

The Significance of the First Session Experience for Koreans in AEDP

Transformation Through *Encounter* and *Recollection*

So-Yeon Kim & Danny Yeung

Abstract: This single case study offers a systematic analysis of a first AEDP session. It aims to contribute to the AEDP research literature by examining the experience and impact of the initial encounter. This topic holds particular significance in Korea where mental health needs are statically high and services remain severely limited, and when available are time-limited. AEDP emphasizes that healing can - and should - begin from the very first meeting between the client and the therapist by providing a corrective attachment experience and creating a space where the client's transformance can be manifested. A series of interviews with the participant-client (hereafter referred to as client), conducted at the conclusion of the counseling sessions were included as data for analysis. The data were analyzed using hermeneutic phenomenological research methods. Findings indicate that the first session experience of this client was highly impactful, establishing a solid client-therapist relationship that carried forward through-out the treatment. Analysis revealed two prevailing themes that contributed to transformation in the first session: *encounter* and *recollection*. These themes carried forward to the overall successful treatment. The encounter encompassed a meeting the wounded self and confrontation with the shadow. Recollection involved *re-unfolding* past memories (revisiting and reinterpreting them). Transformation was marked by the experience of a new body and emergence of the True Self. Throughout this process the therapeutic relationship was found to facilitate and reinforce the client's AEDP experiences. Overall, the results contribute to the research on the significance of the first session and devise a protocol for exploring the mechanisms underlying a successful first session.

So-Yeon Kim, Ph.D. is a Korean national. She is an AEDP Certified Therapist, and AEDP Supervisor-in-Training. She is director of the Yeon Psychological Counseling Center in Korea, and adjunct professor at World Cyber University. Please address correspondences to soykim68@hanmail.net.

Danny Yeung, MD, CCFP, MDPAC(C), FCFP is Chair of International Development and Senior Faculty of the AEDP Institute, is a trainer and supervisor of Accelerated Experiential Dynamic Psychotherapy (AEDP) for post-graduate mental health professionals in Hong Kong, China, South Korea, United States and Canada. Danny is the author of *The Instinct to Heal: Practicing Accelerated Experiential Dynamic Psychotherapy*, the first original AEDP book to be published in China.

I. Introduction: Context and rationale

According to the Quality of Life in Korea 2023 report, South Koreans reported an average life satisfaction score of 6.5 out of 10—0.74 points below the OECD average of 6.69—ranking 35th among the 38 OECD member nations. In line with this low level of life satisfaction, the prevalence of depressive symptoms among Koreans in 2023 reached 36.8%, the highest among all OECD countries, while the prevalence of anxiety-related symptoms stood at 29.5%, ranking fourth (Statistics Korea, 2023). Furthermore, in 2022, the number of deaths by suicide in South Korea was reported at 12,906, corresponding to a suicide rate of 25.2 per 100,000 population. This figure is more than double the OECD average, indicating that approximately 35.4 individuals die by suicide each day in Korea—equivalent to three lives lost every two hours.

With the deterioration of mental health among South Koreans becoming increasingly evident across various national indicators, the Ministry of Health and Welfare announced the Mental Health Policy Innovation Plan on December 5, 2023. This initiative aims to enhance national mental well-being by providing professional psychological counseling services to individuals experiencing emotional difficulties such as depression and anxiety, while also seeking to prevent progression to chronic psychiatric disorders, suicide, or self-harm. As part of its implementation strategy, the government intends to subsidize up to eight sessions of one-on-one professional counseling, with financial support adjusted based on income levels. However, South Korea currently lacks any form of public health insurance coverage for professional psychological counseling. Consequently, even if this policy is enacted, individuals seeking more than eight counseling sessions would be required to bear the full financial cost themselves. Moreover, access to this support is contingent upon individuals obtaining moderate or higher scores on mental health screenings conducted as part of the national health check-up program and being assessed by a mental health institution as requiring psychological counseling. In light of the current limitations in South Korea's psychological support system, it is imperative that the initial counseling session extend beyond a mere preparatory phase. It should instead provide clients with immediate, tangible support—something they can physically and emotionally sense as meaningful and helpful care.

There is broad consensus among therapists that the first session of counseling plays a critical role in establishing the foundation for the therapeutic relationship and for the unique time-space framework that characterizes the counseling process. Armstrong (2000) emphasized that the first session is pivotal in setting the overall tone for psychotherapy. Similarly, Tryon (2002) asserted that one of the therapist's primary tasks in the initial session is to engage the client's interest. Gladding (2009) underscored the importance of building rapport with the client during the first session, while Ivey and Ivey (2007) suggested that therapists should

participate in a way that demonstrates their understanding of the client by observing how the client thinks, feels, and behaves. In addition, they proposed that the therapist should actively listen to the client's narrative and help structure it in a way that clarifies and identifies the client's goals for therapy (Gladding, 2009; Rule, 1982). Cheon et al. (2014) further emphasized that, in the early stages of counseling, beyond the formation of the therapeutic relationship, the processes of case conceptualization and goal-setting based on understanding and assessment of the client should be essential components of the therapeutic work.

Given the urgent need to provide efficient, time-limited and effective mental health care for Koreans, the authors selected AEDP as an evidence-based model that has demonstrated its effectiveness in time-limited conditions.¹ AEDP is a cutting-edge integrative therapeutic model that synthesizes emotion theory, the phenomenology of transformation, attachment theory, neuroscience and neuroplasticity, and research in early mother-infant development. It is grounded in healing through experiential and transformation-oriented phenomenological work. In its early stages, AEDP places full emphasis not on structuring the therapeutic process—such as assessment, goal setting, or procedural planning—but rather on fostering the client–therapist relationship and facilitating therapeutic change (Fosha, 2000, 2021; Kranz, 2021). From the very first moment of contact, AEDP aims to provide a clear corrective emotional and attachment experience that activates what it terms *transformance*—a core AEDP concept referring to the innate motivational force within every human being that strives toward growth, healing, authenticity, and genuine connection (Fosha, 2000; Fosha, 2007; Yeung, 2025). To preserve the conceptual integrity of AEDP, the term *transformance* is retained as originally defined throughout this paper. AEDP seeks to create a safe and secure environment in which the client's inherent *transformance* can emerge, with the goal of promoting transformative experiential processes. The model assumes that all individuals possess an innate capacity for healing, growth, and flourishing, and that deep processing of emotional and relational experiences in the here-and-now therapeutic encounter can lead to transformation of the self. This process of transformation is believed to occur within the safety of the attachment-based relationship between client and therapist (Lipton, B.; Fosha, D. 2011). Fosha (2002, 2021) emphasized that every AEDP session—including the initial one—should aim to relieve the client's sense of aloneness, transform emotional suffering, and plant the seeds of flourishing by facilitating healing and transformative experiences.

