

## **Transformation of Transgenerational Trauma**

### **A Cross-Cultural Case Study**

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**Abstract:** This article centers on three main points illustrated through a case study of my work with a Chinese client impacted by transgenerational trauma. The first concerns treatment considerations specific to transgenerational trauma and highlights how AEDP is particularly well-suited to addressing them. The second point illustrates how AEDP naturally assists work in cross-cultural contexts through its focus on phenomenology and its recognition of universal human strivings for safety, attachment and growth - each with their matching non-verbal, emotional and 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 third point concerns core state. I propose that core state is a place for the therapist to remain active and harness its momentum to foster further transformation. The case of Wei illustrates that a session may begin in core state, shaping the work and accelerating readiness for another round of deep trauma processing. Secondly, the vitalized core self in core state - with its activated reflective self-function - is essential for the developmental task of differentiation, a process central to healing transgenerational trauma.

## **Introduction**

### **Transgenerational trauma**

The impacts of transgenerational trauma have been commonly recognized and researched in recent years (for a review, see El-Khalil, Tudor, Nedelcea, 2025). The offspring of trauma victims often exhibit characteristic symptoms of childhood trauma - distinct from those of adulthood trauma (Scott & Copping, 2008) – which are frequently chronic and embedded in one's early internal working models of self and other, such as, "I am bad/undeserving," or, "others are unavailable/unreliable/dangerous." Indeed, when children observe their caregivers' hyper-vigilance, they may also approach the outside world with anxiety and fears. When they experience their parents' dysregulation or dissociation, they may quickly grasp that their parents

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are not available to comfort them and support their emotional and developmental needs. Chronic deprivation of care, sometimes compounded by abuse, are direct sources of childhood trauma. Moreover, under the impact of unresolved trauma, a parents' ability to deal with emotional events - both past and present - is often compromised, making it difficult for these children to develop secure attachment to them (Fosha, 2000). Furthermore, lacking regulatory assistance or modeling, these children often defensively exclude access to their own emotions,

Many treatment models have been used to address childhood trauma for children as well as for adults who continue to be impacted by their early trauma, including trauma-focused cognitive-behavioral therapy and attachment based parent-child therapy (for reviews, see Cohen, Berliner, Mannarino, 2000; Cohen, Mannarino, Murray & Igelman, 2006). These approaches often highlight treatment goals such as changing the negative self-assessment, repairing attachment relationships, and improving stress management and emotion regulation. This article presents the treatment for an adult client and argues that AEDP, as an attachment-based, emotion-focused approach, that updates the client's Working Model of Self and Others (Frederick, 2021) , is a naturally well-suited model for addressing transgenerational trauma.

## Introducing Wei

My client Wei (a pseudonym) grew up with parents who imposed extremely high expectations, often were extremely critical of Wei's performance, and provided little affirmation nor emotional support. Often the parents were highly stressed about their own life and alternated between distance and intense fighting in their marriage. Wei worked extra hard in school to please her parents, showed outstanding talents in extra-curriculum areas, and tried to help with the household and comfort her mother emotionally. Nonetheless, her father criticized her for not being good enough according to the standards of being Red and skilled.<sup>1</sup> He forbade her to continue to pursue her extracurricular interests despite her evident talents, and "never smiled" to her (her words). Her mother was preoccupied by her own worries and often gave Wei tasks that were beyond her age, physically and emotionally. As an adult, Wei continued to feel that she wasn't "good enough," even though she constantly pushed herself to achieve - sometimes at the price of her own health and emotional needs. She shouldered responsibilities for the people around her, while at the same time feeling lonely and emotionally distant from others. She seldomly disclosed her own needs to others, including her spouse and children.

It is reasonable to make connections between Wei's mental health issues with her parents' emotional neglect and abuse towards her. Yet Wei saw her parents' love towards her, and their

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<sup>1</sup> "A specific term in communist China describes the expectation for young people, "red" means "loyal to communism."

good intentions, despite the negative outcomes. On one hand, Wei was probably motivated by the Chinese traditional family value of filial piety to see the best in her parents, on the other hand she was open about their negative impacts on her. Therefore, I see Wei's non-blaming perception of her parents not as defense against her emotional truth, rather, as her intuitively understanding her parents' parenting limitations and personal struggles as associated with their own trauma.

