

**“I can give you a bigger space”
Transformation Starting from Core State**

A cross cultural case study

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Abstract: This article is centered on two main points illustrated through a case study of my work with a Chinese client. The first point demonstrates how AEDP techniques inherently assist cross-cultural work due to its focus on phenomenology, and its recognition of universal human strivings for safety, attachment and growth - all with their matching non-verbal, emotional/physiological markers. I will demonstrate how techniques of moment-to-moment tracking and metaprocessing, intuitively translated into deep and profound transformation for my Chinese client. The second point proposes that core state is a place for therapist to remain active, harnessing the momentum of change towards further transformation. Through session transcription, I will illustrate unique aspects of the treatment when a session begins in core state, highlighting how starting in core state shapes the work and accelerates readiness for another round of deep trauma work.

Introduction:

A brief historical context:

Although not our therapy focus, nor did we spend extensive time exploring the components of trauma on a big societal scale during therapy, a lot of what my client revealed about her early life and her experiences of her parents matched my understanding of the impacts of cross-generational trauma that were common amongst her generation of the Chinese community. Approaching her trauma with an empathic understanding of the history, rather than jumping into judgment about her parents for their emotional unavailability and often physical absence, helped make space for the client's process. Therefore I would like to share my knowledge about this aspect so the readers can have more background and an understanding about my approach.

Between the late 1930's and mid 1940's, Chinese people experienced widespread wars, including the World War II and a civil war. For the following three decades the country went through drastic societal and economic changes, both in the cities and countryside, and large scale political campaigns, including the Cultural Revolution (1966-1976). In other words, for about half a century people went through tremendous instability, including family separation, death, dislocation, disintegration of traditions and values (for a detailed description of the turbulence and the psychological impacts, see Markert, 2014). Such extraordinary adversities across a long period of time were likely to cause high levels of chronic stress.

My client Wei (a pseudonym) grew up in such an era. She remembered relying on her mother as the only parent during her early years. Her mother had with no support from a spouse, extended family, or societal

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facilities. A few times a year, her mother brought Wei to visit her father, whom she remembered as someone who never smiled. He eventually received permission from the state to move his job location and joined their household and by then Wei was in elementary school. The perpetual state of stress from work and the lack of established marital connection had led to frequent conflict between her parents. Wei understood by then that she “lost not only my dad but also my mom,” and that she had to rely on herself. In her own words, “I turned into an iron man” at age 6 or 7. As the eldest child, she also received tremendous pressure from her parents to “excel on everything” and to be “Red and Skilled,”¹ as the only path of survival. This is a very familiar story from my personal history and in my clinical work, with Chinese clients from that generation and their children.

Recent research on chronic traumatic stress indicates that trauma has prolonged effects on an individual’s biological system, which could be passed on to their offspring. For instance, offspring of Holocaust survivors were found to have lower level of cortisol than a control group (Yehuda et al, 2008), and a low cortisol level was associated with vulnerability to PTSD (Yehuda et al, 2007). I imagine that living under chronic external pressure and deprived of social support, Wei’s parents developed coping styles that focused on being a “fighter,” hyper-vigilant, and achievement-driven. Such efforts were their best response to the harsh environment and was both consciously and unconsciously passed on to Wei. These same traits in Wei had helped her to succeed during her early years despite a stressful household and a highly competitive school environment.

Meanwhile, the high level of stress in their home life, and the lack of emotional warmth and comfort - a natural by-product of her parents’ trauma reactions - turned into source of trauma for the children of the family. My client Wei learned, from a young age, to see her identity as that of a care-giver - first to her to her parents, and later in her adult life, to other individuals. Her own interests and potential, if considered at all, were never a big part of any decision process.

Conceptualizing from the AEDP perspective, I understand that, as a child, Wei endured significant emotional neglect and abuse, leaving her deprived of emotional warmth and comfort. From those early experiences she adopted a working model of others as physically unavailable and emotionally unreliable. Consequently, she distanced herself from others and her own emotional world, developing an over-reliance on her thinking brain. Though Wei had successful careers and earned her parents’ pride, she felt alone and unable to ask for help, not even from her spouse and children. In my mind, her fundamental drive for entering our therapy was her awareness that although she had survived, and did what her parents asked her to do, she realized that she did so at the expense of her emotional life. She needed to explore what it would be like to reconnect with her long suppressed emotions in order to live a more fulfilling life.

I’ve often observed a similar eagerness and openness to change in my interactions with my Chinese clients over the past few years. My initial desire to introduce AEDP to China was rather simple, not unlike a child who wants to share something she cherishes. To my delight, AEDP seems to provide an excellent match with traditional Chinese teachings of Confucianism, Taoism, and Buddhism, which believes in the innate goodness of people, and the value of humanities natural tendencies. The AEDP therapist stance - being warm, welcoming, emotionally present and resourceful (Fosha, 2015) - feels to be the intuitively right approach to build trust that had been long lost in a traumatized community. For the clients I work with, especially those

¹ “A specific term in communist China describes the expectation for young people, “red” means “loyal to communism.”

who are relatively psychologically minded and ready for deep work, they tend to quickly grasp the pursuit of reconnecting with what had been oppressed and hidden within themselves, while updating their previous working model of self (Frederick, 2021).

Moment-to-moment Tracking

To bring to life my clinical work with this client for the readers, I especially worked on describing the client's and my own and body language in the session transcripts, along with the semi-verbal cues in our communication, such as "hmm" and "ah." They were often the key elements of right brain to right brain interaction in our dyad, and at times the "bone" of the intervention from my part. I intended such tracking to illustrate Fosha's instruction to allow "the body and its language to take formal part in the therapeutic discourse" (Fosha, 2000, page 215). As Allan Schore points out, in recent decades we have been facing a paradigm shift in psychotherapy, as we recognized that therapy work requires the therapist and patient to lean more into right brain to right brain communication, i.e., emotional and nonverbal communication (Schore, 2012). In AEDP language, we aim to foster and focus on this right-brain communication in the therapy room, to access deep materials that haven't been spoken about, and through experientially understanding, dyadic regulation, and left-brain integration, release an individual's potential towards growth and well-being (Fosha, 2020). Hanakawa (2021) also writes extensively about the value and the practice of tracking the non-verbal components of therapeutic interactions in AEDP.