AEDP has achieved significant theoretical and clinical development, and prior research has demonstrated its effectiveness in alleviating a range of psychological difficulties, including depression, experiential avoidance, psychological distress, emotional regulation difficulties,

¹ See *Transformance: The AEDP Journal*, Vol. 11 devoted to time-limited AEDP therapy.

and relational problems (Iwakabe et al., 2020). Furthermore, these positive outcomes have been shown to persist for six to twelve months following treatment (Iwakabe et al., 2022). Although AEDP research has yielded promising outcome findings, investigations into the mechanisms and processes underlying successful treatment of AEDP is, as of yet, limited. To date, qualitative analysis of the AEDP therapeutic process is scarce, with the only known study being a single-case phenomenological investigation into a client's subjective experience of initial AEDP sessions (Iwakabe, Edlin, & Thoma, 2021). Notably, in this study, the client interview was conducted two years after the therapy had taken place, raising concerns about potential memory distortion or the influence of extraneous variables unrelated to the AEDP experience itself. Although AEDP emphasizes that therapy begins from the very first moment of client–therapist contact, there is, to date, no other empirical research focused specifically on the first session of AEDP beyond the study conducted by Iwakabe, Edlin, and Thoma (2021).

In addition to demonstrating the effectiveness of AEDP in fostering connection and transformation in the first session, the present study is intended offer a focused examination of the processes and therapeutic phenomena that occurred within the initial session.

II. Research Method

1. First-session analysis

The authors applied a hermeneutic phenomenological analysis of an AEDP first-session conducted directly by the first author, So Yeon Kim. The second author, Danny Yeung, hereafter referred to as Researcher A, provided clinical and research supervision and guidance. The first-session analyzed in this study was reviewed and approved as appropriate and faithful to both the theory and spirit of AEDP by two additional faculty members of the AEDP Institute who also serve as supervisors.

Fosha (2021) emphasizes that AEDP is not only grounded in theory, techniques, and procedures, but also in a distinct therapeutic spirit encompassing values and ethics (Fosha, 2010)—elements that must be conveyed and received through the therapist's verbal and nonverbal presence and behavior. As the therapist, I endeavored to be fully present with the participant in the therapeutic here-and-now, not only as a clinician but as a fellow human being, focusing on discovering and supporting the emergence of the client's transference. My approach was guided by AEDP's "State Transformation Model," which delineates four phases of emotional experience (Fosha, 2009, 2021), and its representational frameworks—namely the Triangle of Experience, the Self–Other–Emotion Triangle, and the Comparative Relational Triangle—which inform intervention strategies and directions (Fosha, 2000, Pando-Mars, 2021).

The client's experience of the first AEDP session represents a unique, situated moment—an experience that cannot be reduced to numerical values or generalized conceptual categories. The “self” situated in that particular time and space is not a universal subject possessing a body identical to others and responding to stimuli in a uniformly physiological or psychological manner. Rather, the self is simultaneously biological and deeply personal, constituted by a socially constructed identity shaped through the accumulation of diverse and lived experiences. As Englander (2016) notes, the self is not only spatial and physical but also temporal and historical. Thus, human experience must be understood—and communicated—as something felt, perceived, and expressed through an embodied being situated within specific spatiotemporal and relational contexts. The goal of qualitative research is not to uncover immutable realities, but to explore and describe how reality is experienced and endowed with meaning within a particular context (Kim, 2007). This approach does not presuppose a strict dichotomy between subject and object, as in the positivist tradition, but instead seeks to uncover shared essences of objectivity through intersubjectivity (Yoo, 2013; Lee, 2008; Lee, 2014). Qualitative research does not rigidly adhere to a standardized set of “research techniques,” but rather adapts its methodology to the aims and content of the study. It involves epoch—a concept derived from the Greek meaning “to set aside”—which in phenomenological inquiry refers to the suspension of personal judgment or beliefs and bracketing of preconceptions (Kim, 2007). Through this process of epoch, the researcher strives to view phenomena as if for the first time, deconstructing assumptions and opening up to renewed connection with the world (van Manen, 2011).

Hermeneutic phenomenology, as a qualitative method, is concerned with examining lived experiences in their original form and exploring the essential structures that make those experiences what they are (van Manen, 1990). Rather than objectifying psychological phenomena such as cognition, emotion, motivation, or worldview and converting them into physical realities for generalization, hermeneutic phenomenology investigates how the uniquely situated and embodied human subject—both within the world and in reflective relation to it—experiences, interprets, and comes to understand the world in a given time and place (Yoo, 2013; Lee, 2008; Lee, 2014).

The initial session in AEDP is not only shaped by the client's past, present, and future expectations, but also by my own motivations, attitudes, and knowledge as the therapist—messages conveyed through my embodied presence—as well as the rich, co-constructed experiences shared in the client–therapist interaction. In light of this, Researcher A and I conducted this study using a hermeneutic phenomenological methodology to explore the participant's experience within the intersubjective context of AEDP's unique healing space and time.

This research offers a qualitative inquiry into a first-session case conducted in Korea with a Korean client by a certified AEDP therapist, grounded in both the theory and the spirit of AEDP. It is our hope that this study will contribute to a deeper understanding of AEDP and expand its applicability to Korean clients, thereby proposing a new and effective therapeutic approach within the Korean cultural and clinical context.

