

Culturally Attuned AEDP for Attachment Integration: Four Internal Working Models of a Taiwanese Adopted Migrant Boy

Yi-Fang (Evon) Chiu

Abstract: This article offers a new perspective on culturally attuned AEDP, highlighting how early emotional experiences and unmet attachment needs shape survival strategies and responsiveness to therapy—beyond race, ethnicity, or language. Through the life story of Michael (birth name Jian-Hua), an adult third culture kid (TCK) who navigated migration and adoption, this article illustrates the unique identity confusion, attachment wounding and challenges of integrating dissociated internal parts that arise when one grows up between multiple cultural worlds, and emphasizes the therapist’s role in providing a secure, culturally attuned, and emotionally present space in which suppressed emotions can be felt, named, and transformed. In some cases, a “small self or no-self” phenomenon emerges, in which earlier, vulnerable selves remain partially disconnected, requiring relational safety for reintegration. In sociocultural contexts where existence or voice must be earned, this “dance” of attunement demonstrates how attachment wounds rooted in Third Culture experience—intersecting with migration, adoption and cultural norms —may fragment identity, and how thoughtful AEDP practice can foster integration. Using the vignette of Michael’s four internal parts—Little Jian-Hua, Little Michael, Big Michael, and Big Jian-Hua—healing begins within this intra-relational space, supporting gradual integration and laying the foundation for eventual Self-with-Other connection.

Introduction: The Paper Son

“We heal not in isolation, but in connection. We become our truest selves when we are

Yi-Fang (Evon) Chiu, is a bicultural psychotherapist and supervisor whose work supports global clients across nations and intersectional identities. She is a graduate of the University of San Francisco and a fellow of Harvard University’s Women of Color Leadership Program. As the founding chair of the Taiwan Multicultural Counseling Association, she is a pioneer in developing one of Asia’s first intergenerational trauma-informed and culturally grounded training curricula, integrating AEDP’s relational and experiential principles with local historical and cultural contexts. She currently leads the Global Voice of AEDP - Culturally Attuned Practices Support Group. Address correspondence to chiucounseling@gmail.com.

deeply seen and safely held.”—Diana Fosha (2021)

Understanding the cultural context behind Jian-Hua's ¹history was essential. In the 1980s and 1990s, many Taiwanese parents sent children—often boys—to the U.S. to live with relatives, typically a sibling of one parent, who was already married or raising a family. Jian-Hua, later adopting the name Michael after Michael Jordan, left his parents and two younger siblings at age eight to live in suburban Texas with his aunt. He was formally adopted by his aunt and uncle, the latter an American army officer.

At the time, this practice was considered a privilege, even though it created what we now recognize as attachment trauma. Biological parents remained alive, but contact was limited—sometimes only during summer visits, or even years apart. Sending children abroad was framed as a family sacrifice for educational opportunity, yet it carried profound emotional costs.

The “stolen emotions” of Taiwanese children

Every emotion is shaped by its cultural context. To understand how a person feels, we must first understand the culture that taught them how to feel. —Wen-Shing Tseng, Taiwanese American leading scholar in cultural psychiatry

For children growing up in Taiwan under colonial rule (1895–1945), post-WWII political transitions, martial law (1949–1987), and exam-oriented education (1950s–1990s), primary emotions such as fear, sadness, and grief were often suppressed. This historical, political, and cultural context created what I call “children with stolen emotions”—affective capacities that were masked or rendered inaccessible as adaptive strategies for survival. Emotional restraint became necessary: safety was equated with compliance, vulnerability was hidden, and relational harmony was prioritized over authenticity. Love and approval were often expressed conditionally, through performance and achievement, rather than through attuned presence or emotional validation.

This can be a big challenge for clinicians. Fosha (2000) reminds us that therapy aims

¹ Jian-Hua and Michael are pseudonyms to protect the client's identity.

to help clients fully experience and process emotions that were once unbearable, so they can be integrated into the self. Similarly, Schore (2009) highlights that the emotional right brain plays a key role in self-exploration, helping unconscious feelings become part of a more complete and complex sense of self.