My understanding of her parents trauma stress was based on Wei's description of her parents' loss of family support and dislocation, their marital discord, and that both parents seemed to live under constant stress from work and their social environment. In addition, I also consider my knowledge about the eras that her parents lived through, and the community trauma of that time.

Let us take a moment to visit the social and political context of Wei's parents' life in China. They were born late 1930's and early 1940's, during which time China went through World War II and the civil war between the Kuomintang Nationalist Party and the Chinese Communist Party, during which millions of people died or were dislocated, and suffered wide-spread damage. Immediately after the wars, China underwent three decades of drastic societal and economic changes. These included several large-scale political campaigns, such as the Land Reform Movement (1949-1952), the Great Leap Forward (1958-1960), and the Cultural Revolution (1966-1976). The assessment of the nature and impact of those social movements and campaigns from 1950-1970 are still controversial in China, and negative views can be taboo in the public domains if perceived as criticism to the political party currently in power. Meanwhile, numerous historical accounts, biographies, and works of literature (e.g, Halliday and Chang, 2005, Yao, 1988, Feng, 2008), acknowledge that this was a time when millions of people lived in constant fear and uncertainty, the social order was turned upside down, and traditional values associated with Confucianism and Buddhism were discarded. Moreover, what was traditionally valued as conditions for safety such owning property and knowledge could be a dangerous political disadvantage and lead to disastrous personal outcomes. What was more challenging was that such a fate could come in a way that felt arbitrary and unpredictable. My mom once told me a story about someone she knew who had practiced calligraphy on a piece of newspaper because he couldn't afford proper paper. Unfortunately, the other side of the newspaper featured a picture of Chairman Mao, and somehow his writing was interpreted as slogans against Mao. As a result, he was reported and imprisoned.

This was representative of a common narrative and I later found many versions of a similar story in literature and conversations with people about life in the 60's and 70's (for a detailed description of the turbulence and the psychological impacts of the political campaigns, see Markert, 2014), and in a way suggest the level of political scrutiny people lived under on an everyday basis. Part of the impacts, were that one can no longer trust their neighbor, their own

spouse or children because they could all report the "disloyal behaviors" to the authority in order protect their own political safety.

### **Treatment considerations for transgenerational trauma**

Part of the challenge of working with trans-generational trauma, in general, is that many of the details are often lost. Sometimes the victims themselves are no longer alive, and even when they are, their stories may be buried to avoid overwhelming pain, or, as in the case of China, suppressed due to the lack of safe public space (note that the presence of the public discussion in China on this subject had fluctuated in the last few decades with the government changes and the permission was often implicitly communicated, which also contributed to the general sense of caution around this subject). It is therefore important for the therapist to be extra sensitive to the signs of transgenerational trauma, however fragmented, including bodily and non-verbal memories. It is also important be able to fill in the gaps with personal knowledge, and hypothesis to test through intentional inquiries. One example is that years ago I met a young college freshman, who experienced her first panic attack but could not understand why. Not until after a few sessions she casually recalled that her grandparents had been Holocaust survivor were we able to make connection between her panic attacks, her mother's chronic anxiety, and her grandparents' PTSD. Indeed, research has found that offspring of Holocaust survivors have lower level of cortisol than a control group (Yehuda et al, 2008), which made them more vulnerable to PTSD symptoms (Yehuda et al, 2007), whether or not they are conscious of the family trauma history.

In Wei's case, my understanding of trans-generational trauma helped me build an alliance with her around not blaming her parents, rather seeing them as victims of their own trauma. I also saw that they had consciously and subconsciously done their best to protect their children in a highly aversive environment, even though such protections were sometimes excessively restricting and, in the context of the safer present-day environment, even damaging,

We didn't seek to define the nature of Wei's parents' trauma, or the specific societal factors, especially the political aspects of it. I was cautious to avoid approaching a politically taboo subject and risking our alliance. She might have felt the same way. Nonetheless, my informed empathic understanding of her parents' trauma provided me with context when we spoke about Wei's own trauma, along with the fact that her trauma story was long neglected, first by her parents, and then by herself. When we made space for her to tell her parents' story, my focus was always on eventually inviting her to speak about her own experience of those events.