2. Researcher's reflection for epoché.

Researcher A is a Chinese national with Canadian citizenship and is currently a senior faculty member of the AEDP Institute. Researcher A actively practices AEDP in psychotherapy settings, providing training and supervision, and has fully internalized AEDP as a therapeutic model. Researcher A holds the belief that human beings are inherently whole, complete, and good, and assumes that individuals possess an innate drive for growth and flourishing, along with the resilience necessary for transformational healing. Researcher A's pre-understanding centers on the dual intersubjective interaction between transference and caregiving within the client–therapist relationship. To implement optimal interventions, Researcher A practices the Triangle of Experience, the Four-State Transformational Phenomenology, and the 22 core AEDP techniques. Based on these principles, Researcher A supervised me throughout the study.

I am the first Korean certified AEDP therapist. Currently, I serve as a visiting professor at a university while actively practicing psychotherapy. I hold a firm belief that the true expert on an individual's healing is the client themselves, possessing the wisdom and energy necessary for change. This belief leads to a fundamental trust in my clients, and as a therapist, I consciously strive to uncover the clients' latent strength and capabilities. This practice embodies the spirit of AEDP, and I view it as a more powerful therapeutic tool than any specific technique. Before beginning sessions, I mentally review the Triangle of Experience and the Four-State Transformational Process. Once the session begins, I make every effort to set aside the theories and techniques I have learned and focus entirely on the client. Nevertheless, as my AEDP training deepened, I noticed that the theories and techniques became embodied, naturally surfacing verbally and nonverbally during therapy. Although not every word and action can be described as purely AEDP, the spirit and methods of AEDP have become deeply integrated into my clinical practice.

The first-session AEDP case analyzed in this study similarly reflects my therapeutic beliefs and the embodied AEDP intervention styles developed through my training. I believe these elements significantly influenced the interaction between myself and the client. Even during the course of conducting this study, Researcher A and I frequently and unconsciously found ourselves perceiving and interpreting the data through the lens of AEDP theories and

techniques we had previously learned. Accordingly, before commencing the formal analysis, we engaged in a reflective examination of our pre-understandings to carry out *attitudinal change*, or *phenomenological reduction*. In order to understand the AEDP experience as it was, we bracketed the Four-State Transformational Process, the Triangle of Experience, and the 22 AEDP skills (Faerstein & Levenson, 2016) learned through training. We repeatedly revisited the data as if encountering it for the first time until consensus was reached between us on the themes that emerged through suspended judgment. Furthermore, we repeatedly revisited and reinterpreted the identified themes through various theoretical and philosophical frameworks to deepen and broaden our understanding of the collected data.

3. Research procedure

The data collected in this study were analyzed through a qualitative data analysis process that was iterative and cyclical, involving transcription and memo writing, coding, and the discovery of themes.

a. **Transcription and memo writing:** In this phase, all collected materials were transcribed and saved as files to be shared among the researchers. Each researcher also wrote reflective memos based on insights gained from their individually collected data, and these reflections were discussed collaboratively.

b. **Coding:** During the coding phase, we carefully read through the transcribed materials and conceptualized the content by assigning labels that best described the meaning and underlying themes of specific segments of text.

- **b-1. Segmenting:** We first identified and marked key words, phrases, and observed data that clearly reflected the significance of the collected materials.
- **b-2. Initial code generation:** Next, we evaluated the segmented data comprehensively and assigned names to the content, meanings, and themes—leading to the discovery of initial codes.

c. **Thematic development and in-depth coding:** We then compiled a list of core themes drawn from the text data, repeatedly reviewing and revising these in connection with the original materials to generate refined, in-depth codes. Meaningful codes were further summarized and grouped into broader, overarching themes.

The specific analytic procedures of this study are described as follows:

For this study, the first AEDP session with Sunhee, was conducted in September 2023. Additional interviews with Sunhee were conducted twice in July 2024, beginning two weeks after the termination of counseling, with a one-week interval between the two sessions. The

initial session with Sunhee lasted approximately one hour. To better understand her first-session experience, two in-depth interviews, each approximately one hour long, were conducted with her. These materials were collected as data for analysis. The session analyzed in this first-session study was previously reviewed in the supervision process for purposes of certification. In the supervision process, I received feedback that the session was conducted according to AEDP theory and techniques and was approved by two AEDP faculty members as appropriately and faithfully conducted according to AEDP theory and techniques, and it also reflects my therapeutic beliefs and values as an AEDP therapist.

During the interviews, Sunhee and I discussed in depth her experiences and emotions as a client during the first session, as well as the changes that followed from the first session. We also shared our respective experiences—mine as the therapist and Researcher A's as the supervisor. Researcher A and I watched the video together and shared our perspectives, and I conveyed Sunhee's reflections as the research participant.

In the course of subsequent therapy sessions, aspects of the Self that Sunhee discovered during the first session were repeatedly revisited and connected to new emerging themes. (Was this discovered through your analysis? Yes, this was clearly identified during the analysis process. However, as the therapist, I was already aware that it was recurring throughout the course of the therapy.). Accordingly, portions of the subsequent therapy sessions that directly referenced aspects of Sunhee's Self discovered in the first session, as well as her reflections on that initial therapeutic experience, were reviewed to deepen the understanding of her first-session experience. Upon completing the analysis and writing process, the final manuscript was shared with the participant for review and confirmation. The completed manuscript was shared with Sunhee, and we discussed her thoughts and feedback on it.

The data were analyzed through the following cyclical and iterative process. This study did not proceed through a strictly step-by-step analysis; rather, the process presented was repeated in a cyclical and iterative manner. Accordingly, the content has been slightly revised. The entire dialogue between Sunhee and me during the first session was transcribed and inserted as subtitles into a video recording, which was repeatedly reviewed. Since Researcher A does not speak Korean, all the counseling content was translated into English and subtitled so we could conduct the analysis.²

² All data were translated into English and shared with Researcher A throughout the research process. The writing of the manuscript was conducted by me, the Korean-speaking researcher.