In AEDP, these blocked emotions are not a problem—they were ways to survive (Fosha, 2000). Being very controlled, independent, or emotionally flat may have helped the child then, but as adults, it can make relationships harder. Underneath all that, there is a natural drive to connect, grow, and feel alive—the transference drive (Fosha, 2021). Therapy gives a safe space for this drive to come out, so previously blocked feelings can be felt, expressed, and brought into the self.

Many Taiwanese children receive love conditionally—through discipline, achievement monitoring, or behavioral correction—while overt warmth was rare. Parents, burdened by economic and cultural pressures, expressed approval through performance rather than emotional attunement. Emotional suppression became a multigenerational survival strategy: being unseen or silent was safe, while showing strong emotion could be dangerous.

When clients raised in such environments enter therapy, the experience of unconditional acceptance can feel foreign or even threatening. Subtle cues—tone of voice, facial expression, and gentle gestures—need to be tuned carefully. The therapy process is like learning a slow dance: the client is hesitant at first, and the therapist responds with patience and gentle attunement. Gradually, as safety builds, small steps of synchrony emerge—glances meet, gestures align, and true emotional closeness becomes possible (Schore, 2000; Medbo, 2024). This culturally attuned approach creates safety and lets the client feel understood and accepted.

The boy who cannot play ping-pong: vertical and horizontal disconnection in third culture kids

“What is allowed to hurt in one culture may have no name in another.” —Ocean Vuong, Vietnamese American poet and novelist

“What counts as emotion, how it is shown, and when it is allowed are cultural questions before they are psychological ones.” — Arthur Kleinman, American psychiatrist and one of the most influential figures in medical anthropology

When Michael first started therapy, it was obvious he “didn’t play ping-pong.” By ping-pong I mean the back-and-forth of true dialogue, where one player serves and the other returns, creating a rhythm of mutual contact. In therapeutic terms, this is the horizontal process—the relational exchange that sustains the therapeutic dyad. But for Michael, as for many clients with histories of attachment rupture, the default was the vertical process. Instead of attuning to the other person, he would speak straight down into his own experience, as if the therapist wasn’t there. Sometimes he could go for nearly the whole session this way—smoothly, fluently, without even noticing that there had been no rally, no return serve.

For him, this was not avoidance but survival. For the child, everything seemed to stop at age eight, when sent to the US. His emotional world froze because no one helped him understand the loss. He learned that it was safer to hold the ball close rather than risk a serve no one might return.

“In the beginning I couldn’t speak English at all. The only person I could have a conversation with was my aunt, but it was always, ‘Have you finished your homework?’ That kind of disciplinary talk. It was never about how I was feeling.” Growing up between Taiwan and the U.S., Michael is a third culture kid—navigating multiple cultural worlds while forming a hybrid identity. This cross-cultural experience shaped not only his coping strategies but also the ways he connected (or couldn’t connect) with others. While there is a rich body of literature on immigration, transnational adoption, and bicultural identity development, third culture kids occupy a somewhat different space: they often lack a single dominant cultural anchor, experience repeated transitions, and develop what Pollock and Van Reken describe as a “portable identity” (Pollock, Van Reken, & Pollock, 2017). This means that their attachment challenges are not only about loss of caregivers or cultural displacement, but about the instability of belonging itself.

Letters from his father in Taiwan initially provided connection, but later, he threw

them away unopened. “His tone was like an official memo. We were living in two different worlds. He couldn’t understand what I was going through. I felt very lonely.”

His experience combined horizontal trauma—lack of adult guidance or support, peer rejection, invisibility—and vertical trauma—disconnection from his own emotions. The lack of attuned mirroring left him suspended between two worlds: the child who longed to play and connect, and the boy who had to grow up early and rely on himself. In this way, Michael’s story reflects what emerging TCK research increasingly highlights: their wounds are not only relational or developmental, but profoundly cultural—they are formed at the intersection of attachment rupture and disrupted identity formation.

When older doesn’t mean wiser- the role of guidance in cross-cultural attachment integration

Many first-generation immigrant parents were not educated in the U.S. and often lived under economic stress and survival-level pressures. As a result, they could not fully support their children in navigating American schools or social systems. In these families, “older” does not necessarily mean wiser. In fact, the older generation is often less experienced, less informed, and less able to help children understand life in the U.S.