Gradually she uncovered and separated her own perspective and feelings from those that she had internalized from her parents. She gave voice to her own emotional truth that had once been put

aside to attend to her parents' wounds. Of course, to access one's one's genuine feelings and hence reconnect with one's core self previously hidden under mechanisms of trauma, is an essential part of AEDP work (Fosha, 2001).

Another example of how my AEDP interventions have been geared towards trans-generational trauma is that, when it comes to relational work, I was compassionate and non-blaming toward her parents' lack of availability, while at the same time focused on being a sturdy, emotionally available and competent attachment figure. I consistently and explicitly welcomed Wei's emotional experiences and actively engaged in co-regulation with Wei. When my presence was received, as Wei named it in the session below, as the experience of "being seen," she accessed more personal stories as well as previously dissociated feelings of pain, fear, sadness, etc., without feeling overwhelmed or alone. She then adopted a new relational stance with her self, a stance characterized by compassion and recognition, not unlike what I, as her therapist provided her. From there she made the shift from repeated self-criticism to "give more space" for her self.

### **Cultural considerations**

Through my conversations with colleagues, I have been inspired to explore whether Chinese and East Asian clients in general, are more likely to be inhibited around their emotional experiences than their western counterparts. And if so, would it make the application of AEDP - afterall an approach centered on emotional experiences - more challenging for these populations. My observation so far is that cultural differences lie in emotional expression, not emotional access. Indeed, certain manners of emotional expression are culture specific, and for certain East Asian clients, facial bodily expressions may, overall, be more subtle than those typically observed in clients from Western Cultures. Such expression are nonetheless visible and accessible for clinical work. For instance, when working with Wei, I attended very closely to the movement of her facial muscles, and intentionally matched her non-verbal expressions – at times amplifying them - while also staying attuned to what's present in my own body as I did so. While moving slowly and gently to make space for her emerging experiences, I also remained actively engaged, explicitly naming the unfolding experience and inviting her responses. This seemed to deepen her affective experience and help bring forth underlying emotional material.

I also observe cultural variation in defense styles, and cultural specific ways to deal with anxiety among Asians and Asian Americans - such as, more request for structure, advice, and coping tools in initial sessions. This can be discouraging for therapists who are in the practice of starting experiential work at the start of treatment. As a result, I tend to do a lot alliance building by listening to the client's needs and anxieties, while providing psychoeducation about therapy work in general, and AEDP work specifically.

My experience suggests that once State 1 work - whether focused on defenses, anxiety, or psychoeducation - is completed, and clients move into the States 2-4 work, where clients have more access to their embodied experiences, cultural differences fade and more human commonality is revealed. My experience is consistent with a recent study comparing physiological reactions between participants from Norway, Sweden, and Taiwan (Nummenmaa, Glerean, Hari, & Hietanen, 2013) found similar body reactions (areas and intensity) in regard to categorical emotions.

Another question I often encountered concerns specific emotions, such as anger, that might be harder to access for the Chinese, or East Asian populations due to its threat to cultural values, such as relational harmony. My experience is that while anger is sometimes harder to access and express for some Asian clients, there are numerous cultural and individual variations. For example, individuals in certain parts of northern China are accustomed to talking in a louder volume, and feel more comfortable with expressions of anger and physical conflict than individuals from some southern parts of China. Family cultures and trauma history, including trans-generational trauma, also plays into the individual's inhibition of anger experience.

For some of my Chinese clients, developing assertiveness and the ability to express anger to the perpetrators was an necessary part of the trauma work. I take sufficient time to help them receive, from me and from themselves, permission to feel and express anger, and, for those who have moved to a new cultural environment to utilize opportunities associated with new cultural expectations. I also provide psycho-education about the possibility of safe and healthy anger expression, coaching of self-regulation of anger, and co-regulation. I also work on finding various paths and language to help the client connect to their body, where we tend to have more commonality. After all, Nummenmaa and colleagues (2013) specifically suggest that an individual from Taiwan vs. Scandinavia could very well experience similar body activation around anger.

