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# Introduction

## *AEDP After 20 Years*

Diana Fosha

Two decades ago, I published *The Transforming Power of Affect* (Fosha, 2000b) and introduced accelerated experiential dynamic psychotherapy (AEDP), a new clinical model. I would sometimes say that, at that time, there was only one AEDP practitioner in the world—namely, me. Now, 2 decades later, I am no longer alone. Far from it!

In the 20 years since the publication of *The Transforming of Affect*, the number of AEDP practitioners worldwide has grown into the thousands. There is an AEDP Institute with a faculty of more than 20 members and growing; many certified supervisors; scores of certified therapists; and a passionate, engaged, and lively worldwide community. There is a thriving AEDP Practice Research Network (Edlin, Fosha, & Iwakabe, 2020), where private practice therapists and psychotherapy researchers collaborate to make possible clinically relevant AEDP process-outcome research (Iwakabe, Edlin, Fosha, Gretton, Joseph, et al., 2020; Iwakabe, Fosha, Edlin, Nakamura, et al., 2020). There is an active online community. There are practitioners on six continents, and communities are growing in many countries of the world: AEDP is practiced by therapeutic dyads speaking Arabic, Cantonese, Danish, English, Farsi, French, German, Greek, Hebrew, Italian, Japanese, Korean, Mandarin, Norwegian, Portuguese (as spoken in both Portugal and Brazil), Romanian, Spanish, Swedish, Turkish, and I am sure languages I have left out.

Reflecting on the explosive growth of AEDP in these past 2 decades, I have been asked on numerous occasions if this is “a dream come true.” Invariably,

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<https://doi.org/10.1037/0000232-001>

*Undoing Aloneness and the Transformation of Suffering Into Flourishing: AEDP 2.0*, D. Fosha (Editor)

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my answer is “no,” because I never dreamed it. In 2000, when I wrote my first book, my hope was that it would be read. *That* was the dream. I neither aimed for nor imagined such expansion. Then what explains it? What chord does AEDP strike in people? What is it that therapists worldwide resonate with?

I believe the answer lies not just in AEDP’s theory and specific modes of intervention but fundamentally with AEDP’s ethos and values, or its spirit: the quest that animates each session to bring forth the healing within, undo aloneness, transform emotional suffering, and sow the seeds of flourishing.

To expand on that a bit: AEDP is a healing-oriented, attachment-based, experiential mind–body therapy that works with trauma and attachment trauma. It eschews psychopathology as a central explanatory construct of therapy, instead using healing as a point of departure. Its *healing orientation* means that we firmly believe all persons carry within them the power to heal and grow, in other words, that the potential for healing is wired in and thus there from the get-go. As AEDP therapists, it is both our mission and our job to help find and unlock this potential. AEDP is also *attachment-based*, in that the processing of all experiences we work with in therapy—emotional, relational, self, and transformational—necessarily occurs in the context of relational safety. The safer the patient feels with the therapist, the greater will be that patient’s capacity to explore the inner worlds of disturbing, frightening, and painful emotional experiences. Furthermore, the *experience* of attachment in the here-and-now of the patient–therapist relationship is an important locus of therapeutic engagement. Which brings us to *experiential*: by experiential, we mean that we privilege bottom-up experience and its felt sense, particularly that of adaptive core affective experiences rooted in the body, over top-down narrative and cognition; it also means that we believe that insight follows from transformation, and not the other way around. Through the moment-to-moment in-depth *experiential processing* to completion<sup>1</sup> of difficult emotional, relational and intra-relational experiences, and then also through the *metatherapeutic processing* (discussed later in this Introduction) of the transformational experiences that emerge, patients recover their sense of core self; they also contact increased resilience and renewed zest for life and meaningful connection.

With roots in developmentally informed psychoanalysis and the short-term psychodynamic psychotherapies, from which the approach originated, AEDP is an integrative model of psychotherapy that brings together relational work, experiential techniques, and a focus on the process of change and healing itself, with the aim of not only alleviating negative suffering but also bringing about positive flourishing. Drawing from research on moment-to-moment caregiver–infant interaction, attachment, affective neuroscience, Darwinian emotion theory, existential and somatic approaches to treating trauma, and,

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<sup>1</sup>The notion of completion is discussed in detail in Medley’s chapter on emotional processing (Chapter 8, this volume). It refers to a process that involves an affective shift from a negative valence to a positive valence.

last but not least, transformational studies, AEDP navigates the complex interactions between positive and negative emotions toward psychological growth and adaptation. Its change-based metapsychology and experiential methods reflect an organic integration of these many sources, as well as experience with 2 decades of AEDP practice by a growing number of practitioners worldwide.