Tracking semi-verbal and non-verbal cues has been essential throughout my work, which is cross-cultural for the most part. Growing up in China and having received graduate training around Western psychology in North America, I was keen to learn how an individual's past experiences impacted their experiences in therapy, and how factors such as nationalities, languages, cultural values and customs, skin colors, educational backgrounds, social classes, gender identities, sexual orientations, religions, sizes, etc., may influence a client's openness with me. Whenever I get lost in the understanding of language and meaning, I often regain the sense of my client, and my own footing, by re-focusing on non-verbal cues, making the implicit explicit, and relentlessly checking-in. I facilitate the therapy process through recognition of relatively universal human striving for safety, attachment and growth, all with their matching non-verbal, emotional/physiological markers. In other words, I find AEDP techniques naturally further assist cross-cultural work due to its focus on phenomenology. This seems particularly true, when we reach State 2 work, facilitating processing of emotional experiences and self-related experiences.

Core State as cohering transformation *and* initiating transformation

In the AEDP four-state transformation map, core state is identified as the State 4. Here transformation is completed and integrated, the good place at which we strive to arrive. Because core state represents the client's experience of the integration and consolidation of a transformational process, it is generally where therapists provide support and affirmation, and not active intervention. However, more than the destination, I propose that core state is often a place where we further our work, this time aiming even higher.

At core state, the individual has a felt sense of core self, or "neurobiological core self" (Fosha, 2013), with a clear sense of truth about who they are as a human being, and about their place in the universe. This felt-sense provides an organized, coherent orientation about the present and future, a dopamine-fueled drive to seek and act, and the ability to recognize what matters, with precision. In addition, the individual gains a new openness to receiving others, including utilizing

therapist’s help, which enables the client to access even further transformation, and more effectively co-regulate with the therapist any potential anxiety associated with substantial change. Here we can harness the power of change to potentiate further transformation and to free

up development that has been thwarted due to the past disconnection from the core self.

In the following treatment vignettes, I will illustrate what the treatment looks like when the session begins from the place of core state.

Clinical Vignettes

From “Turning into Iron Man” to “I will give you a bigger space”

First, I would like to express my gratitude to my client for generously allowing me to share her therapeutic experience and process with the readers. I have sought her opinion and consent throughout the entire writing process. I have also made moderate modifications and omitted certain details to protect her privacy.

When Client Wei contacted me, she was mourning for her father who passed away a few months ago. Wei was in her 50’s, married with two adult children, and had a successful career as an educator. She described herself as disciplined, independent, and optimistic, always “having things under control” and would never cry in front of other people. However, recently, Wei found herself oscillating between two states: either being overwhelmed by emotions and crying, or being absent-minded, emotionally numb, and detached. She was surprised by her emotional collapse, which had never happened to her. She had been in therapy before to explore her relationship with her parents. This time her focus was initially dealing with grief, and she had hoped that the therapy process would be a brief one.

Soon in our meetings it became clear that Wei’s defense against feelings/emotions and her early trauma were part of her complex and overwhelming reactions to her father’s death. In our third session, she stated that she “turned into the Iron Man” at age six or seven. Her use of “Iron Man” is directly translated from the name of a superhero in an American animated film. Emotionally she was no longer focused on gaining her mother’s affection, rather she was driven by determination and the pursuit of success, with no room for any vulnerability and attachment needs. Hearing her voice and observing her expression, I felt as if I were witnessing the emotional world of that little child being shattered. On one hand, the six-year-old child demonstrated remarkable resilience and survival skills on her own. On the other hand, she sacrificed her natural childhood inclinations, disconnecting from her emotional world and her own attachment needs. What’s more, as she later sought to create greater space for her own existence, her childhood strategies continued to hinder her ability to engage in emotional communication, establish interpersonal intimacy, and prevent the shadows of loneliness and

repression from dissipating. Therefore, in our work together, the task of helping Wei reconnect with her emotions and gain a better understanding, acceptance, respect, and freedom to express

her emotions was also a central theme throughout our sessions. During a period of two months, Wei had six 90 minute therapy sessions. The following therapy excerpts were from the fifth session, highlighting our work in core state while metaprocessing her profound transformation.

The entire therapy took place online. Despite being in different countries and in different time zones, the internet allowed us to have a convenient and smooth connection. From my experience, it was no less effective than working in person. On the contrary, because our connection occurred entirely between two screens, I felt my focus on the client's face and other visible parts of her upper body was highly concentrated, and she could sense my presence through my facial expressions and upper body. This experience of connection has been found to be intense and effective. Other AEDP therapists (Lipton, 2023; Prenz & Halliday, 2020) have also shared similar experiences, indicating that AEDP's unique interpersonal connection model is conducive to the online therapy format. All the sessions were conducted in Chinese and translated into English by me. In the following text, I will use “Therapist” to refer to myself, and “Client” to refer to Wei.

Vignette 1

Beginning: meta-processing the positive experiences from the previous therapy session.

Meta-processing frequently occurs right before the end of a therapy session, when a big segment of therapy work is done, or at any stage of the therapy process when something transformative has happened. During this process, Therapist guides Client to savor the new and positive experiences from their left brain perspective (Yeung, 2021). In this vignette, Client started the session by connecting with her transformative experiences of being seen. With sufficient transformative experiences in the room, Therapist worked on deepening the experiences and eliciting Client's left brain “reflective self” (Fosha, 2000). Such work assisted Client to reach State 4 core state within the first ten minutes. Note that the work didn't stop at State 4. Rather, State 4 in this case served as an opening for Client to access more materials for therapy work. In other words, meta-processing helped to reap the fruits of an earlier transformation and gave the therapy work a jump start.

Therapist: (*Smiling, speaking at a slow pace*) We, since the last time we met, it has been two weeks, or three weeks maybe? (Recalling) **[Using slow pace to shift from the social chat, inviting Client to collaborate by identifying the timeline.]**

Client: (*Direct eye contact, engaged*) Yes, it should be around three weeks.