Many immigrant children grow up translating for parents, making phone calls, completing paperwork, or managing other tasks essential for daily life. For Little Michael, “older” often meant less experienced and sometimes unreliable. His adoptive parents did not speak English and could not understand his school life. His aunt (adoptive mother) had never studied in the U.S., and his uncle lacked familiarity with Asian culture. Consequently, Little Michael had very limited access to “older, wiser adults” at the time when guidance was most developmentally needed.

I witness this dynamic every day in therapy. Many adult children of immigrants enter treatment with high academic or professional achievement, contrasted with a developmentally younger emotional age. They are yearning for their very first experience of a trusted, experienced adult—someone who can offer guidance,

understanding, and cultural attunement. For these clients, simply having someone who witnesses their hardships, celebrates their successes without judgment, and understands at least one side of their bicultural experience can be profoundly healing. They long for someone who can fill the attachment void: someone who can explain clearly what Taiwan is really like, while also appreciating the challenges of trying to “make it” as Asian children in American society—assimilating, fitting in to belong, and integrating bicultural identities.

Four Internal Working Models

For clients like Michael, identity is shaped not by a single stable sense of self, but by four internal working models that developed in different cultural contexts. Each working model carries its own expectations about relationships, emotional learning, coping strategies, and sense of belonging. Naming these four internal working models helps clarify why the client may respond differently in different relational and cultural situations, and why therapy must attend to each of them.

One major anxiety for these clients is the fear that the therapist will not fully recognize their four internal working models or the unique upbringing of each. Effective therapy requires the therapist to embody the role of an “older, wiser adult,” providing guidance, cultural competence, and psychoeducation. In AEDP, as Fosha (2000, 2005) describes, healing begins when therapist and client meet in deep affective contact—the therapist becomes a ‘true other,’ a secure-base attachment figure in the present moment. Simultaneously, the client must feel that the therapist genuinely understands the attachment needs of each internal part. Experiences of “incompetent guidance” can trigger deep anxiety and reactivate parentified wounds.

Working with clients carrying these attachment wounds requires not only embodying the steady, competent presence of an “older, wiser adult” but also continuously checking in with the client’s expectations and unmet attachment needs projected onto the therapist. This dual focus strengthens the therapeutic relationship, builds trust, and allows clients to tolerate the therapist’s imperfections while maintaining confidence in the care provided.

Annika Medbo (2024) described a similar moment when a client reached an adaptive

affective field of experience and reflected, “I’ve realized that I’ve started to tolerate the fact that you don’t understand me perfectly.” This reflection demonstrated growth in receptive affective capacity and illustrated core principles emphasized by Beebe & Lachmann (2000): ongoing regulation, disruption and repair of regulation, and heightened affective moments (Beebe & Lachmann, 2002). With parentified clients, fostering these capacities—tolerating imperfection, repairing misattunements, and supporting receptive affective experiences—is central to strengthening the Self and building relational resilience.

To illustrate how these principles operate in practice, the following table summarizes the cultural backgrounds and upbringings of Michael’s four internal working models, along with the therapist’s culturally attuned approach for each. Understanding the distinct experiences of each internal working model is essential for providing guidance that is both emotionally present and culturally attuned.

Table 1. Applying Culturally Attuned Therapeutic Approaches to Michael's Four Internal Working Models

Internal Part	Cultural Background & Upbringing	Therapist's Culturally Attuned Approach to Support This Part
Little Jian-Hua (early boy in Taiwan)	Childhood shaped by Taiwanese family expectations and intergenerational pressures	Understanding the role of collective family survival and the emphasis on academic success in Taiwanese parenting; supporting exploration of unmet early attachment needs; attuning to shame, performance pressure, and internalized parental expectations
Little Michael (boy grew up in the U.S.)	Adapted to American language and culture at a young age; experienced culture shock and racism; formed an additional cultural identity	Recognizing emotional misattunement and emotional cutoff as survival strategies; understanding mainstream American emotional-expression norms and how they differ from the emotional socialization of Asian children
Big Michael (young adult self shaped by U.S. culture)	Americanized, educated, and thriving in the U.S. workplace	Attuning to Western individualistic socialization norms and masculinity expectations; understanding U.S. higher-education and workplace cultures, including social class and power structures
Big Jian-Hua (present adult returning to Taiwan)	Did not grow up in Taiwan; returned as an adult; faced inconsistent expectations; outwardly appears as a competent Taiwanese adult while internally feeling like a panicked child; highly anxious yet compelled to perform competence	Shifting into Taiwan's cultural survival context; attuning to the power hierarchies and potential discrimination faced by a returnee Taiwanese; accurately tracking the cultural forces shaping the client's safety, identity, and sense of belonging