In the case of Wei, she mentioned her anger toward her father a couple of times during our treatment, however her anger was not embodied and therefore did not yet open the door to her deeper emotional world, unlike other emotions at the time. Rather, sadness, grief, shame, and love were more frequently present with the depth and intensity that facilitate transformation. My understanding was that her anger was in the service of differentiation and separation from her parents, while sadness, grief, shame, and love were in line with her bond with them through the trauma experiences. Because her parents suffering was so evident to her, she was able to sustain the bonding emotions toward them and while also supporting compassion for her own transgenerational trauma. In other words, for Wei, anger was not the only, or necessary, affective path for transformation for her. Nonetheless, I can imagine that if we worked together for a longer term, anger may have become more evident, and available to process.



Although trauma history and cultural factors inform my understanding of the client's emotion patterns, my clinical judgement about which emotional experience to deepen was largely guided by the phenomenology emerging from moment-to-moment tracking. When faced with the experience of mixed emotions - not unlike a rushing river with many currents – my experience is that it is best to lean into the emotions that present themselves for experiential work. Hence I will turn to my next subject.

### **Moment-to-moment tracking**

To bring to life my clinical work with Wei for the reader, I emphasized 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 are the key elements of right-brain to right-brain interaction in our dyad, and the "bone" of my interventions. The transcript below illustrates Fosha's instruction to allow "the body and its language to take a formal part in the therapeutic discourse" (Fosha, 2000, page 215). As Allan Schore (2012) observed, recent decades have brought a paradigm shift in psychotherapy, recognizing that effective therapeutic work relies on right-brain to right-brain communication – namely, emotional and nonverbal communication between patient and therapist. In AEDP work, we foster and focus on this right-brain communication to access deep materials that haven't yet been spoken. It is through experiential understanding, dyadic regulation, and left-brain integration of such materials, that the client's potential towards growth and well-being is realized (Fosha, 2020). Hanakawa (2021) also writes extensively about the value and the practice of tracking the non-verbal components of therapeutic interactions in AEDP.

I see my therapy study and work as cross-cultural for the most part. Growing up in China and having received graduate training in Western psychology in North America, I am often keenly aware of how the individuals I work with carry different backgrounds from me, such as their nationalities, languages, cultural values and customs, skin colors, educational backgrounds, social classes, gender identities, sexual orientations, religions, sizes, etc. As eager as I am to understand how those factors show up in client's interaction with me, it is through tracking semi-verbal and non-verbal cues that I have been able to understand these influences and connect with my client. When I get lost in the understanding of language and meaning, I often regain the sense of where my client is, 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 the universal human striving for safety, attachment and growth, along with their matching non-verbal, emotional/physiological markers. Fortunately, I find AEDP techniques naturally assist my cross-cultural work due to its focus on phenomenology, as demonstrated in my work with Wei.

## Core state

I propose two observations that may enrich our understanding of the multifaceted potential of core state. While core state is formally the final stage - and our safe landing following transformational processing - it can also serve as the launching pad for a new round of processes. Secondly, my work with Wei highlighted how core state is especially advantageous in processing transgenerational trauma.

The power of core state lies in the client's expanded capacity grounded in core self functions, and the client's increased trust to utilize therapist's help. In core state, the individual has a felt sense of core self, or "neurobiological core self" (Fosha, 2013), with a clear sense of truth about themselves 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 to them as a person. Therefore, they have new motivation and energy to act in a self-coherent way. No longer impaired by the consequences of trauma-induced dissociation - the loss of inner resources, trust toward others, and external resources (Lamagna & Gleiser, 2007) - the client also gains a new openness to receiving the therapist's help.

Although core state is formally regarded as the final stage of the Transformational Spiral -where a round of processing is concluded - in Wei's case, following her experience into core state did not signal an ending. Rather, it opened space for the work to continue and to reach even higher. Wei's session transcripts, below, demonstrate this phenomenon: at the start of the session, she quickly arrived at State 4 (a likely an outcome of our previous therapy work and her own processing between the sessions), from there she identified a new issue. Within a short span of time she by-passed State 1, entered State 2, and eventually arrived at State 4 again. The second State 4 experience seemed to be a build-up from the first round. This resulted in a clearer action tendency around compassion and care towards herself, exhibited by her explicit statement to her young self, "I can give you more space," and her light-hearted, joyful demeanor. Meanwhile, as she has more clearer sense of her core self, her developing reflective self-function also helps her to see her parents as loving and supportive as much as they could given their own circumstances, and also to separate her own life narrative from theirs.