In the first part of our analysis, we noted: a) facial expressions, gestures, posture, and moments of silence. In the second part of the analysis, we first focused particularly on b) both subtle and overt emotional shifts, the client's expressions, nonverbal communication styles, and the contextual background in which these occurred. c) We explored the meanings behind her emotional expressions, the nature of her transformative experiences i.e. State 3 and 4 affects and the d) factors that contributed to these experiences. And then we analyzed verbal content and identified the words most frequently mentioned by the participant during the session and grouped semantically similar words to derive subthemes.

In the third part of the analysis – client feedback: These subthemes were shared with the participant during interviews for feedback and were subsequently revised or expanded through discussions between the two researchers.

In the fourth part of the analysis: The finalized subthemes, agreed upon by both the participant and the researchers, were grouped into overarching themes, and we explored the contexts and meanings threading through these themes. Throughout this iterative process, we sought to deepen our understanding by repeatedly engaging in a restructuring process - unfolding and repositioning the emotional and cognitive moments of transformation experienced by Sunhee, the client and research participant, in relation to the themes that had emerged.

This process was a repetitive and cyclical one, involving gradual development and iterative revisions. For example, the client frequently used the words “I” and “self,” but it was observed that the meaning of these words shifted throughout the course of therapy. These changes were analyzed in conjunction with her nonverbal expressions, and the findings were shared and reviewed with her. Through this process, the meanings gradually became clearer.

III. Participant

1. Research participant

The participant, referred to by the pseudonym Sunhee to protect her personal information, is a woman in her late twenties who was employed at the time of the study. She sought counseling due to difficulties in interpersonal relationships stemming from anxiety, depression, and impulsive behaviors. Sunhee reported that during her childhood, her father was highly authoritarian and coercive, often engaging in domestic violence, particularly when intoxicated. Although her father provided material support without financial hardship, she stated that she received no emotional protection from him. Her mother, despite loving her, was entirely dependent on the father and was unable to protect Sunhee from domestic violence.

Sunhee expressed a fear of marrying a man like her father and reported that being alone was also frightening and unbearable. Approximately one month before seeking counseling, she had become engaged. Afterward, she engaged in impulsive behavior that deeply hurt her fiancé, leading to overwhelming guilt and a fear that she would repeat such mistakes and destroy her life, making it difficult for her to maintain daily functioning. During the counseling process, Sunhee was open and honest in sharing her thoughts and emotions with me, the therapist. I sensed not only her anxiety and pain but also her profound desire for change.

2. Ethical considerations

I obtained informed consent from Sunhee for video recording the AEDP session and for the use of her counseling content in this study. I provided a thorough verbal explanation regarding the recording and its use in research, formalized the agreement in writing, and obtained her final signature. I also informed her that she could withdraw her consent at any time during the research process. Throughout the counseling and interview processes, I regularly checked in with her to ensure she experienced no discomfort or difficulties. After the conclusion of the study, I reconfirmed with her whether there were any unresolved issues or discomfort related to her participation. Since the participant temporarily resided abroad after terminating counseling, I conducted a brief follow-up check through a Zoom meeting to confirm whether she experienced any discomfort related to the study. During this meeting, she reported no concerns regarding her participation.

To protect the participant's privacy, a pseudonym was used, and any content deemed personally sensitive was deliberately excluded from the analysis from the outset. Furthermore, materials not essential for understanding the participant's experience were explored during the research process but ultimately omitted from the writing. All materials and analysis results were shared with the participant for her review and confirmation. After the final interview, I expressed my gratitude by giving her a small token of appreciation.

III. Research results

Our analysis of the factors noted above led to our identification of three prevailing themes *encounter, recollection and transformation*.³

³ The three themes identified through the analysis each encompass complex meanings that include various subthemes, it would be best to understand them through the detailed descriptions provided below.

1. Encounter

a. Encounter with the wounded self: "Perhaps I wasn't emotionally protected"

At the beginning of the first session, Sunhee expressed sympathy for her mother, who endured her father's violence unprotected, and gratitude for staying with her children despite not divorcing. As the session progressed, she began to feel safe in the therapeutic relationship and started to connect with the emotions swirling within her. She then encountered the part of herself that was hurting from the wounds inflicted by her parents.

"When my father came home drunk, there would be domestic violence, my mother would suffer, and my brother and I would be stressed, to the point where our hands would shake at the thought. We all knew how much we hated those situations. Yet, my mother would still call my father and bring him home rather than let him sleep outside. I couldn't understand that. (omitted) I began to question, 'If he causes trouble at home, should we just leave it, even if we suffer and become impoverished?' So, I thought, 'Maybe I wasn't emotionally protected'." (C-31~48⁴.)

After recognizing and feeling the wounds caused by her beloved mother, Sunhee began to understand her brother's strange behavior. "My brother once stood in front of my mother with a kitchen knife. It wasn't very dangerous, but it happened ...I didn't know my brother could do that. I didn't understand why he did that to my mother. But the fact that such an incident happened..." (369~376) She recalled moments when she was so angry that she wanted to kill her father and judged herself for having such thoughts. "Having those thoughts and wondering, 'What if I actually do it?' made me worry. (omitted) Life was unbearable; I wasn't happy at all." (C-388~398)

C: *"Financially, and maybe not emotionally, but my father took good care of my brother and me, providing generously and always bringing us food and other things."*

T: *"Oh, how difficult it must have been... how confusing it must have been..."*

C: (with tears) *"It was so confusing..."* (C-249~272)

Sunhee was confused by her father's dual nature: the one who wounded her and the one who provided extensive financial support. She felt guilty for hating her father to the point of wanting to kill him, yet felt grateful for his support, making it impossible for her to love either her father or herself. "Seeing the duality in someone I love, I wonder if I've absorbed that, like a mirror. It makes me worry that I might hurt those I love in a similar way." (C-255~261) This confusion, guilt, and emotional dissonance formed a dark part of her inner self, creating the shadow of a monster. "Every night, I worried whether I could sleep... It was

⁴ In this study, the entire conversation from the first session with Sunhee was transcribed and numbered. These numbers refer to the dialogue exchanged between Sunhee, identified as "C" and the therapist (myself), identified as "T" during the counseling process.

such a difficult time.” (402, 403) She shed tears as she pitied herself for enduring such a challenging situation.