Dissociation and the four internal working models

During therapy, it became clear that Michael's sense of self had to dissociate in order to survive. His sense of self was not a single, unified whole but divided across different times in his life, different places, and diverse cultural experiences. Growing up in Taiwan, moving to the United States, and returning to Taiwan as an adult each

shaped distinct ways of coping with attachment wounds, cultural dislocation, and relational challenges. These parts—his internal working models—carried both protective strategies and unresolved emotions. This approach aligns with insights from Fosha and Pando-Mars (2025), who emphasize that AEDP interventions should be tailored to the client's attachment patterns, using relational presence and experiential work to help heal long-standing attachment injuries. Therapists need to be sensitive to both the client's cultural background and relational context to adapt interventions effectively, consistent with culturally attuned AEDP principles, where cultural norms shape attachment patterns, emotional expression, and the therapy process.

By identifying and working with the four internal working models—Little Jian-Hua, Little Michael, Big Michael, and Big Jian-Hua—we aimed to provide space for the emotions he had suppressed, rebuild attunement, and gradually help these fragmented parts reconnect. Understanding these internal working models allows the therapist to see how his developmental history, cultural background, and past relationships influenced his present sense of self. It also creates a safe, relational space where long-suppressed feelings can emerge, be processed, and support the development of a more integrated, coherent self.

Here, I outline the four internal working models to illuminate the early attachment wounds, clarify the therapeutic focus, and identify opportunities for integration:

Table 2. Four Internal Working Models and AEDP Therapeutic Focus

Internal Part	Early Wound / Unmet Needs	AEDP Therapeutic Focus
Little Jian-Hua (early boy in Taiwan)	<ul style="list-style-type: none"> ● Early emotional memories from Taiwan ● Unfulfilled needs for protection and safety 	<ul style="list-style-type: none"> ● Process attachment ruptures (everything “stopped” at age 8) ● Facilitate mourning for unmet childhood needs and early separations ● Validate and give voice to disowned emotions ● Attend to the vulnerability that his parents could not recognize or hold
Little Michael (boy grew up in the U.S.)	<ul style="list-style-type: none"> ● Closed off emotionally to survive rejection and bullying ● Early self-reliance: became own caregiver ● Suppressed Taiwanese identity while assimilating 	<ul style="list-style-type: none"> ● Re-build trust in relational safety ● Support reconnection with vulnerability ● Foster co-regulation previously unavailable from adults ● Validate self-isolation as an adaptive protection ● Validate and integrate dual cultural identity
Big Michael (young adult self shaped by U.S. culture)	<ul style="list-style-type: none"> ● Hyper-independence and early self-reliance ● Over-achievement in academic and professional domains ● Suppression of vulnerability to maintain functional competence ● Reliance on American cultural norms and personal success to navigate social contexts 	<ul style="list-style-type: none"> ● Regulate panic and disorientation upon returning to Taiwan ● Integrate existing competencies within a new cultural context ● Build tolerance for uncertainty and relational vulnerability ● Leverage adaptive skills while gently challenging false self-protective strength ● Foster authentic relational engagement without undermining functional independence
Big Jian-Hua (present adult returning to Taiwan)	<ul style="list-style-type: none"> ● Overwhelming anxiety in an unfamiliar world ● Feeling “disruptive” or out of place in a new cultural context ● Relying on prior competencies while struggling to adapt ● Pressure to perform and adapt rapidly 	<ul style="list-style-type: none"> ● Support dyadic repair and provide attuned scaffolding ● Normalize disorientation and perceived incompetence ● Co-create missed developmental experiences (ages 8–40) ● Offer attuned guidance to foster wholeness and connection

The therapist who could not exist—until he found a self who could stay

In many Taiwanese cultural contexts, close emotional connection can feel unsafe, as relational caution is deeply learned. The phrase “the therapist who cannot exist” metaphorically captures this challenge: in environments shaped by colonization, hierarchy, and emotional suppression, a fully safe and attuned other may feel impossible. Through AEDP’s relational repair process, the therapist’s presence gradually becomes tolerable, allowing the client to experience new emotions and develop new aspects of the self.