Therapist: (*Smiling, speaking slowly*) Three weeks. Hmm. **[The content is not important here, rather the significance is within the establishment of nonverbal resonance in the dyad.]**

Client: (*Holding lips tight for a second, then relax*) Yes, three weeks. (*Upward gaze*) Well, I feel like... (*Chuckling, sense of lightness*) Actually, as we talk about it, I'm starting to reflect on these past three weeks. **[Spontaneous opening of meta-processing.]**

Therapist: Yes, perhaps from this very moment, right, (*Smiling, placing hand on chest*) We are back in this shared space together. Ah, maybe we can focus on our body together. **[Welcoming, inviting explicit shift on the shared dyadic space with relational and somatic focus.]**

Client: Mm-hmm. (*Nodding, attentive look, upwards gaze, taking a deep breath, closes her eyes, shoulders relax*) **[Green light, giving visibly signals of receptivity and regulation, therefore readiness for deeper work.]**

Therapist: Mm-hmm. (*Smiles, eyes close to attune to her own internal process, then open*) Yes, I sense that. I am still moved by our last session, yes... **[Making direct, and embodied reference to the last session, also indicating to Client’s existence in the therapist’s “heart and mind” beyond the therapy hours.]**

Client: (*Silent for a few seconds, opens her eyes, sees Therapist’s eyes were closed and then closes her eyes, nods rhythmically with Therapist’s voice*)

Therapist: I’m curious, at this moment, what kind of sensations do you notice inside your body? (*Softly, eyes close for a moment*) **[With the non-verbal resonance, Therapist is co-creating with Client an interpersonal space of mindfulness.]**

Client: (*Opens eyes, looks at Therapist, smiles, then closes eyes. 15 seconds’ silence. Slowly opens eyes and comes to a big smile*) Mm-hmm, I feel very relaxed in my body, very calm. Mm-hmm, there are no... (*pausing, upward gaze, smiling*) ripples in my body (*a decisive tone, eyes light up, smile of joy*). **[With accurate recognition of her inner experiences, client experiences positive emotions.]** This is quite surprising to me because today I have been quite busy, and some things happened during the day, you know... But right now, it’s good. **[Evidence of healing which brings her more resilience towards external stressors]** Yes. (*Reflective look*) ...At this very moment, it’s very good. **[A further affirmation comes from mindful attention to this new and positive phenomenon.]** When I experience this connection with you, right here, right now, I have a clear sense of something. It’s admiration, a deep admiration (*making direct eye contact with therapist as if to ensure therapist’s reception*). And then, there’s also part of me in disbelief. **[New discovery comes with anxiety.]** It’s like, how did it happen, that in just a few therapy sessions, there is a deep sense of being seen inside me? (*Serious facial expression, deep voice*) Being deeply seen, and having a deep, profound, uninterrupted, truly uninterrupted connection with you. (*Smiles brightly*) **[Naming her new experience of “being seen”, the accurate recognition helps her to regulate.]** Yes. (*Expression turns serious again*) I admire that because on the surface, it seems like you’re very gentle, your style... But the power, the powerful part in you, the message conveyed to me is that there is love and support, and strength. That’s the part I was surprised, and I admire. Yes, that’s the most profound and moving part of my connection with you just now. (*Rubs nose and mouth with hand, then making direct eye contact with Therapist with a gentle smile.*) **[Through identifying and expressing her feelings, Client is visibly engaging both her thinking and feeling processes and, explores and integrates her intrapersonal and interpersonal experiences. Client’s internal state is in Core State, clear, calm, open, and free of defense or anxiety. Expressing gratitude openly to Therapist is also a marker of Core State.]**

Therapist: Mm-hmm, wow, yeah, yeah... (*A bright smile, slowly and gently, hands moving towards the chest*) **[Receiving client’s expression, with understanding that it is important for client to feel received.]** It sounds really rich, wow... (*slow pace, holding Client’s gaze with tenderness*) And I have a sense of you being very open (*upward gaze, then hand making a holding gesture*), very receptive, and having a profound, and different sense of yourself, an understanding, an understanding in your brain **[affirmation, recognition]**. I also feel very... (*Points to the chest, a lot of delight*) comfortable, receiving your acceptance and affirmation. (*smile with expression of feeling moved*) **[Self-disclosure, providing embodied witnessing of client’s experiences.]**

Client: (Relaxed expression, smiling in resonance, gentle nodding)

Therapist: (*Smiling, slowly*) Yes. I'm curious about this deep sense of being seen that you mentioned. What it is like? [**Seeks to deepen the new and positive relational experience.**]

Client: (*Deep breath, thoughtful expression, ten seconds' silence*) Yes, in terms of feelings, it seems like something that very few people could touch. (*Looking in the distance, dimmed light in her eyes.*) Maybe, very few people could touch it, or perhaps it's more accurate to say that there were very few opportunities that I would be willing to open that part up [**connects with the past experiences of isolation, also a sense of self-agency emerges**]. Yes, it's a very rare thing (*nodding*). Very rare (*a few seconds' silence, then moves closer to the screen*), a very rare sense of... It is being together, (*tone of emphasis*) being together (*making direct eye contact with therapist*) [**the pace of client's speech was very slow, as if she is looking for words to describe something very novel**]. It feels like being together and going through that part, retracing that part... that comes with a sense of... it is hard to describe with words. (*Therapist: Mmm...*) that deep sense of being seen, a deep release. Yes, a deep release, that kind of feeling (*looking at Therapist, clear and decisive tone*) [**works hard to articulate her new experiences, then reaches a degree of completion and contentment**]. Yes... And it seems like after going through such a journey of being accompanied (*looking up*), it's like... it's like I no longer feel that it's (*looking down, reflective expression*), it's no longer a deep sadness, it's no longer a, yes, a very painful past. Yes! (*increased pace, decisive tone*). [**The change process seems both happening in real time and being recognized.**] That new experience and new feelings are different from before (*light, joyful smile, direct eye contact with therapist*). Before, for example, that part might have been fearful, or too ashamed to speak up, or not believing that speaking up would make any difference... Yes, going through those experience with you, I have felt very grounded, very solid. [**After articulating the past working model of self and others and the associated emotional pain, client arrives decisively in a new place. Embracing this new experience and meta-processing the shift helps her to have a more clear sense of the new landscape.**]

Therapist: Hmm, hmm... (*gently, with serious look*).