T: *"As a child, in so much pain, you endured by drinking water and imagining yourself drinking wine abroad, away from your father. How difficult it must have been... My throat tightens..."*

C: (tearing up) *"I am so grateful to myself."* (C-417~430)

AEDP emphasizes focusing on the client's healing potential and positive aspects from the very first encounter (Fosha, 2021). Here, positivity does not mean a state without pain but refers to the subjective qualitative experience of feeling it is right to mourn the pain and loss, even if it is painful. Such feelings are only possible in a safe space of “togetherness.” As a therapist, I listened to Sunhee’s story, witnessed, and felt her wounds and pain, fully staying in that moment and space. After meeting her wounded self with me, her therapist, she began to accept and understand herself as she is.

b. Encounter with the shadow: "How can someone be so cold-blooded?"

C: “After that incident, I started to reflect on myself and became afraid that I might unintentionally make mistakes that would ruin my life.” (C-183~187)

Sunhee expressed fear about the significant hurt she had caused her fiancé. She defined her actions as impulsiveness and was terrified of discovering a monster within herself. Her world was filled with fear and anxiety, and she couldn’t properly feel any emotions beyond these. “By making such personal, sudden actions, I felt like I couldn’t protect my boyfriend’s mental state. I thought, ‘Am I just giving back what I experienced from my mother?’ Suddenly, I saw myself differently... ‘How can someone be so cold-blooded?’ This made me a bit anxious, discovering a part of myself I didn’t know.” (55~61) Sunhee began to vividly recognize the shadow—parts of herself she had rejected and repressed—making her feel even more anxious and fearful. According to Jung, the point where one feels they cannot move forward anymore, the moment that seems to have no solution, is precisely when the Self emerges, inviting one from a place larger than the present self (Johnson, 1991). At such a moment, Sunhee sought me out, and our first session began from that point.

C: *What I'm really afraid of is not being able to resolve this trauma, and I'm so scared that I'll keep making mistakes... But I'm so worried about losing that chance. (omitted) So, I want to get counseling, learn about myself, and I hope my boyfriend feels more at ease.*

T: *Listening to you, I feel like you can definitely do it. The fact that you regret your mistakes and try so hard not to repeat them makes me feel that you have the strength to do it. I think you are definitely capable of it.*

C: *So I trust you... and I want to try.* (C-210-237)

Sunhee told me, her therapist, that she wanted to understand who she is and why she repeatedly acts impulsively. Despite her continuing fear, she decided to trust me and look inside herself. “Now, my dad had affairs and cheated, but he was also very affectionate and yet extremely violent. Seeing those contradictory behaviors... I also had so many fantasies about how I could kill my father... I used to think about that a lot.” (328-380) She expressed her hidden anger and aggression towards her father, fearing that she might have learned and internalized his dual nature.

Approaching one's shadow means exposing one's vulnerabilities, which can feel very threatening to the individual. Nevertheless, only by exposing and engaging with it can we properly address it. Sunhee, trusting me, her therapist, decided to gather the courage to face her shadow both with others and herself, deciding to confront what she previously couldn't even look at. As a therapist, I warmly welcomed and encouraged her choice, and this attitude provided a safe space for her to face her shadow with trust and hope. Confronting her shadow was not a fragile, dangerous state but an active, open moment of “safely” becoming vulnerable (Russell, 2015).

2. Recollection: *Unfolding and refolding differently*

a. Transition to That Time and That Space⁵: “I really felt like I lived each day as hard as if my life depended on it.”⁶

T: *How could that little child understand, organize, and endure those situations? How hard must it have been?*

C: (crying) *What you said is so accurate.*

T: *Despite that, you endured. Despite that, you became such a wonderful adult. You're alive and well. That's incredible. It's heartbreaking..*

C: *When I was young, I liked the word “fierceness.” I thought, I need to be better than my father with fierceness, I can do anything with fierceness... So, I really lived each day as hard as if my life depended on it. (C-446-461)*

Sunhee began to delve into her past, entering that time and space, and started to unfold her

⁵ That-Time and That-Space refer to the qualitative dimensions of the past. The ‘That-Time’ does not mean the measurable, objectively applicable physical time (Chronos), but rather *Kairos*, the subjective time one experiences, which conveys the qualitative significance of a given moment. The ‘That-Space’ does not indicate the objective, physical dimension of space defined by coordinates, distance, and size, but rather the perceptual (phenomenological) dimension of space that is experienced and interpreted by human beings.

⁶ The client meant "I think I was just really living each day with everything I had, like I was trying to survive."

past experiences. This *reflection* within the safe counseling space is not merely a reenactment of the past but a creative event, generating a difference from the previous past experiences. In this realm, the distinction between the external and internal, the past and the present loses its meaning (Marcel, 1971). Reflection is an event of unfolding through quiet contemplation and focus, enabling refolding differently, and thus, it is an act of recovering a unified self, a time of existential recovery. Marcel warned that without re-establishing contact with the world and environment that support us through reflection, we can lose ourselves, trapped within the data and problems of experience. In Sunhee's memory, a monstrous self existed, shattered by her father's violent words and actions and her mother's helplessly dependent attitude. This terrifying and fearful self wields immense power over her in the here-and-now reality. Together with her therapist, she re-opened the dreadful past where she absorbed her father's duality and her mother's negligence like a mirror, and through reflection, she re-framed it as the history of her struggle to endure and survive the past events and experiences.