Trauma is healed by championing the innate healing capacity of neuroplasticity in a safe, attached therapeutic relationship. Nonpathologizing and patient-affirmative in its ethos, AEDP features an affect-facilitating, emotionally engaged, validating and explicitly affirming therapeutic stance. Psychopathology is understood as fundamentally resulting from the individual's unwilled and unwanted aloneness in the face of overwhelming emotions. And this makes the therapeutic mission clear: undo patient aloneness and use dyadic affect regulation to, together, experientially process the formerly feared-to-be unbearable experiences.

Highly collaborative, AEDP is a therapeutic model that, through its experiential processing of previously overwhelming experiences, seeks to engender new experiences of feeling understood, of recognizing and expressing emotional truths that previously have gone unacknowledged and of integrating positive affective experiences linked to healthy action tendencies and resources. From the get-go and always informed by an orientation toward healing, the AEDP therapist seeks to facilitate corrective emotional and relational experiences in which the patient feels safe enough to allow core aspects of the self—previously either shielded by defenses or else neglected, and thus unformed—to come to the fore, to be processed through to completion and to be reintegrated into the patient's full emotional repertoire.

In AEDP, a patient's transformation is not only a desired goal and a process to be entrained, it is also an experience to be harnessed and mined. *Meta-therapeutic processing*, or *metaprocessing* for short, is AEDP's contribution to a systematic methodology for working with transformational experiences and the transformational affects, that is, the innate, invariably positive affects of healing associated with them (Fosha, 2000a, 2009a, 2013b; Fosha & Thoma, 2020; Iwakabe & Conceição, 2016; Russell, 2015; Yeung et al., 2019). We experientially process transformational experiences as assiduously traumatizing experiences. And, countering the bias toward negative emotions both in our brains (Hanson, 2017) and in our field (Fredrickson, 2013), the positive affects that accompany transformational experiences are attended to as carefully as the negative affects and effects of trauma (Fosha, Thoma, & Yeung, 2019).

Its elaborated and detailed phenomenology of the four-state transformational process reveals an arc that organically links suffering with flourishing, trauma with transcendence, stuckness with flow (Fosha, 2005, 2009a, 2009c, 2013b, 2017a). It starts in State 1 with the stress, distress, despair, and symptoms people bring to treatment, as well as with the glimmers of the innate drive to heal, and culminates in State 4 in transformative, fundamentally integrative experiences of wholeness, calm, connection, and resilience, which become the constituents of in-session flourishing (see Figure 1.1, on page xx of this chapter).

While ever-emergent and created anew by each dyad moment to moment, nevertheless our work is guided by AEDP's precisely articulated transformational phenomenology. It allows its supervision and teaching, which are always from videotapes of actual therapy sessions, to be characterized by "rigor without shame" (Fosha, 2015, quoted in Prenn & Fosha, 2017, p. 71), in a fashion that qualifies AEDP as a model with a strong intrinsic deliberate practice (A. Vaz, January 15, 2020, personal communication).

### **AEDP AS DELIBERATE PRACTICE**

Deliberate practice has been demonstrated to reliably predict the development of professional expertise in many professions (Ericsson et al., 2018) and is now being applied to psychotherapy (Rousmaniere et al., 2017; Vaz et al., 2018). Deliberate practice aims to move learning from declarative, top-down, left-brain knowledge to supporting an experiential, and more procedural competence. Its core principles are (a) the ongoing observation of one's performance, (b) getting expert moment-by-moment feedback on that observed performance, (c) establishing small learning goals that are just at the edge of one's current capacity, (d) repeated rehearsal of key skills, and (e) assessing one's performance and ongoing development. These principles form a "cycle of excellence" to be repeated throughout one's career (Vaz et al., 2018).

AEDP training, involving repeated cycles of excellence, has been de facto engaging in deliberate practice from its inception (Prenn & Fosha, 2017). Since moment-by-moment tracking is a sine qua non of AEDP, the videotaping of sessions is nondiscretionary, as videotaping becomes a best friend to those wishing to master and grow within this model. Moreover, all AEDP supervision is based around the trainee getting concrete expert feedback from the supervisor based on the trainee's observed performance (Prenn & Fosha, 2017): AEDP therapists are asked to videotape sessions for supervision, and self-supervision, as well as for certification. Furthermore, in AEDP courses and workshops, participants have ample opportunities to watch master therapists at work through videotapes. Finally, AEDP training has always stayed true to its experiential roots by facilitating many hours of group experiential skill-building exercises, always in the presence of an expert trainer, the experiential assistant, giving continuous feedback. These activities are in line with the research on professional expertise and how to achieve it (Ericsson et al., 2018; Rousmaniere et al., 2017).