Annika Medbo (2024) writes, “Intra-relational Parts work is a vital therapeutic intervention when working in the realm of State 2, particularly when working with maladaptive affective experiences... Simply said, the patient needs to know they have a Self, and have a felt sense of that Self, before they can feel about, and for, the Self.”

Case Vignette 1:

This case highlights the cultural challenge when a client cannot yet allow the therapist to “exist” in their emotional space.

Early in our work, Jian-Hua told me about a night at a bar soon after he moved back to Taiwan. It was quiet — a dim corner, a warm glass in his hand, and a grief he could no longer push away. Coming home reopened an old attachment wound: the painful sense that his parents still could not see or respond to the unmet needs of the child he once was.

As he narrated the moment, he naturally slipped into sitting with his child parts. I reflected the aloneness I felt in him and gently said, “I’m with you.” He didn’t respond right away. There was a long pause. He looked away, his face tense, as if debating whether to say something. Then, with a tight, almost irritated expression he blurted out, “You know, every time you say ‘I’m with you,’ it just throws me off. Can you stop saying that?”

Client: *(He took a breath, still not looking at me.)* “This is... a very private moment for us. And I don’t want you to be with us.

His words came through with a mix of vulnerability and strong protection. In AEDP, we often say, “You’re not alone, I’m here with you.” But in that moment, I made a

deliberate choice: this was a vertical intervention moment rather than a horizontal one. His system couldn't take in my presence—not because he didn't want connection, but because connection still felt too new, too unfamiliar, and too risky. He needed to complete something vertically first: accessing his internal child parts and sitting with them internally. His Self needed room to find the child parts, to sit with them, to claim them. This was not yet the moment for **horizontal** co-regulation; it was the moment for vertical self-recovery.; it was the moment for him to rediscover that he had a Self at all. So, I stepped back—emotionally and imaginally—yet still held the larger frame around him, allowing his intra-relational experience to unfold safely within my quiet holding. Sometimes I trusted that his right brain already knew what the deepest wound needed, and that my job was simply to stay present so the healing could unfold.

Therapist: Sorry if I didn't ask your permission, *(said gently)*. Where would you like me to be? I'll stay wherever feels comfortable for you. **[Re-building safety.]**

Client: You can stand outside the window... but don't come in. *(frowning, still a little angry, but in a childlike tone.)*

Therapist: I hear you. I'll stay outside the window. I'm right here, but I won't come in. **[holding the space]**

In response Jian-Hua nodded. His shoulders softened. Inside that “window,” he turned toward his younger self without my presence intruding. I watched from the outer edge as he began to cultivate his own receptive affective capacity—a new ability to stay with himself.

It felt as if I was outside the window, yet still holding the whole structure around him. Inside that protected space, he could grow. And slowly, session by session, the therapist who could not exist began to exist—not by insistence, but by invitation; not by pushing closeness, but by giving him the choice of how close I could be. Three sessions later, I didn't have to stand outside the window anymore; he let me stand right next to them.

Cultural-relational considerations

While AEDP emphasizes undoing aloneness through dyadic engagement, the timing and intensity of the therapist's presence must respond to each client's relational history, defenses, and cultural conditioning. For Jian-Hua, the statement, “I don't want

you to be with us,” was not resistance; it reflected an attachment reality. In Taiwanese families that are collectivist yet emotionally restrained; connection is often experienced as intrusion. Acts of care frequently carry implicit hierarchy, obligation, or conditions. In such contexts, the presence of a supportive other in an intimate emotional moment may be experienced not as safety but as threat. Thus, “the therapist who cannot exist” does not indicate avoidance; it reflects a culturally shaped survival strategy. For individuals who grew up without reliably attuned caregivers, a safe, emotionally available other can feel incongruent—too good, too sudden, or destabilizing. The system cannot yet process it.