"I had to get out of there. I think I tried really hard." (415, 416) Through the process of reflection, she began to unfold the meanings of past events and experiences, see them anew, feel them anew, and deconstruct them to ascribe new meanings, thus integrating and recovering her self. "I feel so grateful to myself." (C-430) The process of reflection in the first session of AEDP was an event of emergence happening between the events of existence, a transformation from one existence to another - from a "monster" to a "grateful being" who relentlessly tried to survive. "I feel sad and sorry for myself... (omitted) having no choice but to endure that harsh situation in that environment without any option, it's so pitiful and..." (C-697-704). At the end of the unfolding of the fixed past memory through reflection, her self was no longer a terrifying monster but a wounded, struggling, and thus very pitiful little child. And it is precisely at that place where she stops running away and begins to practice self-care in a mystical space.

b. Transition to the in-between Space⁷: "Maybe it happened because I believed in it"

T: There might be much greater strength and potential within you than you realize. Otherwise, wouldn't it be difficult to endure these things like you have? How do you feel hearing what I said?

C: It kind of reminds me of something my mom used to say. She always told me that I had a very large capacity, or that I had a really big knife, but I was still clumsy and didn't know how to use it. She said that if I could use it well one day, I would grow tremendously. Sometimes those words became my self-esteem, and I think, "Maybe it happened because I

⁷ *In-Between Space* is a concept derived from Deleuze's idea of the fold, which explains how being is continuously generated and transformed. It refers to the space in which the subject is constantly folding and unfolding. (Deleuze, 1993/1988)

believed in it." (490-504)

Sunhee began to recall new memories about herself. She was no longer trapped in the time-space when she started her first session. In the AEDP process, she contacted her wounded self and her dark shadow, reexamining past events and experiences through recollection and unfolding and deconstructing them, leading to transformation within the mysterious *in-between space* where they are restructured differently. Russell (2015) conceptualized the in-between space as the area where the self-in-transition, moving from the self-at-worst to the self-at-best, emerges. She emphasized the role of the therapist as a transformative other who trusts the client's transformation process and focuses on resilience and resources. By focusing on the inner strength, potential, and resilience of the study participant, I stayed with her in the in-between space, expressing directly about the resources she already possessed but had yet to discover and use.

Sunhee, with my active participation, brought her hands together near her chest like a ball in the space between, recalling new memories in an affirmative manner. From a neurological perspective, there are baro-receptors in the heart and upper small intestine that send signals directly to the brain's insula. The insula is responsible for interoception, self-awareness, emotional awareness and empathy, and intuition. Sunhee's actions are a way of gathering fragmented sensations and emotions centered on the self, serving as the body's direct expression of self-awareness through recollection. After experiencing recollection, she shared her new experiences and feelings in the space between. "I've always been told that I'm very comfortable to be around, easy to talk to, and such by my friends and others around me." (C-618, 619) In the in-between space, she began to perceive and feel herself not as a monster or cold-hearted person who hurt others, but as a comforting presence. In this space, she deconstructed the previous distorted framework about the world and herself and started to see things in a new way. The reorganization event of memories and recollections from unfolding to refolding differently acted as a catalyst for new experiences by manifesting the inherent transference within her.

3. Transformation

Through the analysis process, we identified the nature and context of Sunhee's transformational experience—a shift in bodily sensation through the *True Self*—as well as the key moments of change that emerged within it.

a. Experience of a new body: "Honestly, I felt like I was a different person when I walked out of this door than when I walked in today."

According to Merleau-Ponty (Jo Kwang-jae, 2009), feeling (*le sentir*) exerts a meaningful

action on our weight-bearing body and has existential significance. The mental experience of feeling is not a separate given but a complex impression that permeates through our senses within the overall situation, carrying directive and existential meaning regarding our body. Therefore, our body functions as the origin of emotion and perception. Merleau-Ponty posits that humans are not merely psychological phenomena attached to an organism but beings who understand themselves through their bodies, communicate with others, and transform the world, thereby experiencing the world anew through their bodies—essentially, the body is existence. “When I first came into the counseling room, I was scared of myself... like I was a cold-hearted person.” (C-111, 112) Sunhee, upon entering the counseling room for the first time, evaluated herself as a cold-hearted person and was afraid of the possibility of a monster within her. Her body was tense, and she complained of chest palpitations due to anxiety. Through experiencing a unique relationship with me as her therapist and choosing to trust me and embark on the counseling process together, she contacted a part of her wounded inner self and shadow. Through honest reflection, she re-examined and restructured past events and experiences, leading to them being perceived and felt differently. Moreover, these new experiences began to become embodied, infusing her body with new memories and feelings.

“I feel refreshed, like my mind is clearing up all at once, and I feel this part (pointing to her chest) opening up. (Omitted) I feel my self-esteem rising, like something is firmly supporting me. It’s like... meditating in a vast field or on a mountain, feeling a cool breeze. In a wide field... with no problems, just the right version of me.” (C-525-545)

According to Merleau-Ponty (Jo Kwang-jae, 2009), humans are situated in space while oriented towards it and in time while oriented towards it. Our bodies do not exist independently, separated from time and space, but adapt to and embrace these dimensions as beings of the world. Our bodies exist entangled with time and space, allowing us to feel and internalize these dimensions moment by moment in a particular qualitative space-time, thereby expanding the scope of our lives. Through the experiences of *meeting and recollection* in the counseling process, Sunhee expanded her horizon regarding the world she inhabits and herself, seeing and feeling things anew. These experiences changed and expanded her framework of perception, thereby transforming and adapting her body to a new world.

“Honestly, I felt like I was a different person when I walked out of this door than when I walked in today.” (763) Sunhee’s body after experiencing her first AEDP session was no longer the same as before. The event of AEDP opened a new world for her through the transformation into a new body, enabling a different mode of existence and opening the path to a new self who can feel and experience differently through this transformed body. Klossowski (1997/1969) described the body as a field moved by forces and changing stimuli, and Deleuze regarded the perceiving body as a reality that situates the subject within the world dependent on new conditions, comparing it to an image distinct from what has yet to come (Hughes, 2009). Sunhee’s experiences in the AEDP process formed new conditions with new stimuli of new intensity, and in this special space-time, her body generated

differences and repeated movements toward self-transformation. Eventually, she began to experience her body differently.