Having reviewed some key aspects of AEDP, in the next section, I trace the journey from 2000 and AEDP 1.0 to the present and AEDP 2.0, which includes the current status of AEDP research. Following that, I outline the trajectory of this volume, describing the contributions of each author. The 15 chapters in this volume not only document the evolution of AEDP 2.0, they de facto constitute it: Each author offers further elaboration of the AEDP model. This chapter concludes with how you, dear reader, are participating in the

spiraling change processes that keep AEDP, like the transformational process it entrains, ever emergent.

## THE JOURNEY FROM AEDP 1.0 TO AEDP 2.0

From its inception, AEDP has been a healing-oriented, attachment and emotion model. However, somewhere in the transition between AEDP 1.0 and AEDP 2.0, it became a healing-oriented, attachment and emotion *and* transformation model. In what follows, I track that metamorphosis and related developments.

AEDP 1.0 de facto started with the publication of *The Transforming Power of Affect* (Fosha, 2000b), and papers on dyadic affect regulation (Fosha, 2001), affective change processes (Fosha, 2002), and metatherapeutic processing (Fosha, 2000a); it culminated with a 2003 paper on AEDP as an attachment and emotion model to treat trauma and disorganized attachment (Fosha, 2003)—that is, with emotion, attachment, and attachment trauma (and the theory and research behind them) as major explanatory constructs. Metatherapeutic processing, the positive affects that accompanied it, and the phenomenon of the upward spiral were all there from the get-go (Fosha 2000a, 2000b). Yet the transformational theory of AEDP 1.0 primarily emphasized the transforming power of core affect in the context of secure relational connection.

The decade preceding AEDP's arrival on the scene saw the publication of several important works: Allan Schore's (1994) *Affect Regulation and the Origins of the Self: The Neurobiology of Emotional Development*, Dan Siegel's (1999) *The Developing Mind: How Relationships and the Brain Intersect to Shape Who We Are*, Jaak Panksepp's (1998) *Affective Neuroscience: The Foundations of Human and Animal Emotion*, and Antonio Damasio's (1994) *Descartes' Error: Emotion, Reason and the Human Brain*—each the first book of its respective author. It is remarkable that all these threads of new understanding arose independently. They only became interconnected in the next decade.

It is not that AEDP evolved as a translational model. AEDP theory and clinical practice evolved largely independently of those bodies of knowledge yet over time became enriched and entered into an evolving dialogue with those works. AEDP 1.0 had a strong clinical theory and practice based on the transforming power of affect in connection. The dialogue with the work put forth during 1990–1999—"the decade of the brain"<sup>2</sup>—as well as with the work on attachment, intersubjectivity and developmental dyadic interaction, constituted the solid platform from which subsequent explorations in AEDP were launched.

## AEDP's Emergent Transformational Theory

Somewhere between 2004 and 2009, AEDP changed from being a healing-oriented, two-factor attachment-and-emotion model, to being a healing-oriented, three-factor attachment-and-emotion-*and*-transformation model.

<sup>2</sup>So designated by the George H. W. Bush administration (<https://www.loc.gov/loc/brain/>).

Constituting this shift, the concept of transference was introduced (Fosha, 2008), and the study of positive emotion, transformational affects and core state moved front and center (Fosha, 2004, 2005, 2006, 2009c; Fosha & Yeung, 2006; Russell & Fosha, 2008). A little later, the phenomenology of the transformational process, AEDP's guiding representation, moved from being a three-state to a four-state model (Fosha, 2009a, 2009c; see also Fosha, 2018a, for a description of this change to a four-state transformational phenomenology). With that, its transformational theory was launched full throttle. Subsequently, AEDP's mechanisms of transformational change were further explored and elaborated (Fosha, 2013b, 2017a, 2017b, 2018a; Russell, 2015; Yeung & Fosha, 2015; see also Ecker et al., 2012, and Welling, 2012), as were the transformational affects and the upward spiraling processes undergirding flourishing (discussed in more detail later).

The evolving AEDP 2.0 also took on the *self* (Fosha, 2013a; Russell, 2015) and the phenomenon of recognition (Fosha, 2009a, 2013a; Gleiser, 2013). Solidly rooted in the "this is me" phenomena of core state, the development of theorizing on the "core self" and its felt sense was spurred by the challenge of clinical work with dissociation plus the advent of groundbreaking neurobiological work on the self (Damasio, 2010; Northoff & Panksepp, 2008; Panksepp & Northoff, 2009).

