

When Treatment Gets Stuck:

Addressing Therapeutic Impasses in AEDP Treatment

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April, 6, 2025



Resistance

Transformation

Developmental Functions of Defenses

McCullough, 1997



Hidden Agendas

“Highly repetitive patterns of behavior, largely unconscious, outside of consciousness, that avoid the experience of massive levels of anxiety, guilt, shame, or pain, and thus insuring preservation of sameness”

The lower on the pyramid the defensive function:

- The greater the pervasiveness of the problem
- The more challenging it becomes to form a therapeutic alliance
- The more difficult it is to catalyze the client's will to change

Developmental Functions of Defenses

McCullough, 1997



Avoiding Affect

Defenses deployed to avoid/block expression of a specific affect due to inhibition/poor developmental models

Addressing the avoidance of affect

- Co-creating safety thru actively attuned, responsive, collaborative accompaniment

- Maintaining a therapeutic stance that is welcoming, authentic & affect friendly

- Facilitating the clt's processing of core affective experience

- Leading or following when appropriate

- Repairing ruptures promptly



Developmental Functions of Defenses

McCullough, 1997



Avoiding closeness

Defenses deployed to avoid connection with self & therapist
Constitutes “a global hiding of what is going on inside”

Addressing the avoidance of closeness



- Engaging with the client w/ explicit attunement, support, acceptance, care, respect, appreciation, etc.
- Maintaining a therapeutic “secure base” that supports the authentic expression of feelings and needs
- Facilitating relational work aimed at building client’s receptive affective capacity
- Restructuring defenses against connection

Developmental Functions of Defenses

McCullough, 1997



False / Impaired Self

- (False Self) Defenses deployed to maintain a false persona that prevents exposure of hurt, perceived worthlessness, inadequacy and insecurity
- (Impaired Self) Defenses deployed to avoid emptiness / confusion linked to significant estrangement from “who they are”

Addressing Issues related to False self



- Cultivating positive feelings towards the self
- Developing a client's receptive affective capacity
- Helping to build a genuine self image
- Actively identifying and restructuring defenses

Addressing Issues related to Impaired self



- Helping a client feel / tolerate the felt sense of safety within and with the therapist.
- Assisting the client in learning how to self regulate
- Building the client's receptive capacity to self & other
- Developing positive feelings towards the self
- Addressing defensive responses that interfere with the therapy

Developmental Functions of Defenses

McCullough, 1997



Sabotage of Treatment

- Defenses deployed to maintain sameness and avoid conflicts about change & growth; Struggles w/ motivation, agency & autonomy;
- Secondary gains reinforce helplessness and dependency.

Addressing Sabotage of treatment

- Helping client recognize ways their sabotage is self-defeating to build the will to relinquish it.

- Exploring defenses to identify all primary & secondary gains linked to their problematic responses.

- Persistently inviting client to determine their will for themselves. “What would you like for yourself?”

- Encouraging client to relinquish defenses enough to have real healing experiences



Developmental Functions of Defenses

McCullough, 1997



Problems with Motivation & Self-Responsibility

Defenses deployed to defeat the therapeutic process;
Involves a lack of motivation to work in therapy with hope
focused on therapist providing a “magical cure”

Addressing lack of motivation & self-responsibility



- Directly & repeatedly noting w / empathy & curiosity, the personal costs of relying on this defensive strategy.
- Exploring the complex web of benefits that come from holding on to defenses

"What would you have to face or let go of if you were to embrace change?"

"What would your life be like if you didn't have the difficulties that brought you into therapy

Case Presentation