Client: Hmm (*lowering eyes, reflecting*), hmm (*looking up and making eye contact with therapist*).

Therapist: (*empathically, hand gentle making circle in front of her chest*) So this part, could also be a result of your own choice or the influence of the environment, was isolated, cut off for a long, long time... Is that right? Now it sounds like that part is no longer sad (*repeatedly opening hand and then holding together for a few times*), no longer ashamed. Ah, now that part, it's feeling (*smiling softly, pointing to chest*), how does it feel for Wei? [**Reflecting on the big contrast, and helping Client to lean on her current emotional experiences**]

Client: The feeling part is, I have a feeling of power (*slight wrinkling of the muscles around the eyes, emphasizing*), that feeling of power. Yes, that is her, that is what she originally is. That's something she already has inside. [**Simple and clear, new discovery of something that is also old — phenomenon of access to core self.**] I mean, at this stage, what I can feel more are the opportunities my parents had given me. (*thoughtful, effortful*) [**Connecting her new perspective with her initial reason for therapy, i.e., to resolve her mixed feelings towards her father.**] Umm, those experiences they gave me to challenge me, the encouragement they gave me since I was little, the honors, the praise they gave me when I was young (*serious facial expression*). That kind of appreciation, that they had always been proud of me, whether they had expressed it verbally, from their facial expression, or from their expressions to others outside the family, you could actually always feel that those things about myself had been appreciated by parents. [**Language switches to more second person and vague emotional tone, suggesting that**]

Client might be working through some mixed and even incongruent materials with her new perspective. Gradually, a new self-narrative is emerging, in which her own strength is seen and appreciated by her attachment figures.] They had always been encouraging me... (*gazes at therapist, voice with more certainty*) um... my growth. Maybe it's the recent realization... (*pause, took a deep breath, gazes around*) of the arrival of this powerful part of me, that it's also my parents, who have given me so much. I am grateful for this part, genuinely grateful. Not with any kind of blame (*lowering head, reflective*), negativity, or being oppressed, as if it came from being oppressed (*chuckles with lightness, as if reaching some internal congruence*). I don't know, what I feel is a kind of joy, a kind of happiness... I don't know if this is a part that I have just arrived from integration, or if it has always been there, and now I am experiencing it once again. (*Holding gaze with therapist, tentatively*) When I set free the part of pain and hurt, when I can set free myself, freely release, suddenly I can feel that there were so many beautiful things that came from my parents (*soft, gentle smile, animated, a clear sense of resolution*) **[New narrative is replacing the old narrative about the negative parenting; meanwhile she was acknowledging not a change of feelings but rather a new way of dealing with the pain and hurt “to set free”. This big change brings in the new feelings of joy and happiness and the integration of her sense of self and relationships. Client’s non-verbal expression also confirms her state of ease, compassion, and authenticity.]**

Therapist: Hmm, yes, yes... (*softly, taking in and visibly processing*) So it sounds still real, the part that was suppressed and deprived from the past. (*client thoughtfully nodded.*) There were times that little Wei had to rely on her own strength, a tremendous amount of strength from within her body, to adapt as best as possible. (*client has an attentive and empathic look*) At the same time, it sounds like the focus of your attention has expanded, your focus on that you have been absorbing (*moving hands inward*) those nutrients, those affirmations, and the loving parts that have always been stored in your heart. It's like there's a new sense of absorption... **[Platforming the emotional landscape client has laid out, then turning into Client's current focus, i.e., her new changes, amplifying this shift with therapist’s witness.]**

Client: (*upward gaze, face brightens*) Yes, exactly. This part is something I've been experiencing in these past few weeks in a very obvious way. The feeling surges from time to time, like strong gratitude, that kind of experience ... Well, of course, there's still something strong that seems still inside, that is the critical, the critical voice of self. Its intensity is not strong as it was, but it is still there, popping up from time to time (*apologetic smile*). Recently, especially in these past few weeks, it feels like I'm unable to teach. My work seems like being in a stagnant state, This is not a very good experience for me. So I started doubting myself, questioning myself, and then... yes. I've been trying to find ways to adjust this part, but there's still a sense of powerlessness, yes (*making direct eye contact with therapist, face clear and open*) This has been recent for me, from behavior to internal experiences, a change... (*looking up to the left, thoughtful*) Well, not exactly a change, it's been persistent. It's just that this is one thing that hasn't faded away yet. It's still there. **[Confirming her positive sense, then making a natural shift to her recent concern. Note that despite the content shift, she remains open emotionally and relationally, there is no sign of defense or anxiety. In other words, she is clear, open, emotionally available, and seeking for Therapist’s help for a new round of work.]**

Therapist: (*slowly, searching for words*) You mentioned that it has been persistent, it has been there... (**Client:** Yes) So, when did this feeling start? Was there a specific time point? **[Seeking specificity as entry point]**

Client: The time point would be when I, I (*lowered eyes, holding lips tight for a few seconds*) ... It should be, the most vivid impression for me, was probably during high school. At that time, the pressure was immense, hmm. I attended the top class in a top school, the best school in our city, and then it was the best class in the best school (*making eye contact with Therapist, smiling, slightly sarcastic*). Basically, you could say that all the potential elites of the city were there, about 50 students, ... And we were constantly pushing ourselves, striving in that environment, just pushing. I worked very hard; I pushed myself very hard. Still I wasn't a top-performing student, I couldn't make it to the top fifteen (*sympathetically smiling*). During that adolescent phase, of course, even before that, my relationship with my father was never good. It was like...