I have further observed that the work in core state offers a unique contribution to transgenerational trauma work. Core state is characterized by individuals' openness, clarity, wisdom, and ability to access their core needs, which is likely associated with one's reflective self-function, i.e., ability to perceive the independence of one's own mind, and appreciate others' motivation and actions based on their mental states that are different from one's own.



Based on past research and her own work, Fosha (2000) wrote that reflective self-function, sometimes used interchangeably with the term theory of mind, is often a product of having secure attachment with care-givers<sup>2</sup>. Such function then provides resilience that protects individuals from the long-lasting impacts of trauma. She further stated, “in therapy, as in life, a developed reflective self-function has the potential to put a stop to the intergenerational transmission of pathology.” (Fosha, 2000, p. 55). Along this line, the work in core state can be seen as actively developing one’s reflective self -function.

## Clinical transcripts

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

First, I would like to express my gratitude to my client’s generosity to allow me to share her therapeutic process here. I have sought her opinion and consent throughout the entire writing process. Meanwhile, I have also made moderate modifications and omitted certain details to protect her privacy.

Wei contacted me when she was mourning for her father who passed away a few months prior. She 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 people. However, 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 what she perceived as an emotional collapse, which was the first-time in her life. She had been in therapy before to explore her relationship with her parents. This time her hope was to find a way to better deal with grief, and she had expected the therapy duration to be brief.

Soon it became clear to me 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 recalled that she had “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. At that time, 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 was witnessing the emotional world of that little child being shattered and put aside. 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

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<sup>2</sup> The concept of rself-function has some overlap with the concept mentalization (for example, see Fonagy & Allison, 2012). Exploration on the conceptual differences is beyond the scope of this paper.

inclinations, and the richness of her emotional world. What's more, when she eventually left hometown and pursued her own career choice, she had a hard time reconnecting with her emotional needs and building close relationships with others. 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 Wei's newfound ability to access her emotions through the powerful effect of moment-to-moment tracking. Furthermore, through my work with Wei, I learned that core state need not be the endpoint but lead to more and more rounds of 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; Prenn & Halliday, 2020) have also shared similar experiences, indicating that AEDP's unique interpersonal 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.**

In the vignette below, Wei is reflecting upon the progress she has made in the first three weeks of therapy, and we begin metaprocessing this experience. 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, the therapist helps the client to savor the new and positive experiences from their left brain perspective (Yeung, 2021).

In this vignette, the client began the session by connecting with her transformative experiences of being seen. With sufficient transformation already present in the room, the therapist worked on deepening these experiences and eliciting the client's left-brain "reflective self" (Fosha, 2000). This process enabled the client to reach State 4 core state within the first ten minutes. Importantly, the work did not stop at State 4; rather, in this case,

State 4 served as an opening for the client to access additional therapeutic material. In other words, metaprocessing helped harvest the fruits of an earlier transformation and gave the therapy work a powerful 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 the 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 inviting the client to co-create 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, the 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, the client is visibly engaging both her thinking and feeling processes and explores and integrates her intrapersonal and interpersonal experiences. The 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 the client's expression, with understanding that it is important for client to feel received.]** It sounds really rich, wow) ...*slow pace, holding the 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 the client's experiences.]**

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

**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 the 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: Mmmm)* ...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 experiences of emotions as inhibiting such as pains, fears, shame, and powerlessness, the client arrives decisively in a new place where she felt connected with others, her self is solid and safe. Embracing this new experience and metaprocessing the shift helps her to have a clearer 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 the 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 the 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, as a result of processing intergenerational trauma – in which she distinguished her self from her parents' trauma, i.e., “the power...she already has inside,” and the understanding the context, with good intentions underneath, of her parents' hurtful behavior. 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 liberation characterized by sense of freedom and unburdened-ness, sense of mastery and power, joy and happiness , and the integration of her sense of self and relationships. The 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 the client has laid out, then turning to 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 Well, of course, there's still something strong that seems ...gratitude, that kind of experience 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 *looking up to the left, thoughtful*) Well, not exactly ) ...behavior to internal experiences, a change 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 is help for a new round of work.] 'seeking for Therapist**