Another important aspect of the evolution to AEDP 2.0 was the contribution made by Lamagna and Gleiser (2007) who developed *intra-relational AEDP*. Integrating AEDP with ego state methodology and developments in internal family systems (Schwartz, 1995) and guided by the aim of fostering internal secure attachment, intra-relational methods seek to facilitate authentic, open dialogue between self-states and foster greater capacities for self-regulation through shared states of affective resonance between therapist, patient, and dissociated self-states. This methodology offered another set of techniques applicable to all patients. Additionally, intra-relational work is particularly helpful with patients on the dissociative disorder spectrum and with those for whom the relational work of AEDP can be disorganizing or even triggering.

The years from 2004 to the present have seen the following explorations and applications of AEDP: attachment as a transformative core affective experience and how to best work with it interrelationally (Fosha, 2009b, 2017b; Lipton & Fosha, 2011; Prenn, 2011; Tunnell, 2011) and intra-relationally (Lamagna, 2011); the importance of judicious self-disclosure as a means of promoting relational closeness (Prenn, 2009); the importance of gratitude (Hanakawa, 2011); the importance of experience-near embodied language for experiential work (Fosha & Gleiser, in press); termination in AEDP (Harrison, 2020); and the application of AEDP to the treatment of complex trauma (Fosha et al., 2009; Gleiser et al., 2008), eating disorders (Prenn & Slatus, 2018; Williams & Files, 2018), and teletherapy in the time of the COVID-19 pandemic (McBride et al., 2020; Ronen-Setter & Cohen, 2020).

In 2015, Eileen Russell published her book *Restoring Resilience: Discovering Your Clients' Capacity for Healing* and offered an original conceptualization of *resilience*, which encompassed psychopathology, conceptualized as the

individual's best efforts at adaptation in maladaptive environments. She expanded AEDP theory by articulating the transitional space between trans-formance and resistance: her articulation of the *self-in-transition*, marked by the *yellow signal affects* and signifying mixed feelings about the forward pulse of trans-formance joined the *self-at-worst* marked by the red signal affects of resistance and the *self-at-best* marked by the green signal affects of trans-formance. Similarly, Russell's *transformational other*, a construct very much inspired by Bollas, joined Fosha's *true other* (Fosha, 2000b, 2005), a construct considered the relational counterpart of Winnicott's *true self* (Winnicott, 1960/1965).

A year later, a major article by Karen Pando-Mars (2016) on how to tailor AEDP interventions to the different attachment styles applied AEDP's representational schemas to unpack the characteristic phenomenology and dynamics of each of the four attachment styles, using the four-state transformational process to detail interventions for each. The same year saw the first empirical study of metatherapeutic processing: Iwakabe and Conceição's (2016) task analytic deconstruction of it. A year later, Prenn and Fosha (2017) published *Supervision Essentials for Accelerated Experiential Dynamic Psychotherapy*, introducing "rigor without shame" to describe the application of AEDP to phenomenologically guided, transformative supervision. Although not intended as such, their book became a primer on the ABCs of AEDP's deliberate practice.

Other noteworthy developments were the publication of a series of articles on multicultural aspects of AEDP (Fosha, 2018b; Simpson, 2016; Urquiza Mendoza, 2018; Vigoda Gonzales, 2018; Ye-Perman, 2018); the publication of several case studies (Medley, 2018; Pass, 2012; Simpson, 2016; Vigoda Gonzales, 2018), including a systematic case study (Markin et al., 2018); and two empirical investigations into metatherapeutic processing (Iwakabe & Conceição, 2016; Lee, 2015). We also saw the publication of three books on AEDP for the public, making AEDP ideas more accessible and also constituting a resource for patients: Ron Frederick's *Living Like You Mean It* (2009) and *Loving Like You Mean It* (2019), as well as Hilary Hendel's (2018) *It's Not Always Depression*.

### **Empirical Research in AEDP**

Most of the work in the first 20 years of AEDP has been dedicated to theory-building and the development of AEDP's descriptive phenomenology; indeed, most of the chapters in the book continue that effort and focus. The past decade, however, has also seen the launching of empirical research in AEDP.

### **Effectiveness of AEDP Training**

Faerstein et al. (2016) developed and studied the psychometric properties of the AEDP Fidelity Scale, a scale with 22 items describing therapist behaviors considered essential to AEDP, and concluded that "AEDP-FS has promising indications of being a valid self-report measure of AEDP proficiency" (p. 172). Faerstein and colleagues administered the AEDP Fidelity Scale to 249 therapists before and after their AEDP training. Their findings support the effectiveness of AEDP training, showing that it leads to both enhancement of clinicians' knowledge base and their sense of competence in AEDP.