(*looking into distance, brief silence, slight sadness*) On one hand I was making efforts, on the other hand I had the clear sense that that I wasn't good, not capable, I just could never reach that high point, hmm. It was during that time that I started to feel that I was very much depressed. (*making eye contact with therapist*) Every day after school, I didn't want to go home, I didn't want to face that, that, my parents' faces (*sympathetically smiling*) Those serious, demanding faces. The feelings that you're not good enough. **[Recounting the time of high stress from school and home, lack of social and emotional support, which had led to her feeling of loneliness, powerlessness, and depression. Meanwhile, client continued to tell her story with openness and clarity, with access to the facts and her emotions. She remains emotionally regulated, and relationally connected with therapist.]**

Therapist: Hmm... [Expressing understanding, while let Client continue her story]

Client: It was during that time that I started to have this self-blame... It's not really blame, it's more like self-evaluation. It was like, “Why weren’t you smart enough? Why you had to study so hard and still be so slow? Why did you work so hard but wasn’t able to make it to the top (*laughter, slightly sarcastic*)? Why other people can be so good? ... Back then, I always found faults in myself, couldn't see my strengths, nor the effort I put in. I always felt inadequate (*looking down, with a reflective expression*). It continued through college, where I also did my

best. My parents had high expectations for me, they wanted me to excel in "morality, intelligence, physical fitness, aesthetics, and labor," to be an all-rounder, to be "red and skilled" and so on... (*smiling, slightly sarcastic*) But even then, you still can't reach the best, there was still something not good enough about you. So this thing has been with me until today. Sometimes when I see others doing similar tasks, I would think, how come other people can do it so well? How come I can't do it well? No good. No good... That part just takes over from time to time. (*making direct eye contact with therapist, reflectively*) Every once a while the part says “I am not good” would take over, the part says “I am good” would be ignored. (*smiles with slight sadness*) You see, (*making eye contact with therapist*) when I talk about this, there are still some tears (*raising hands to the eyes*) inside... (*pouting*).

Therapist: Hmm. (*softly, with a compassionate tone*) a feeling of self-torture (*moisture in her eyes, sadness and emotional pain spreading from the corners of her eyes to other parts of her face*). **[Client continues to access the story of her self-criticism as a defense to cope with the stress, her previously suppressed emotions are surfacing. Towards the end, core affective experience of sadness emerges and she comfortably seeks therapist's support.]**

Therapist: What are the tears saying? (*very gentle voice*) Make some space... **[Responding to client's invitation to support, making implicit explicit with urge of empathy.]**

Client: (*10 seconds' silence, gazes upwards and scanning one side to the other, then a deep exhale*) Ah, those tears are saying that how come you are still treating yourself like this? How come you still haven't learned to be kind to yourself? (*Heavy, solemn look*) [**Excellent self-awareness and reflective ability which leads Client to recognize her negative pattern of self-criticism, however such recognition ends up evoking another round of self-criticism, a paradox here.**]

Therapist: (*empathically, leaning closer*) Mmm... So I sense a connection in the tears. Maybe also a wish that I could take care of myself more? I can stop hurting myself? [**Therapist gently redirects her attention to her self-empathy, her newly developed way of relating.**]

Client: (*nodded firmly*) Actually I often wonder, why would I forget it in real life. It seems so hard to take care of myself. That is very hard for me. Why is it hard? (*Light dims in her face, eyes turning away from therapist, slight laughter*) [**Naming the paradox between her intention and her behavior, where the new attitude of compassion and conflicts with the old habit.**]

At the beginning of the session, client accessed her transformative experiences of the last session, named the breakthrough positive experiences of “being seen,” and meta-processed them.

This process led client to the core state of clarity, joy, ease, compassion, and gratitude, and another wave of transformation where she started to make space for the positive aspects of her relationship with her parents. This new perspective that separates the nurturing from the pain and hurt, provided an “un-bonding” as opposed to the confusion, or “bonding,” of the abuse and care from the same long-term care-giver (Franco, 2020). In the process of rippling transformation she “re-writes” her personal narrative with the nurturing others, sense of self-agency, and sense of “beauty.”

This process helped Client make easy transition to the work on her present concern. Note that Client directly entered into State 2 without having to go through State 1 work. Client retained a positive view about herself, “It’s just that this is one thing that hasn’t faded away yet.” She was open to her emotional experiences and actively retained the connection with therapist through her direct eye contact several times. As she recounted the details of the trauma, she was able to remain close to the experiences even though she switched to the second person “you” a few times, which was likely a tactical defense. Despite the potential emotions of shame, aloneness, and powerlessness based on her story, she did not sink into a maladaptive state and cut off connection with the therapist. Through this process, therapist did little intervention other than non-verbal and semi-verbal supportive listening. Therapist understood that the story-telling going on at this time was beneficial part of trauma work because client was telling the story while “feeling, dealing, and relating” at the same time (Fosha, 2000).

Towards the end, Client acknowledged the paradox in her life, “wanting to be kind to herself” and “it is very hard” to be kind to herself. Emotionally she seemed to sink into a darker place. Therapist invited Client to track her emotions rather than focus on the “thoughts” or “behaviors”, the latter was something Client was inclined to do. Client soon broke into tears accessing the traumatic experiences in her early adulthood, the time when she was desperate for support from her parents.

Vignette 2

Effective processing of trauma, with newly established relational safety

Client continued to share her struggles with her parents who had interfered with her life choices, and her feelings around those events. About 40 minutes after the first vignette, she described a significant and traumatic event — her mother’s sudden death. Her relationship with her mother was complex. When she was little, the occasional separation from her mother would trigger intense fear and protest, and receiving her mother’s undivided attention felt “bitter and sweet”. The time when her father moved back to their household, she remembered feeling “icy cold” in her body, partly in response to the sense of the loss of her mother. As an adult, she found herself struggling with wanting to break away from her parents’ restraints, while at the same time emotionally tied with her mother. Right around the time when she established a successful career and marriage and felt ready to welcome her mother back into her life, her mother passed away suddenly. Wei, face dimmed, described her emotional experience as going from hope to despair, “from heaven to hell.” Then, Wei started to phrase this experience as “the history,” putting some distance between her and the story. She looked confused, stuck, and her energy dimmed. Therapist leaned in with her upper body to the screen, Wei sobbed for a few seconds, slowly wiped her tears, and reported a new experience inside. This is where the following vignette starts.