**Therapist:**) *slowly, searching for words*) You mentioned that it has been persistent, it has been there ...

(*client responds, "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 feelings of loneliness, powerlessness, and depression. Meanwhile, the 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 letting the 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). **[Insight into her internationalization of her parents' voices, which was part of her trans-generational trauma]**

**Therapist:** (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) **[The 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 the client's invitation to support, making implicit explicit with urge of empathy.]**

*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 the 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 the client make easy transition to the work on her present concern. Note that the client directly entered into State 2 without having to go through State 1 work. The 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 active intervention other than non-verbal and semi-verbal supportive listening. Therapist understood that the

storytelling going on at this time was beneficial part of trauma work because the client was telling the story while “feeling, dealing, and relating ”at the same time (Fosha, 2000).

Toward the end, the client acknowledged the paradox in her life, “wanting to be kind” to herself,” and finding it is very hard to do so. Emotionally she seemed to sink into a darker place. Therapist invited the client to track her emotions rather than focus on the thoughts or behaviors, the latter of which, she 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 transgenerational trauma, with newly established relational safety

The 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 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 the client’s story from Therapist’s perspective, with the goal of assisting the client to slow down and feel the 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 the client's present and younger part established by the portrayal in the last session**]  
(*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, the 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, the 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, the 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 the 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 the client leading and Therapist following while catalyzing the new emotional/relational experiences. From bodily sensational experiences and left-brain recognition, the 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 the 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 ... (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 that “she wouldn’t seek it out”. Also State 3 mourning-of-self.]

**Therapist:** She wouldn't actively seek it out.

**Client:** (*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 the client to connect with her younger part and her pains 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”.]**

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 the 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*), which shall lead her to a new and positive experience relating to her self and the world around her.

The arc of this session began with the client in a state of transformed connection with self and Therapist. 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 in the present, her by the therapist, then her younger self by her present self, and remembered the 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. She also vowed to “give a bigger space” to her present self, diverting from the expectations inherited from her traumatized parents. 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 the 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, partly 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, my experiences of environmental expectations as an adult inevitably is very different from Wei's. Regardless, 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 make 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. Those new perspectives represent transformed narrative

about her immediate community as capable and loving, a change from the trans-generational trauma narrative consists of persistent victimization and powerlessness. For instance, in the session above, during the first round of her core state, 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.” In the second round of her core state, in contrast to her earlier narrative of aloneness from a young age, she recalled her friendship with a long-term friend, “she can be my witness. Yes, she has witnessed my history, experiences... 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”.

This shift in how she relates to others, seemed to naturally intertwine with her sense of self throughout the therapy process, 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 coherence part of the emergent core self. Indeed, in AEDP the description of the core state phenomenon encompasses interpersonal healing, including an increased sense of interpersonal connection with the therapist as often presented as gratitude, and outside the sessions towards others, particular empathy, compassion and generosity. I find it very important to highlight AEDP's broad understanding of healing phenomena that an individual's well-being and development are inseparable from their ability to connect with others and their community. It also conveys an optimistic message: the ripples of individual healing often extend to close interpersonal relationships and can contribute to healing on a larger societal level.

Along the same line, I see that the bond between Wei and her parents and their community have been transcended from ones marked by transgenerational and community trauma and pains. Through our AEDP work, she did not sever her connection with her parents for her individual growth, rather she had transformed their connection into something that provides deep meaning and support as much as becoming spacious and life-giving. This was also evident in my work with a Japanese client who recognized a sense of loss and isolation through several generations of her family. As she worked through her childhood trauma and became more curious about Japanese traditional cultures and her family history, she recalled her grandfather's story of pain and loss when he lost his land and had to relocate due to the Soviet occupation. She reported a sense of understanding and recognition towards her grandfather despite his silence in most of her memory. A few minutes later, smiling, softly and peacefully, likely in State 4, she imagined with her eyes gazing into far distance, “I see a river, a flowing river, I am part of it... I see him too, in

the river, and my family, and all the living beings on earth...” Although I had little knowledge about the specific details of her grandfather’s trauma at this point, I nonetheless recognized the deep and profound sense of connection she had experienced as part of her transgenerational trauma work. I felt deeply inspired and hopeful.