According to neuroscience and emotion theory, emotions, as well as sensations, are rooted in the body (Craig, 2002, 2010, 2015; Damasio, 2003, 2018). AEDP emphasizes the therapist's role in witnessing and accepting parts of the client that are unseen, ignored, or forbidden, allowing the client to feel this moment by moment through tracking physical sensations and being sensitive to bodily expressions. This experience enables the client to feel the counseling space as safe and access core emotions essential for transformation (AEDP 2.0, 2021).

"Where do you feel it? Can you feel it in your body?" (T-506, 507), "How is that energy moving in your chest?" (T-524), "Let's feel it a bit more." (T-534) As a therapist, I created a space for her to focus on her body's sensations and feelings, welcoming her transformative bodily sensations and staying with her. "Like when you take a shower and the old grime comes off, it feels like I'm just shedding it away, and the essence remains... that's what it feels like." Through this, Sunhee was able to approach the core of her Self, which was covered with anxiety and fear due to her wounds, and as a result, she contacted her essential True Self through bodily transformation.

b. Experience of the True Self: "It's like the image of Mother Earth."

C: It's like the image of Mother Earth. Not like my own mother, but like everyone's mother... warm, comforting, and it brings a sense of peace.

T: Meeting your inner essence, your True Self... within you, there's a compassionate, warm, and peaceful presence, like a mother who embraces the whole world. Wow... it's amazing.
(Omitted)

C: (Omitted) There were times when I felt really anxious. I was abroad with my boyfriend, and whenever I felt anxious, I would always tell myself, "It's okay." (crying) I used to think it was because I remembered my mom always telling me that, but it turns out it was me, my True Self. (606-648)

Sunhee couldn't even dare to look inside herself for fear of finding a monster. She believed this monster was harming not only her but also the loved ones around her. However, during her first AEDP session, she confronted the image of Mother Earth that had always existed within her. She expressed gratitude to herself, saying, "Thank you so much for always being there." (C-673) "I feel calm, like the tension that had been tightening is loosening." (C-690) "It's sad and pitiful... having no choice but to endure difficult situations in such an environment." (C-697-704) The experience of the True Self facilitates the transformation of her body, changing her feelings and emotions about herself, broadening the scope of self-understanding and acceptance, thus creating a spiral transformation of the narrative about her body and self.

“I had never clearly thought of or imagined such a mother figure, so I was always anxious... Experiencing my True Self for the first time was anxiety-inducing, but now, it feels like it’s becoming clearer and more defined, making me feel less anxious and more confident that I will handle things better when they arise.” (C-715-723) Upon discovering and visualizing the image of Mother Earth within, she began to create a new narrative about herself. “Even the wounded self... there were times when I felt overwhelmed by my own wounds. But knowing there is a greater presence that can cover that, it brings a great sense of relief.” (C-725-729) After confirming the presence of Mother Earth within, her world was no longer as threatening as before, and she was no longer a weak, defenseless being trembling in constant anxiety. She transformed into a presence capable of containing everything, and her world turned into a place where she could thrive.

“Honestly, when I didn’t realize I had such a mother figure within me, when it wasn’t clear, I felt like I was floundering in a dense fog, completely clueless. But now that I have this benchmark, I feel like I can step forward confidently.” (C-763-767)

Humans are beings in the world, constantly interacting with and adapting to it through their body (Jo Kwang-jae, 2009). The first AEDP session triggered a transformation in Sunhee’s body, and the body that started to transform required changes in her narrative about herself, the world, and the future. After meeting and being comforted by the wounded self through the image of Mother Earth during the first AEDP session, her narrative transformed, enabling her to step confidently into the world. “It feels warm, comforting, and brings peace to my heart.” (C-611, 612) “It feels like a treasure, so precious and valuable.” (C-786, 787) Yeung (AEDP 2.0, 2021) stated that in the core state of the integrated self, individuals can transform their autobiographical narrative to perceive previously weak experiences as purposeful and meaningful treasures. The experience of the True Self during the first AEDP session led to a transformation of the narrative, opening a new horizon for living differently, seeing differently, feeling differently, and acting differently. The transformation of the body and narrative mutually facilitated each other’s processes, generating difference.

IV. Discussion

Sunhee entered the counseling room with an anxious expression and a tense body. She began to describe herself as a cold-hearted person, expressing fear that there might be a monster inside her. I could sense her pain and suffering from her expression, and from her words and body, I could see traces of her desperate desire to change. Our first meeting started this way, and despite her fear, Sunhee courageously began to share her story with me honestly. This study explores the experience of the first AEDP session between Sunhee and me. AEDP posits that every human is born with the seed of healing, called transference, and emphasizes that from the first session, the therapist should focus on the client’s healing

potential and actively help create a safe space to allow this potential to manifest (Fosha, 2021). The first session case analyzed in this study was conducted based on these AEDP theories.

Sunhee's first AEDP session involved experiences of meeting and reflecting, leading to transformation. Meeting included themes of *meeting the wounded self* and *meeting the shadow*, while reflecting involved re-examining past memories through recall and restructuring them, encapsulating the themes of transition to that time-space and transition to the in-between space. Transformation encompassed the experiences of new body experience and experience of the True Self. Throughout this process, the relationship between the participant and me, as the therapist, played a key role in creating a special space where she could feel safe and explore herself and the world she inhabits. This relationship also functioned as a crucial framework that connected and strengthened the participant's positive experiences. Sunhee sought me out as her therapist and, through the process of building a relationship with me, accepted me as her true other. The true other is a relational target of the True Self, someone who is present, sees together, feels together, understands the experiences as they are, empathizes, and acknowledges the client within their inner world (Fosha, 2000). "Of course, holding onto your guidance, I took one step at a time..." (C-784, 785) Through her courageous decision, I became her true other. "And discovering something like a treasure, that treasure is so precious and valuable." (C-786, 788) As her true other, I could stay in her world with her, resonate with her, witness her process of finding hidden treasures within herself, and support and welcome her journey.