Therapist: (*leaning in with her upper body to the screen, speaks very slowly, deliberately*) So when you, Wei, again share this with me, we see it together, right... I see all those difficulties, all those tough situations, one wave after another (*hand making wave-like motion*) (*Client sight nods, making no eye contact*)... Thank goodness, finally got through it, (*Client gave a big nod*), then there was another heavy hit... Meanwhile, (*gentle smile*) I feel the “thank goodness” for real, that you did it, whether it was your career, your marriage; meanwhile there were so much... [**Empathically reflecting on Client’s story from Therapist’s perspective, with the goal of assisting Client to slow down and feel Therapist’s presence while going through the complex layers of intense emotions**] What are the feelings now, looking back together with me? (*Hand pointed to heart*) [**Inviting the awareness of the present moment, as well as co-regulating.**]

Client: (*lowers her head, sobbed for a few seconds, used tissue to wipe her nose, eyes puffed, meanwhile thoughtful, then spoke with a sense of certainty*) It’s like, at this moment, there’s a very strong connection between me and my younger self, me and the one inside me. It’s a feeling that is stronger than usual. [**The awareness brings to the fore her newly established internal connection and undoing the aloneness of her younger self.**]

Therapist: Oh, I see, I see.

Client: (*Nods, firm affirmation, eyes looking down as if looking internally*) Yes... (*inaudible*)

Therapist: Tell me, how old is this younger her, Wei? [**Seeking specific details to deepen the experience of the new connection.**]

Client: It’s when she was in her thirties, in her thirties...

Therapist: I see. What is this close connection like (*repeatedly squeezing hand*)? (**Client:** *Mouth tightens and then relaxes*) I feel like that the two of you are holding hands (*gently, eyes closed, making a squeezing hand gesture*). What’s it like in your imagination? [**Attempting portrayal, and evoking the experience with Therapist’s non-verbal gestures, guided by the reconnection between Client’s present and younger part established by the portrayal in the last session**]

Client: (*uses tissue to wipe tears, ten second silence*)

Therapist: Hmm, hmm.

Client: (*upward gaze, decisively*) Actually, I have this urge, I really want to, I really want to give her a good hug... Yes. [**connecting with her deep instinct of care and her sense of capacity as an adult, she expresses clear care and nurture towards her younger self.**]

Therapist: Ah...yeah. (*exhales with relief, smile*)

Client: (*Clear, thoughtful, looking in distance as if seeing the younger self*) Honestly, I want to say to her that I feel sorry and regret, that so many years, I haven't... I haven't cherished her properly (*tears continue to stream down, meanwhile speaking with clarity*). [**Recognizing the early disconnection and seeing it from a compassionate perspective, actively repairing the internal attachment relationship.**]

Therapist: Hmm, yes, yes... (*eyes moist, moved*)

Client: It's like I often just left you on the side, only saw... saw... but didn't see you, didn't see the inside of you... (*choking, partially inaudible*) didn't see the inside of you... [**explicit repair by apologizing**]

Therapist: So this regret, what was missing for her (*Client nods*), you understand so well (*Client nods*) ... What do you want to give her? [**Encouraging more directed and concrete actions of repair, expanding the new experience**]

Client: (*Choking, sadness, eyes looking down, silence, using tissue to wipe tears*) [**Another wave of emotional pain**]

Therapist: Hmm, this you, who truly understand her pain, her experiences... What, this you from today, would give to her? [**Guiding the “separation” of the past self and present self, and inviting again the present, capable self to interact with the past, confused and compromised self**] (*Client: Nose and mouth twitching a couple of times, body slightly trembling, 20 seconds silence*).

Therapist: (*Softly*) Mm-hmm, mm-hmm... [**Semi-verbal co-regulation**]

Client: (*a deep exhale, frowning, then relaxing*) [**Relaxation signifies the passing of an intense wave**]

Therapist: In this hug... [**cuing**]

Client: (*Nods gently*) What I want to say is, I can give you a bigger space [**Adaptive action**

emerges, clear, specific, simple, doable]

Therapist: Mm...

Client: Mm, you, you can go, go rest if you want to, mm. No need to push too hard, no need to exert too much effort [**Repeats the message with more specificity**]

Therapist: No need to what?

Client: No need to exert too much effort, ah (*Open mouth exhaling, facial muscles completely relaxed*)

In this phase of therapy work, Client spontaneously transitioned from the grief of losing the chance of reconnection with her mother to the grief of losing connection within her self. In the previous session, we recognized a big part of Wei’s trauma stemmed from not only emotional isolation, but also alienation and fragmentation of her sense of self. We used portrayal work to help her current self to repair her loss of connection with her teenager self in an early trauma scene. By working back and forth between her current self and her younger self, she was able to establish a secure attachment in which the current self overcame her relational defense and feels committed and capable, while her younger self overcame her distrust and receives the hug from the current self. In the present vignette, Client likely resourced her experiences of establishing an internal secure attachment (Lamagna, 2021) and generated another round of repair and rebuild work. This is a significant transformation within a brief period of time. No longer relying on the mother as the source of safety and care, Client now has an internal base of safety and nurturance. Moreover, Wei consciously initiated the change of her long-standing negative self-relationship. She replaced harsh criticism with compassion and care. My role here was mainly to help Client stay in contact with the new relationship and focus on the transformation process.

Vignette 3

Meta-processing of the entire therapy process at the end

Approximately eight minutes have passed from the end of the previous vignette to the current vignette. During this time, we went through several rounds of Client leading and Therapist following while catalyzing the new emotional/relational experiences. From bodily sensational experiences and left-brain recognition, Client reported a deepening sense of internal connection, feelings of mourning and compassion for herself, a sense of pleasure and pride in herself, a revitalization of her life force, and a sense of witnessing a "miracle." At this point there was about ten minutes left until the end of the session, Therapist chose to focus on meta-processing this experience, to help Client integrate this new experience.

Client: (*Smile, a few seconds silence, then exhales deeply, leans back*) Yes, a very open and flowing sensation, a very comfortable feeling... (*upwards gaze*) And that, that image, it is indeed, ah, two people being able to embrace each other tightly, right. It is warm, unquestionably, yes, (*slowly, thoughtfully*) it is a sense of being reliable, I can trust and rely on (*emphasizing*), and it is also powerful (*nods deeply, then make eye contact with Therapist*). **[Describing her vision of the connection between the two parts of herself — “two people”. “Open and flowing,” “comfortable” indicates healing affective experiences. She is also clear, relaxed, and calm, marks of core state.]**

Therapist: Wow.