This article is part of my reflection on working with the Chinese communities, both in training clinicians and providing therapy for clients. My initial desire to introduce AEDP to Chinese clinicians was rather simple, not unlike a child who wants to share something she cherishes. When met with students’ enthusiasm, I recognized aspects of AEDP that seemed a natural fit with traditional Chinese teachings of Confucianism, Taoism, and Buddhism, all of which affirm the innate goodness of people, and the value of humanity’s natural tendencies. The AEDP therapist stance - warm, welcoming, emotionally present and resourceful (Fosha, 2015) - appears to be an intuitively fitting approach for rebuilding trust that has long been lost in traumatized communities.

## References

- Chang, J. & Halliday, J. (2005). *Mao: The Unknown Story*. New York: Knopf.
- Cheng, Nien (1988). *Life and Death in Shanghai*. Penguin.
- Cohen, J. A., Berliner, L., & Mannarino, A. P. (2000). Treating traumatized children: A research review and synthesis. *Trauma, Violence, & Abuse*, 1(1), 29–46.  
<https://doi.org/10.1177/1524838000001001003>
- Cohen, J. A., Mannarino, A. P., Murray, L. K., & Igelman, R. (2006). Psychosocial Interventions for Maltreated and Violence-Exposed Children. *Journal of Social Issues*, 62(4), 737–766.  
<https://doi.org/10.1111/j.1540-4560.2006.00485.x>
- El-Khalil, C., Tudor, D. C., Nedelcea, C. (2025). Impact of intergenerational trauma on second-generation descendants. *BMC Psychology*, July 1 (13), 668.
- Feng, Ji Cai. (2008). 一百个人的十年 (One Hundred Persons' Ten Years). Beijing: Wenlian.
- Fonagy, P., Allison, E. (2012). What is mentalization? The concept and its foundations in developmental research. . In N. Midgley & I. Vrouva (Eds.), *Minding the child: Mentalization-based interventions with children, young people and their families* (pp. 11–34). Routledge/Taylor & Francis Group.
- Fosha, D. (2000). *The transformational power of affect*. Basic Books.
- Fosha, D. (2001). Trauma reveals the roots of resilience. *Constructivism in the human sciences*, 6 (1&2), Special September 11th Issue, 7-15.
- Fosha, D. (2012). The affects of innate healing: Redressing Evolutionary Tilt. EFT Summit, Keynote address, 2012, July 14, NYC.
- Fosha, D. (2013). A heaven in a wildflower: Self, dissociation, and treatment in the context of the neurological self. *Psychoanalytic Inquiry*, 33: 496-523.
- Fosha, D. (2015). *AEDP Immersion Course: Healing at the edge of transformational experience*. AEDP Institute and Shanghai Mental Health Center.
- 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.
- Lamagna, J. & Gleiser, K. A. (2007). Building a secure internal attachment: An intra-relational approach to ego strengthening and emotional processing with chronically traumatized clients.
- Lipton, B. (2023). Cultivating therapeutic presence to heal relational trauma in AEDP, EFT, and trans-theoretically. AEDP Institute.
- Markert, F. (2014). *The Chinese Cultural Revolution: a traumatic experience and its intergenerational transmission*. Routledge, eBook.
- Nummenmaa L, Glerean E, Hari R, & Hietanen JK. (2014). Bodily maps of emotions. *Proc Natl Acad Sci U S A*. 2014 Jan 14;111(2):646-51. doi: 10.1073/pnas.1321664111. Epub 2013 Dec 30. PMID: 24379370; PMCID: PMC3896150.
- 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.
- Scott, K. L., & Copping, V. E. (2008). Promising directions for the treatment of complex childhood trauma: The Intergenerational Trauma Treatment Model. *The Journal of Behavior*



*Analysis of Offender and Victim Treatment and Prevention*, 1(3), 273–283.

<https://doi.org/10.1037/h0100449>

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.