This study's first AEDP session case was conducted based on the spirit and theory of AEDP. AEDP assumes that healing begins from the first session where the therapist provides a safe environment and uses the phenomenological map of "the four states of transformation" to offer good new experiences to the client (AEDP 2.0, 2021). AEDP believes humans are born with transference, the motivation for self-healing and thriving, and aims to identify, facilitate, and enhance it through emotional and experiential work. As an AEDP therapist, I also conducted the first session with the participant based on AEDP theoretical premises. Comparing the results of this study with the phenomenological map of "the four states of transformation" and "the triangle of experience" representation system, overlapping areas were identified.

Sunhee came to the counseling room with anxiety and a tense body. She told me she feared being a cold-hearted person with a monster inside her that could hurt others and destroy her life (State 1). Focusing on her transference, I stayed with her, and she chose to stop fleeing from her fear, experiencing the relationship with me. Courageously, she stayed with and explored the emotions felt in her body and her inner world, discovering not a monster but the presence of Mother Earth. This new self-contact experience restored her self-esteem, leading to an internal state where she could acknowledge herself as she was, grieve, and express gratitude for her efforts in life (State 2, State 3). Through the experiences of the body and the True Self, her narrative about herself and the world began to transform, allowing her to step

confidently into her life horizon. In terms of “the triangle of experience” representation system, Sunhee suffered from anxiety about her inner monster and the fear that her life would become devastated due to her insatiable need for recognition, attention, and love from others. (Anxiety) She tried to lower her anxiety and protect herself by blaming her emotions and desires or acting impulsively, and she recognized these behavioral patterns during the AEDP process. (Defense) Through the safe relationship with me as her therapist, she decided to face her fears, confronting the loneliness and insecurity that arose. Beneath this fear, she discovered the presence of “Mother Earth,” who embraced and cared for herself and others, experiencing safety and peace. (Core emotion experience)

Iwakabe, Edlin, and Thoma’s (2021) analysis of initial AEDP sessions identified themes characterizing first-session experiences, including special empathy, explicit affirmation, and the establishment of deep relational connection. In addition, their study delineated themes related to processes of emotional change. Consistent with these findings, the present study identified the themes of *meeting* and *reflecting*, which were interwoven with the therapeutic relationship. Furthermore, the transformation of both bodily experience and personal narrative was observed to emerge through corrective emotional experiences facilitated by direct engagement with core affect and connection to the True Self, findings that partially converge with those of prior research.

Before I called his name, he was merely a gesture.

When I called his name, he came to me and became a flower.

Like the way I called his name, someone who fits my colors and fragrance should call my name.

I want to go to him and become his flower.

I want to be an unforgettable glance to him, as he is to me.

The above poem is titled “Flower” by Kim Chun-soo. “Actually, I think that existence was always there... There’s that poem, right? A flower doesn’t bloom until it’s called by its name... Like in that poem, once a flower is named, it becomes clearly visible... I feel like that.” (C-897-815) At the end of her first AEDP session, Sunhee recalled this poem. As her therapist, I was experienced by her as the true-other who witnessed her efforts and recognized her true-self as it was, allowing her to bloom as her True Self.

Conclusion

As mentioned in the Introduction, mental health in Korea is currently deteriorating. Nevertheless, there is no insurance coverage for psychotherapy, and government-supported counseling services are uniformly limited to eight sessions, regardless of the individual

client's psychological needs. Therefore, it is essential that even the first session go beyond mere structuring and intake and instead provide meaningful and practical support to the client. In this study, we employed AEDP as an evidence-based therapeutic approach demonstrated to be effective for addressing short-term treatment needs, and therefore an ideal modality suited to the needs of the mental health service needs in Korea.

In addition to adding to the expanding research literature on AEDP for short-term treatment, this study explored the experience and meaning of the first session of AEDP. Despite being only an initial session, the phenomenological process of transformation—central to AEDP's goals—was found to occur through experiences of “meeting” and “recollection. At the heart of this transformation was the relational bond formed between the research participant and myself, as the therapist. The study also identified key moments that catalyzed transformation, deepening our understanding of the significance of the first-session experience in AEDP. These findings highlight the importance of initiating healing from the very first session and illustrate the essential attitudes that AEDP therapists should embody. According to Merleau-Ponty (Cho, 2009), adaptation within the world is an existential capacity—the ability to appropriately situate oneself within the world—and is grounded in the healthy adaptation of the body. Psychotherapy, then, aims for a bodily communication and resonance between client and therapist, wherein the differences in the client's embodied experience give rise to therapeutic change. Therapy is a process in which the past, present, and anticipated future of both therapist and client meet and are shared; it is an existential phenomenon dynamically co-created through the embodied interaction and relationship between therapist and client in every moment.

Since this study examined the process of a single client's first AEDP session, its findings cannot be generalized to all first sessions. Nonetheless, by illuminating the experiences and meanings inherent in this initial session, the study offers support for the theoretical claim within AEDP that “healing begins from the very first encounter between client and therapist: healing from the get-go (Fosha, 2021),” and may make a modest contribution to the further articulation of this perspective.

Future considerations:

In this study, the research participant (Sunhee) experienced emotional and bodily shifts in the first session through contact with the True Self, which led to a transformation in her autobiographical narrative. This shift indicates a change in identity, reflecting a transformation in the meaning of existence and in how she experienced herself in life. The fact that such transformation occurred in the very first session suggests the potential of short-term therapy can be expanded.

At the center of this transformation was the presence of both the client and the therapist—an authentic encounter through which the participant experienced her True Self. This finding implies that even in the first session, the therapist should focus on establishing secure attachment and discovering transference, both of which are key principles emphasized in AEDP. Although the specific nature of the first-session experience may vary depending on the client's personal history, context, and characteristics, the findings of this study demonstrate that healing can indeed begin from the very first session, highlighting the importance of forming a safe and attuned therapeutic relationship early on.

As this is a qualitative study examining the process of a single client's first therapy session, its findings cannot be generalized. Therefore, future research should aim to gather more single case study data to determine whether the themes identified in this study consistently appear in other first-session experiences. Additionally, longitudinal studies investigating whether early transformational experiences can predict treatment outcomes, as well as research into specific therapeutic interventions that facilitate healing in the first session, could help provide more effective support for clients.

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