Proposed AEDP culturally-attuned stance

1. Not interpreting avoidance as resistance,
2. State 2 work sometimes requires self-with-self before self-with-other. For example, Jian-Hua needed to feel his own existence from the inside first, while I stayed present in the background, holding the space for him to find himself.
3. The vertical path of grief, disappointment, and meaning-making may need to precede the dyadic, horizontal path of core affective transformation. This sequence is illustrated in the transcript above, where Jian-Hua says, *“This is... a very private moment for us. And I don’t want you to be with us.”* Rather than immediately offering co-regulation (horizontal intervention), I stepped back to allow vertical processing—giving him space to access and sit with his internal child parts. Only after this vertical work could we move toward horizontal core affective transformation, where relational engagement and mutual affective contact became possible.
4. The therapist’s presence may need to stay “outside the window” until the client’s receptive affective capacity grows from within.

Waiting as a radical act

By respecting the client’s internal boundaries and allowing intra-relational work to lead, the therapist supports the emergence of a differentiated, coherent Self—capable of engaging in relationships without collapsing into old attachment patterns. This stance also accounts for clients whose earliest relational experiences provide no map for receiving care. In such cases, undoing aloneness begins with the client discovering

a Self who can stay—before discovering another who can stay with them. As the client's capacity grows, the therapist's once-intolerable presence gradually becomes tolerable, then supportive, and eventually transformative. The therapist "comes into existence"—first at the edge of perception, then in the room, and finally within the client's internal world. This process reflects a culturally attuned AEDP stance: sometimes the radical act is not the therapist joining, but the therapist waiting and holding the space for the client to become.

Integrating the four parts as the path to healing

Case Vignette 2: Reconnecting with the inner self across cultures

He walked into the room with a lightness—something I had never quite seen on him before. The moment he sat down, he looked at me with a wide grin.

"I have a name now!" he announced. "For the first time, an adult friend I met in Taiwan called me Jian-Hua Lin!" (As he said it, his eyes shimmered with a mixture of disbelief and joy.) He went on to tell me about the weekend. A friend from the U.S. had come to visit, and they traveled together to Kaohsiung and Tainan.

Client: American Michael came out to play, (almost laughing) And he was very happy that day. **[In that moment, I could feel the aliveness in him—something reorganizing, something integrating.] [Tracking vitality affects; privileging the emergent sense of self.]**

Therapist: So... what was going on inside of Big Michael during his friend's visit?" **[Inviting the inner parts into the room; initiating intra-relational work]**

Client: Nostalgic... both painful and happy at the same time.

Therapist: Mm... and how does your body feel that pain and that happiness? **[Somatic tracking]**

Client: (*Touching the heart*) ... my chest feels funny, but also warm. The happy part feels like... like when my college friend came to see me—I wanted to run toward the ocean like a kid. But the painful memory is this: I've been missing friends. All my knowledge came from the U.S., and now living in Taiwan... I hide most of myself at home. And at work, I don't want to accept the Taiwanese environment.

Therapist: They hide often... don't they?

[Naming the protective strategy; gently inviting parts into awareness]

Client: (*nods*) Yes. The four of them... they take turns hiding.

Therapist: They must have their reasons. Hiding is hard work. Maybe we don't let them hide alone today. Could you tell me... how is each of them struggling, in their own way?

[Facilitating self-compassion; creating safety.]

He takes a moment to sense within. He reflects on Big Michael, the part shaped by early challenges in Dallas.

Client: He still carries the trauma—the hard lessons he had to learn there. He has more tools now, but... he doesn't like his manager in Taiwan, and at times, he still hides. (*He exhales, then continues.*)

Client: Big Jian-Hua... on the outside he looks like an adult—tall, calm. But inside, he's tired. He's trying to hold everything together so we can function in Taiwan. (*His shoulders tremble a little.*). And I lack the language to engage... or connect.

It's like standing in front of a buffet counter with all those dishes lined up, but I can't actually reach for any of them. I don't know what to say, don't know how to begin. I just freeze.

Therapist: (*nods gently*) “So even though Big Jian-Hua looks strong on the outside... inside he's standing alone in front of that buffet table, unsure how to choose, unsure how to belong. That sounds really hard. **[Undoing aloneness; right-brain-to-right-brain contact]**

Client: Yes. Exactly. He stands there alone. He pretends to know what to do, but actually... he's overwhelmed. He's the one who's supposed to help us adapt to Taiwan, but he doesn't know how.