**Healing From the Get-Go**

Preliminary results documenting the discontinuous change process characteristic of AEDP in the first three sessions, taken as empirical support for the notion of healing from the get-go, have been presented (Iwakabe et al., 2018) and are being prepared for publication (Iwakabe & Fosha, 2020).

**Effectiveness of AEDP**

The year 2015 marked the formation of AEDP's Practice Research Network and the launching of AEDP's process–outcome research program (Edlin, Iwakabe, & Fosha, 2020). We adopted a 16-session AEDP format and treatment occurred in naturalistic private practice outpatient settings in the United States, Canada, Israel, Japan, and Sweden. Patients complete questionnaires pre–post therapy, as well as 6 months and 12 months after the completion of the 16-session AEDP treatment. They, as well as the therapists, also fill out measures and complete questionnaires after each therapy session. All therapy sessions for the research project are videotaped. To date, more than 75 therapies have been completed, and we have 12-month outcome data on more than 40 dyads.

We have just published the first AEDP effectiveness study, which examined outcomes for 62 self-referred adults treated using a 16-AEDP-session format (Iwakabe et al., 2020). Participants completed self-report measures before and after treatment, assessing a variety of psychological problems, and subjective distress, as well as aspects of positive psychological functioning. Our results provide empirical support for the effectiveness of AEDP to provide meaningful and significant improvements across a range of psychological symptoms, including depression, experiential avoidance, general symptom distress difficulties in emotion regulation, and patients' main target problems. We also found a significant decrease in negative automatic thoughts, even though automatic thoughts specifically, and cognitions in general, are not targeted for restructuring in AEDP. There were also significant changes and improvement in nonpathological measures that centered on positive capacities, such as self-compassion and self-esteem. These findings show initial support for the AEDP aim of facilitating not only therapeutic changes from the negative range to the normal range (i.e., the reduction of emotional suffering) but also improvement from the normal range to stronger functioning (i.e., the promotion of flourishing). A follow-up paper reporting results for those first 62 dyads at 6 and 12 months (Iwakabe, Fosha, Edlin, Nakamura, et al., 2020) is in the works. Process–outcome investigations will soon follow. (For a more extensive discussion of AEDP research, see Fosha, Chapter 15, this volume.)

**Neuroplasticity, Metaprocessing, and Flourishing**

At the same time that AEDP's transformational theory was growing, neuroplasticity arrived on the scene to stay (e.g., Davidson et al., 2003; Doidge, 2007; Lazar et al., 2005). Notions that neuroplasticity was limited only to early parts of the life cycle became obsolete as the field awoke to the fact that neuroplasticity operates from cradle to grave, just as attachment does. A few

years earlier, Barbara Fredrickson (2001) had published her broaden and build theory of positive emotion. On the basis of work in her psychology lab, she described the same upward spiraling phenomena engendered by the application of metaprocessing as Fosha (2000a, 2000b)<sup>3</sup> described, based on work in the clinical consultation room. Just as developments in the neuroscience of attachment and emotion were wonderful for dialogue as AEDP 1.0 progressed, the evolution of AEDP 2.0 flourished in the company of such advances.

In the past few years, the field of psychotherapy has become openly interested in questions that have always animated AEDP: how to accelerate transformation (Loizzo et al., 2017), how to promote moments of healing (Siegel & Solomon, 2013) and moments of meeting (Lord, 2017) in therapy sessions, how to use positive emotion in psychotherapy (see the special issue on second-wave positive psychology, *Quarterly of Counseling Psychology*, 2019) and how to promote in-session flourishing in psychotherapy (see the special issue of *Psychotherapy* on flourishing, Owen & Sandage, in press). The AEDP articles written for these special publications, as well as other works, advanced AEDP thinking on the use of experiential relational work to transform the internal working model (Fosha, 2017b; Frederick, 2019), on how to accelerate transformational work (Fosha 2013b, 2017a), on the importance of work with both negative and positive emotions to generate positive emotion in psychotherapy (Fosha et al., 2019), on metatherapeutic processing as a methodology to promote in-session flourishing (Fosha & Thoma, 2020), and on the role of intuition in core state phenomena (Yeung et al., 2019).

AEDP is an upward-spiraling cumulative model, folding into it all that has been developed thus far. This volume, with its 15 chapters, describes the culmination of AEDP 2.0 as it currently stands.

