states (Fosha, 2002) that have to be explored. Amidst suffering and pain the therapist will amplify the glimmers of change and resilience that appear during the process (Russell, 2015). Expanding these exceptions from problematic functioning may access directly the

resilient capacities in the patient that have been dormant.

> Typical therapist interventions in this respect may be as follows:
> *"It took enormous strength to get until here, through this period of multiple losses."*
> *"It is amazing that you got to all this understanding by yourself."*
> *"When you said this, there was a smile."*
> *"I can see your deep wish to heal from this."*
> *"Your whole manner changed for a moment, did I see pride? Can we stay with that?"*
> *"There is so much wisdom in that decision."*

This non-pathologizing outlook on human functioning, which is transmitted by such interventions, can radically change how clients feel about themselves and their difficulties, diminishing shame and leading to greater appreciation and respect for themselves.

Real interventions: Combining the six characteristics

I have separated the six elements of AEDP interventions and tried to give some "pure" examples of each to analyze separately. However, if we observe actual interventions by AEDP therapists, we find that usually several of these elements are mixed into a single intervention, just as music is made up of tone, rhythm, melody, and intensity. Here are some examples:

Vignette One: Combining Characteristics 2, 4, 5 and 6
Therapist: Oh, that's very eloquent. It's very eloquent. You know, I think that's what makes me feel hopeful, very hopeful about our working together. I think it's a sense of connection, you know, I mean you've just expressed it to me in a very deep way, and I have felt it as well with you. And I think that there's something about your trust, and again, trust, particularly when trust doesn't come easy. (Fosha, 2000b)

Vignette Two: Combining Characteristics 1, 4 and 6
Therapist: Wait! Because it seems to me that you know a lot about how you feel. But there's something about putting it together and staying with it, that's difficult for you. … I mean, when you talk about how Clay is always disappointed by you, what does that feel like for you? What do you feel like inside when he makes you feel like you're not doing the right thing, or you're saying the wrong thing, or you're saying it the wrong way….He's always telling you you're shutting him down, you're putting him down.... What's that like for you??? *(impassioned rhythm)* (Fosha, 2003)

Vignette Three: Combining Characteristics 1, 3, 4 and 5
Therapist: So… stay for a moment, OK? Stay with the feeling . . . the experience. . . . This is where you are a gift because you've got such huge capacity, so I know that I ask you these things and they seem a little crazy, but in a funny way, in a funny way, I can ask it of you. 'Cuz given what you've done . . . Stay with that experience of change, and I

realize that there is fear attached to it, but let yourself at the very same time be very aware of my presence with you, of my not just witnessing it, but being with you. (Fosha, 2006)

Portrayals: Bringing it all together

Portrayals (originally developed by Davanloo, (1990) and further developed by Fosha (2000) are a type of enactment used in AEDP. In essence, a portrayal is an imaginary experience of interacting with parts of the self or with the representations of significant others. They provide the opportunity to to play out feared or wished-for situations, thus having the potential to access new adaptive experience, new representations and emotional states. Enactments for processing and healing trauma are not unique to AEDP. Portrayals in AEDP bear similarities to portraiting from Intensive Short Term Psychotherapy (ISTP, Coughlin Della Selva, 1996), chair work from Emotionally Focused Therapy (EFT, Greenberg et al., 1997) and parts work from Internal Family Systems Therapy (IFS, Schwartz, 1995). However, in portrayals many of the typical AEDP characteristics mentioned above come together: (a) the explicit therapist presence (therapist may actually join the client into the imagined scene), (b) the patient's desire for healing, (c) relational affect, (d) affirmation and attunement at moments of defense, (e) processing the reception of affect, (f) accessing resilience and the emergence of adaptive emotion, and (g) metaprocessing during and at the end of the portrayal. Using these elements in the imaginary encounters can bring extraordinary emotional and relational depth and give AEDP portrayals their unique character.

Conclusion

I have intended to create a simple structure that highlights how AEDP deals differently with experience, relationship, change, defenses, attachment and resilience. I did this initially in order to help myself reflect on how to bring more AEDP elements into my own work and now to help the people to whom I am introducing AEDP.

Although a relatively young branch on the psychotherapy tree, AEDP has already caught the interest of many, and therapists are being trained all over the world. Most therapists who will have contact with AEDP in the coming years will already have been trained in some form of therapy other than AEDP. They will ask how AEDP is different from what they are already doing. I hope that this article may provide a helpful way for newcomers to feel into the difference that integrating AEDP into their practice can make for them.

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