Therapist: **[Therapist attuning to the emergence of grief]** No wonder he's tired. He's been carrying all of this without help. **[In that moment, my role became clearer—to be the stable parental presence he never had, so both Michael and Jian-Hua could relax a little.]**

Client: *(He takes another breath, now shifting inward toward the younger part)*
“Little Michael... he suffered a lot. Back then he was alone. He didn’t dare talk to his aunt or uncle. And friends bullied him. He was an outsider... lonely... alone... no family of his own. Inside, he’s soft. He cried watching TV. He is the source of my empathy—because no one ever gave me empathy when I was growing up.

Therapist: Mm... so he learned to feel everything alone... and to comfort himself alone.

[Undoing aloneness; naming the self-reliance script.]

Client: *(nods)* When he was excluded at school, he would hide. Later he turned to the TV... and eventually he was absorbed into adult Michael. *(A long exhale)* ... But his job is done.

His sacrifice is complete. *(The tone is flat—almost dissociated.)*

Therapist: **[Therapist senses the part bypassing its own needs; inviting a deeper contact]** He says his job is done... but before we assume that, would you be willing to go back to him?

... can we be with Little Michael for a moment. **[Inviting reconnection with the young part]**

For a long moment, nothing happens.

Client: ...I don’t feel anything. *(He opens his eyes again, slightly frustrated.)*

Therapist: Of course. He had to survive alone for so long, the feelings don’t come back all at once. This is normal. We can go slowly. **[letting the ‘we’ gently invite him to feel the emotional space we were now beginning to share—a space he never had growing up.]**

Client: *(He breathes again.)* I... think I’m starting to feel something. It’s like... I’m a little sad for him.

Therapist: Can we stay with the sadness for a little longer? **[Deepening affect]**

Client: I feel... he was really, really alone.

Therapist: I feel it too, sitting here with you. Right now he's not alone—there's an adult you, and there's also another adult here, with both of you."

[Before he could trust himself, he needed to feel my steady presence first. So, I held the space quietly, letting his body decide the pace.]

Client: *(He starts crying, tears flowing before he can speak.)* **[Little Michael had shut down his emotions before he learned to use words - a pattern seen in some early attachment experiences.]**

Therapist presence and co-regulation:

The therapist holds the dyad and gently helps him stay in the moment, continuing to deepen the connection between him and Little Michael.

Therapist: I'm here with both of you. Take your time. You're both getting to know each other again. Let's slow down and stay with this moment together. What's happening for the two of you right now? **[Horizontal intervention: dyadic affect regulation, undoing aloneness - now viable.]**

At this point, the client has moved from earlier sessions where I was pushed completely out of his personal space (vertical-only processing), to a stage where interpersonal connection is possible at the edges of his internal world. With his adult self now able to observe and care for his younger parts, he can accept my presence in his personal space. This allows me to act as a regulating, supportive presence—facilitating horizontal co-regulation while he maintains internal self-differentiation. Later in therapy, this may evolve into a "third space," a shared internal-external space where both client and therapist can co-create affective experiences safely.

Client: I'm sitting next to him... I put my hand on his shoulder. I tell him, 'It's okay. This wasn't your fault....' **[Holding the space around this new self-to-part contact]**

And then he breaks into deep sobbing....

Next, we slowly shift to Little Jian-Hua, inviting him into the contact. We spend time letting both younger parts be seen by all the other parts—and by me. No rushing. Just staying. Toward the end of the session, I begin to meta-process.

Therapist: That was a big and not-easy step. What are you noticing in yourself right now?

Client: *(He tries to answer, but his tears start flowing and won't stop. Then, after a few quiet moments, he whispers):* They are seen.... *(sobbing)* **[I feel a lump in my throat, and tears begin to come to my eyes. I know that something important is happening.]**

Tears continue to flow, signaling that these long-held emotions are now witnessed. This moment demonstrates that, through culturally sensitive support and attunement, receptive capacity can expand allowing deeply buried emotions to be experienced with the safety of therapeutic accompaniment, and slowly healed and acknowledged.