Client: Yes.

Therapist: So, I know we're approaching the end of the session, only a few minutes left. At this moment, this new experience is that *you can take in...*

Client: *(Looks at Therapist, smiling)*

Therapist: How does this feel, when you see that you are able to do this? **[inviting meta-processing of the Client's transformational experiences]**

Client: *(Takes a deep breath, upward gaze, ten seconds silence, exhales)* My feeling is, yes, this is truly what she needs... It's also exactly what has been missing all these years. Of course, maybe it was something she couldn't get for so long, so she wouldn't actively seek it out *(make eye contact with Therapist)*. **[A clear recognition of her needs, a sense of something that feels so right “exactly what has been missing” yet so new “she wouldn't seek it out”. Also some mourning-of-self.]**

Therapist: She wouldn't actively seek it out.

Client: No, *(shakes head)*, she wouldn't actively seek it out. But it's this kind of encounter today *(upwards gaze)*, this kind of meeting, hmm *(serious expression, nods gently)*, yes... It is in this moment of reflection, at that moment, I truly felt how difficult it was when I was in my thirties. I genuinely felt that difficulty *(gently closed eyes and open)*, rather than some earth-shattering story. In the past when I described it, it would be an earth-shattering story. It was as if that story wasn't about me *(shrugs, light-hearted laughs)*, as if it was something grabbed from a book, you know? *(laughs, making eye contact with Therapist)* Yes, today, I experience this story again, and you, you truly understood what it was like when I was in my thirties, the experiences she went through, the burdens she carried *(voice slightly hoarse)*. And no one had experienced her experiences *(looking into distance, firm tone)*, no one had experienced them. *(Upward gaze)* So she got used to enduring and persevering all those years. **[Contrasting with the past dissociation, the current “feeling and dealing” and the recognition of such leads Client to connect with her younger part with genuine compassion.]**

Therapist: Yeah. So in a way, it really is... lonely. **[Highlighting an important aspect of the trauma - loneliness; the therapist's understanding and acknowledgement of the loneliness offers an opportunity for its alleviation.]** *(Client nods)* It's something that goes beyond what a lot of people experience.

Client: *(Upward gaze)* In reality, she so very much needs someone's sympathy, right? She so very much needs someone to be there for her, by her side... seeing her, accompanying her. **[Simple and clear expression of attachment needs]**

Therapist: Mm-hmm.

Client: Yes.

Therapist: Yeah, yeah.

Client: *(Raises voice volume, clear and simple)* To be able to find that sense of connection, yes... It's a new discovery, indeed a new discovery. *(Making eye contact with Therapist, head tilted, content expression)* **[A new realization that comes with a sense of satisfaction]**

Therapist: Mm. So this experience of truly feeling what you need... **[Continuing to focus on the emergence of the transformative experience.]**

Client: Right. (*Wiping tears*)

Therapist: And to be seen by yourself...

Client: Right. (*Finishing wiping, making eye contact with Therapist*)

Therapist: (*slowly*) Yes, this kind of support is very important. (*Client nods, with a solemn expression*) Ah... Wow... Yeah... Yeah.

Client: (*Staying in eye contact with Therapist, gradually a smile emerges around her mouth, while Therapist also starts to smile; an audible breath, facial muscles relaxed, bright eyes, and*

radiant cheeks) **[A display of vitality, joy, and relaxation, her big smile reminds me of what Diana Fosha called “a Duchenne smile”]**

Therapist: I see a smile on your lips. **[Making it explicit the expression of positive emotions.]**

Client: (*face brighter, smile even more pronounced, very pleased*) It’s been a really good journey, (*laughs heartily*) walking through this process again, very good, indeed. I suddenly thought of someone, my best girlfriend. She is truly my best girlfriend. Because I was thinking, she can be my witness. Yes, she has witnessed my history, experiences, yes. We were high school classmates, and we have stayed connected to this day. After becoming grown-ups, she has been there with me, sharing my sorrows, share my joys, she would breathe together with me, sometimes... When I think about this part, I feel very grateful (*wiping tears*). Yes, it just came to me suddenly, and I thought I really want to thank her. She is a witness and also a companion. **[Addressing and rectifying details about the not being alone in her past life story, expressing gratitude and appreciation to an accompanying other, indicating healing affective experience]**

Therapist: I’m truly grateful for her presence and companionship. So you were not completely alone (*gently*). **[joining the affirmation]**

Client: Yes, um, um... Also thank you (*direct eye contact with Therapist, chuckles*). Also thank you. Initially, I might have thought (*looks up and to the right*), um, yes, although I had a tiny bit of expectation, I still didn't know what, um, work to do. I didn't have any goals, any, um, didn't know what kind of processing to do... I never expected to achieve, to come this far, um, to reach this level of care for myself. It's a pleasant surprise. (*relaxed, open, and joyful*) **[Affirming and appreciating Therapist, articulating a tremulous surprise as she reviews her process. Celebrating her achievement a relaxed and simple manner — “I did this”.]**

Therapist: Ah, I couldn't predict it either. At the same time, I have believed that your feelings and wisdom would guide us. Right? That from this place of high standards to oneself, which often feels critically demanding, went to your own experiences that seems to be very relevant. So I'm curious, ah, if we meet again next week, during this week with this new attitude of seeing and supporting yourself, giving yourself space, I'm curious about what that will do. **[Bringing it back to her earlier presenting concern, gently guiding the “new”/transformation to address the “old”.]**

Client: Hmm (*upward gaze, nods and a quick bright smile*) Hearing you say that I'm also curious now (*laughter*), yes, yes... [A light-hearted and optimistic attitude, no longer perceiving the previous challenge as difficulty.]

At this point, the therapy session comes to an end. The emergence of Client's curiosity aligns with her natural expression of exploration and playfulness towards the outside world, characteristic of an individual in a securely attached state. She is open and fluid with her own emotions (*both positive and negative*) and spontaneity, which shall lead her to a new and positive experience of her self and the world around her.