## TRAJECTORY OF THIS BOOK

In the chapters that follow, informed by AEDP's quest to set healing in motion, undo aloneness, and transform emotional suffering into flourishing, the authors engage different aspects of AEDP 2.0, elaborating, deepening, and extending the model, as well as introducing new work. Through this broadening and building, AEDP 2.0's theory flourishes.

It is noteworthy that transformation happens in each and every one of the illustrative therapy sessions in the chapters that follow, including those devoted to work with complex trauma, dissociation, or maladaptive affective experiences. In all of these AEDP sessions featuring work guided by the four-state transformational process, aloneness is undone, emotional suffering is transformed, and then metatherapeutic processing is used to further process and reap the benefits of the transformational experiences patients have just had, which in turn often leads to more transformation and connection.

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<sup>3</sup>I thank Michael Bridges (2005) for bringing the broaden and build theory of positive emotion to my attention in the context of the publication of one of his papers.

We begin the book much as we begin our experiential AEDP courses: In our AEDP training sequence, the first course is an immersion in which we first give a brief orientation to the ethos and fundamentals of AEDP, and then set about to have an experience together. And so with this book, Chapter 1 sets the stage, and with Chapter 2, we dive right into clinical work in the first session of therapy: We thus get to have an experience of healing from the get-go, and we are launched. And then, the rest of the AEDP 2.0 model unfolds.

In Chapter 1, I offer an overview of AEDP: AEDP's top ten foundational principles and the affective change processes that they inform, how psychopathology and its relationship to healing is understood in AEDP, and a detailed description of phenomenology of the four-state transformational process.

In Chapter 2, Karen Kranz shows us what *healing from the get-go* means clinically. In a first session with a patient with a significant trauma history, using a stance of relational connection, we witness the unfolding of the patient's process as he goes through all four states of the transformational process in a 50-minute session. Asking what allows AEDP to be transformative, Kranz answers it experientially, through actual clinical work and the articulation of the principles that inform the clinical interventions we witness.

Chapters 3 through 6 are devoted to *context* and *scaffolding*. It is refreshing to switch lenses from the zoom of Chapter 2 to the wide-angle lens of Chapter 3. Coauthored by Gil Tunnell and Jenna Osiason, Chapter 3 addresses AEDP's place in the history of psychotherapy, parsing the history into three waves of psychotherapeutic movements. Tunnell and Osiason address dimensions such as the psychopathology- versus problem- versus solution-focused orientation of different therapy models; notions of linear versus circular versus dynamic causality; and therapist as expert versus patient as expert stances. Discussing AEDP's stance of nonhierarchical, non-expert connection, its theory of psychopathology as rooted in aloneness, and its focus on transformation and emergence, the authors propose that AEDP 2.0 might represent a fourth wave in the history of psychotherapy.

Next is AEDP's phenomenological focus and experiential methodology. In Chapter 4, Yuko Hanakawa addresses moment-to-moment tracking of felt sense experience as a foundational principle of AEDP. She unpacks moment-to-moment tracking, explores the neuroscience that informs it, and shows how it guides interventions. She develops a taxonomy of different types of tracking and details fascinating science behind each, including the insula-based science of the felt sense. It is worth noting Hanakawa's clinical examples are 15 to 45 seconds in duration! Reading her account of the subtle changes she is tracking in response to interventions is like watching a videotape frame by frame.

While Hanakawa's tracking focuses on the patient, in Chapter 5, Benjamin Lipton addresses himself to the self of the therapist. He makes a powerful case that the therapist's therapeutic presence is itself a powerful affective change process in the patient's therapy. He focuses on the moment-to-moment tracking of the *therapist's* experience and explores the nature of therapeutic presence in an attachment-based model. He shows how for AEDP therapists, the moment-to-moment tracking of our own experiences can also be leveraged

effectively in the service of the patient's therapy, as his case examples vividly illustrate. Lipton applies the four-state transformational model to the therapist's experience, showing how it may also complement, rather than only directly parallel, that of the patient.

Chapters 6 and 7 by Karen Pando-Mars and Ronald Frederick, respectively, use developmental research, research into positive neuroplasticity, and AEDP's three representational schemas—the Triangle of Experience, the Self–Other–Emotion configuration, and the Triangle of Relational Comparisons<sup>4</sup>—to show both how our early experiences shape our patterns and also how therapeutic work can rewire, restructure, and thus transform emotional (Chapter 6) and relational (Chapter 7) experiences. However, the nonshaded part of the Venn diagram of these two chapters is considerable: Pando-Mars focuses on the processing of emotional experience, especially the unprocessed emotional experiences of the past, whereas Frederick focuses on restructuring the patient's internal working model by relationally processing the patient's here-and-now corrective relational experience with the therapist. Thus, their respective chapters appear in different sections.