Internal family portrait: discovering connection among the internal working models

As therapy progressed, the four internal working models of Jian-Hua (Michael)—Little Jian-Hua, Little Michael, Big Michael, and Big Jian-Hua—began to emerge more naturally in session. He became more aware of each part, noticing how they interacted—sometimes in harmony, sometimes in tension. One day, I asked him how it felt to see each part and experience this process of integration. He began, softly, sharing his reflection:

Client: This is a promising start... because I think one thing I haven't had in my therapy journey is the full recognition of my internal relationships. When I first started therapy (with another therapist), it was really focused on healing the adult Michael and letting adult Michael process all the traumas of child Michael. Little Jian-Hua didn't get the chance to fully come out; it was all through the Little Michael lens. And Big Jian-Hua didn't exist at all.... *(He raised one eyebrow slightly.)*

Client: So this is really the first time in my therapy journey where I am really seeing everybody involved. That is... that's new. It's a new relationship—they actually rely on each other. I realized Big Michael and Big Jian-Hua need parents too. And now they can pat each other on the back from behind, just like when I was little, wishing for a comforting hand from my parents. They use gentle, soothing voices, acknowledging vulnerable, uncertain steps forward, saying, 'That's okay.'

Therapist: *(in a gentle, attuned voice)* How does that feel, seeing everybody involved for the first time?

Client: *(eyes soften, glimmer with a mix of awe and tenderness)* It's very moving... very sobering. It's like meeting a twin, a spouse you didn't know you had. Like a family portrait—originally one person, and suddenly there are more people next to you. *(pauses, letting the thought settle, then continued)* The other feeling is... there is a sense of calm and trust. Other adult figures in my life have always been the source of 'physical care'—like putting a roof over your head and food on the table—but they have not been the ideal support of care. Whenever I see a family portrait, either with my aunt and uncle or with my parents, there are always mixed emotions... these people... they changed my life.

Client: *(smiling faintly, eyes glistening, reflecting both love and recognition of fracture)*

It's not picture perfect. I mean, I love them. We (parents, siblings and me) are finally all together. Like, we went to Japan last year and took all these pictures—and I was like, oh, this family exists! But seeing that is also seeing all the fractures, all the ways we still don't work together... *(looks inward, gesturing toward himself)* But THIS family inside... even though it's a new family... very special. They understand each other, and they just started to learn how to work together *(lifts his head, smiling at the therapist, wiping away tears.)*

Therapist: *(softly)* What feelings are coming out right now?

Client: I want them to be happy. I want it to be a happy family portrait.

Conclusion: Integrating toward wholeness

As Michael (Jian-Hua)'s four internal parts gradually begin to recognize and care for each other, he senses a subtle balance within himself. It is not perfect—tension, sadness, and uncertainty still arise—but through these internal interactions, he experiences a form of wholeness: child and adult, Taiwan and America, vulnerability and strength coexist without competing for space. With the therapist holding the space, he learns to care for the parts of himself that were once ignored or misunderstood. This not only supports the emergence of a more integrated, connected

self, but also enhances his sense of belonging in the external world—not merely survival and defense. Every internal conversation and gentle acknowledgment becomes a small step toward integrating his fragmented self.

This process highlights a new perspective on culturally attuned AEDP: *culture is not only about race, ethnicity, or language, but about the ways individuals are seen, held, and taught to experience, regulate, and process emotions*. Michael (Jian-Hua)’s experience shows that emotional wounds rooted in cross-cultural migration and intergenerational experiences can be gradually integrated when therapy attends to both internal parts and culturally patterned emotional norms. Equally important, culturally attuned therapy requires recognizing and honoring the client’s culturally and third-culturally acquired avoidance—not pathologizing it, but understanding it as an adaptive strategy developed to survive disconnection, unfamiliarity, and cultural rupture. By accepting rather than challenging these avoidance patterns too quickly, the therapist creates psychological and cultural safety, allowing trust, proximity, and relational openness to emerge at a pace that the client’s nervous system and cultural history can genuinely tolerate. The therapeutic environment functions as a culturally attuned container, providing safety through careful attention to rhythm, pacing, and relational expectations.

Within this slowly forming inner family, he discovers that love, being seen, and being cared for are possible. Through co-regulation, culturally attuned presence, and paced Self-with-Parts processing, he can witness his past self while being fully held, moving toward a life where he can genuinely feel his emotions, connect with others, and embrace his cultural identity.

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