The arc of this session began with Client in a state of connection with self and Therapist. From reflecting upon a long-term habit of self-criticism that has become increasingly problematic for her, she dove into a deep experiential exploration of her past trauma. Through this exploration, she created new experiences of being accompanied - first by Therapist, then her younger self by her present self, and recognition of past experience of being accompanied by a good friend. Rather than being forced to live like a lonely “Iron man,” she now sees herself as well supported and connected both internally within her self and externally with others, and she vowed to “give bigger space” to her present self. She arrived again at another round of core state, with an even more pronounced sense of vitality. Her core self radiates with a sense of alignment, harmony, and coherence between past and present, body and mind. The texture of this experience is wonderful and deeply moving for Therapist to witness.

This phase of our therapy work came to an end soon after this session. One year later, we had a one-hour follow-up session, during which Therapist learned that Client's transformation had continued and expanded. No excessive grief or depressive symptoms had appeared. She was more at ease and satisfied in her work and family relationships than she had been prior to the therapy.

Concluding remarks

As I reflect on the smooth quality of the process when applying AEDP in my work with Wei, I appreciate the bonds we quickly established, based on a shared knowledge of certain cultural symbols and expectations from having grown up in China during similar eras - a lot of them not explicitly spoken. I was also acutely aware that the geographical part of China where Wei lived as a child follows cultural practices that was significantly different from my hometown in China. In addition, having lived most of my adulthood in North America, I have experiences of environmental expectations and my navigation of them as an adult inevitably is very different from Wei's. Guided by the AEDP framework, moment-to-moment tracking and staying close to her transference drive, we were able to dive into poignant moments in her life, and despite these cultural differences, made profound breakthroughs.

One thing notable about Wei's core state experience is that along with recognizing her own strength and resilience, she often quickly developed new perspectives towards the people around her and her relationships with them. She spontaneously stated, “the recent realization... of the arrival of this powerful part of me, that it's also my parents, who have given me so much. I am grateful for this part, genuinely grateful. Not with any kind of blame, negativity, or being oppressed... what I feel is a kind of joy, a kind of happiness... When I set free the part of pain and hurt, when I can set free myself, freely release, suddenly I can feel that there were so many beautiful things that came from my parents.”

This shift in how she relates to others, seems to naturally intertwine with her sense of self, and the progress of one leads to the other. I observed similar tendencies with other Chinese clients and experienced it not as a compromise to the traditional collectivism beliefs or defense reactions, but as genuine and congruent. I appreciate that in AEDP, the description of the core state phenomenon encompasses interpersonal healing, including interpersonal connection, empathy and compassion towards others, and gratitude towards the therapist. This broad understanding of healing phenomena naturally recognizes that an individual's well-being and development are inseparable from the health of their interpersonal relationships. It also conveys an optimistic message: the ripples of individual healing often extend to close interpersonal relationships and can even contribute to healing on a larger societal level.

References

- Fosha, D. (2000). *The transformational power of affect*. Basic Books.
- Fosha, D. (2015). *AEDP Immersion Course: Healing at the edge of transformational experience*. AEDP Institute and Shanghai Mental Health Center.
- Fosha, D. (2013). Fosha, D. (2013). A heaven in a wild flower: Self, dissociation, and treatment in the context of the neurological self. *Psychoanalytic Inquiry*, 33: 496-523.
- Fosha, (2020). *AEDP Immersion Course*. AEDP Institute.
- Fosha, D. (2021). How AEDP works. In D. Fosha (Ed.), *Undoing Aloneness and the Transformation of Suffering into Flourishing: AEDP 2.0*, (pp. 27-52). APA.
- Franco, F. (2020). *Intergenerational transmission of trauma*. National register continuing education.
- Frederick, R. J. (2021). Neuroplasticity in action: Rewiring internal working models of attachment. In D. Fosha (Ed.), *Undoing Aloneness and the Transformation of Suffering into Flourishing: AEDP 2.0*, (pp. 189-216). APA.
- Hanakawa, Y. (2021). What just happened? And what is happening now? The art and science of moment-to-moment tracking in AEDP. In D. Fosha (Ed.), *Undoing Aloneness and the Transformation of Suffering into Flourishing: AEDP 2.0*, (pp. 107-132). APA.
- Lamagna, J. (2021). Finding healing in the broken places: Intra-relational AEDP work with traumatic aloneness. In D. Fosha (Ed.), *Undoing Aloneness and the Transformation of Suffering into Flourishing: AEDP 2.0*, (pp. 293-320). APA.
- Lipton, B. (2023). *Cultivating therapeutic presence to heal relational trauma in AEDP, EFT, and transtheoretically*. AEDP Institute.
- Markert, F. (2014). *The Chinese Cultural Revolution: a traumatic experience and its intergenerational transmission*. Routledge, eBook.
- Prenn, N., & Halliday, K. (2020). See me feel me: An AEDP toolbox for creating therapeutic presence online. *Transformance*, 12. <https://aedpinstitute.org/transformance-volume-10-therapeutic-presence-halliday-prenn/>
- Schore, A. N. (2012). *The science of the art of psychotherapy*. W.W. Norton & Company.
- Yehuda R., Teicher M. H., Seckl J. R., Grossman R. A., Morris A., & Bierer L. M. (2007). Parental posttraumatic stress disorder as a vulnerability factor for low cortisol train in offspring of Holocaust survivors. *Arch Gen Psychiatry*, 64, 1040-1048. <https://doi.org/10.1001/archpsyc.64.9.1040>.

Yehuda R., Bell A., Bierer L. M., & Schmeidler J. (2008). Maternal, not paternal, PTSD is related to increased risk for PTSD in offspring of Holocaust survivors. *J Psychiatr Res*, 42, 1104-1111.
<https://doi.org/10.1016/j.jpsychires.2008.01.002>

Yeung, D. (2021). What went right? What happens in the brain during AEDP’s Metatherapeutic processing. In D. Fosha (Ed.), *Undoing Aloneness and the Transformation of Suffering into Flourishing: AEDP 2.0*, (pp. 349-376). APA.