In Chapter 6, the last chapter in the Context and Scaffolding section, Pando-Mars elaborates the psychodynamic scaffolding of AEDP's experiential practice. She takes on AEDP's three representational schema triangles and shows how they allow us to orient and track the therapeutic process. It is a masterful unpacking and updating of the AEDP 2.0 understanding of these schemas. In the clinical example, using the categories of the representational schemas to track the therapeutic process move by move allows Pando-Mars to break through the rigid avoidant defenses that had kept her patient frozen for 15 years, undergirding current experiences now threatening to ruin her marriage. The clinical work powerfully illustrates how the updated representational schemas help guide the moment-to-moment tracking of the clinical material as it unfolds and also help the selection of interventions. Here, we also have a clear example of how insight follows transformation, as opposed to preceding it.

With context and scaffolding now in place, the next two sections take on the *how-to* of the transformation of emotional suffering, with chapters about how to bring forth and then harness the transformational power of adaptive core affective experiences (Chapters 7–9), and then chapters on how to transform the pathogenic maladaptive affective experiences to make the most of the information residing in them (Chapters 10–12).

We begin with the processing and metaprocessing of core affective relational experience. While the internal working model reflects how children's experiences with their attachment figures become internalized in psychic structure, new positive relational experiences, including new experiences in adulthood, can transform the internal model. In Chapter 7, Ron Frederick discusses how AEDP's three representational schemas help guide the sometimes quite

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<sup>4</sup>Diagrams for all of the representational schemas mentioned here may be downloaded for free (<http://pubs.apa.org/books/supp/fosha>).

painstaking yet profound here-and-now relational processing work by which the internal model can be rewired. Frederick focuses on interventions to both “melt” and restructure defenses to help his patient expand his initially limited receptive affective capacity and thus be able to take in and make the most of the corrective relational experiences his therapist is offering.

In Chapter 8, Ben Medley’s focus is on State 2 emotion processing. In a thorough review of emotion and the all-important construct of the adaptive action tendencies wired into each emotion, Medley explores what processing emotional experience entails and what bringing emotion processing work to completion is all about. He focuses on the technique of *portrayals*, an imaginal technique, and describes different types of portrayals and their uses. In one of Medley’s clinical examples, he helps his patient ride the wave of emotion from the first inklings of something stirring, through fully accessing, processing, and working through the emotion and its meaning to the end, and then to the release of the emotion’s adaptive action tendencies and the changes that follow.

In Chapter 9, Eileen Russell advocates for expanding the State 2 categories of core affective experience to include experiences of agency, will and desire, and expands AEDP theory into the realms of autonomy, separation and differentiation. She explores what’s needed in therapeutic work with those individuals whose sense of “I” was thwarted by abuse and neglect or never fostered or sufficiently encouraged to bring online their agentic selves (or both). Russell introduces a technique she calls *attuned disruption*, with the distinct purpose of challenging and disrupting these patients’ comfort zone, letting them tolerate some anxiety without rushing to immediately regulate it to stimulate the emergence of at least glimmers, and eventually fuller experiences, of agency, will, and desire.

The clinical work of the authors in the chapters to this point (i.e., Chapters 2–9) has relied mostly on the four-state transformational model, a summary visual of which can be found in Figure 1.1). The authors of Chapters 10 to 12, especially, though, 10 and 11, write about the impact of trauma, both abuse and neglect, manifesting in phenomena we call *maladaptive affective experiences*, a category of State 2 experiences constituted of the *pathogenic affects* and the *unbearable states of traumatic aloneness*. These phenomena require a more elaborate diagram to show how they are located in the transformational process, which is schematically represented in Figure 9.1. One of the main differences between the two types of State 2 experiences, the adaptive core affective experiences and the maladaptive affective experiences, is that whereas the adaptive core affective experiences *are* transforming, the maladaptive affective experiences *need* transforming. Unlike adaptive core affective experiences, when it comes to the maladaptive affects, it is not possible just to track them, help the person bear them, and help the patient process them to an adaptive completion. The maladaptive affective experiences do not complete; they are not finite and, left to their own devices, do not have adaptive completion. Merely helping patients experience them is contraindicated and can be downright traumatizing or patho-genic (i.e., creating suffering).

Yet, as Lamagna (Chapter 11, this volume) writes, “maladaptive affective states carry meaningful information about the truth of a client’s lived experience” and as such are deeply valuable. In Chapters 10 and 11, first Piliero and then Lamagna put forth deep wisdom about how to work with these challenging experiences, and in the process, each of them extends AEDP theory and practice with respect to work to transform these otherwise maladaptive and pathogenic experiences. Then in Chapter 12, Kari Gleiser reprises the theme of rewiring the internal working model, this time in the context of working with complex trauma and dissociation.

In Chapter 10, SueAnne Piliero puts forth her notion of the therapist’s “fierce love” as a powerful stance and set of interventions that seek to transform patients’ pathogenic affects of toxic shame and the entrenched pathogenic self-states to which the pathogenic affects give rise, defensive states in which patients’ sense of or beliefs in their own badness or unworthiness has infected the self. These pathogenic beliefs function as entrenched defenses against both (a) “taking in” the care of the therapist and also (b) seeing one’s own fundamental self-worth. Self-loathing arises to stave off unbearable pain and also as a manifestation of the vain hope that something of the bond with the attachment figure can be salvaged. Piliero expands the AEDP relational repertoire, using fierce love and fierce advocacy on behalf of the patient’s self to seek to penetrate these entrenched defenses and transform the underlying unbearable maladaptive affective experiences to reveal the core authentic self.

If Piliero takes on how to work with the entrenched defenses that arise out of maladaptive affective experience against the self, Jerry Lamagna describes how to work when defenses have collapsed and maladaptive affective experiences show up in raw form. In Chapter 11, he takes on the transformational challenge of another aspect of State 2 work: when patients are in the throes of reliving the traumatic aloneness they once experienced and the pathogenic affects flood them with felt memories of abuse and emotional abandonment. What ups the ante here is that when in the midst of these experiences, patients can neither self-regulate nor accept dyadic affect regulation from the other. In Lamagna’s intra-relational interventions, the experiential work takes place in the “relational space between therapist, client and self-states containing felt memories of abuse and emotional abandonment” to facilitate the emergence of patients’ compassionate response to their own suffering, what Lamagna calls “tending and befriending” these “forsaken self-states.” Lamagna uses updated versions of the *triangle of experience* and the *self-other-emotion triangle* to navigate these challenging waters, exploring the use of the latter to select entry points for optimally effective experiential work.

The next theme of this section is complex trauma and multiplicity. In Chapter 12, Kari Gleiser explores the application of AEDP’s experiential attachment work to patients with complex trauma and dissociation. Relational work, particularly in the here-and-now of the patient–therapist dyad, has often been discouraged in the past, even contraindicated with these patients. Gleiser disagrees. Introducing a new representational schema, Gleiser uses the *relational prism* to help her choose whether to use (a) relational work, (b) intra-relational

work, or (c) transitional work involving the therapist and a dissociated part. Her clinical work shows how secure attachment can be aimed for, and achieved, in all three realms. The relational prism can help therapists treating patients with severe fragmentation and patients on the dissociative identity disorder spectrum choose optimal strategies to foster secure attachment in whichever relational realm they need to engage.

The last section of the book is devoted to articulating the transformational theory of AEDP 2.0 and looking toward the future. Chapters 13 and 14 explore how AEDP 2.0 conceptualizes integration, flourishing, core state, and the core self, contributing to articulating AEDP's transformational theory, including the hypothesized neurobiological mechanisms underlying the affective changes mechanisms that transform suffering and bring flourishing about in AEDP.

In Chapter 13, Danny Yeung seeks to answer the question "What went right?" by zeroing in on metatherapeutic processing and the profound integration that characterizes core state, and bringing in concepts from neurobiology to shed light on them. His chapter explores the neurobiological underpinnings of what we believe goes on in the brain and nervous system when transformational experiences are being processed in AEDP. In a dialectic that goes back and forth between AEDP's transformational phenomenology and research findings on subcortical brain structures and the autonomic nervous system that have been shown to mediate attachment and integration experiences, Yeung attempts to understand the neurobiology of sacred experiences while simultaneously demonstrating how readily they emerge in State 3 and State 4 work in AEDP. Whether we are dealing with the extraordinary phenomena of core state in AEDP, as illustrated in Yeung's two clinical examples, or the phenomena of sacredness and transcendence shared by the major contemplative traditions of our civilization, both those sets of experiences help undo our sense of existential aloneness and connect us with one another. The more we understand the neurobiology of such experiences, the more adept we can become at facilitating them, whether through the clinical practices of transformational therapies such as AEDP, or through the transformational practices of the contemplative traditions worldwide.

The theme of Chapter 14 is the evolutionary mandate to flourish, captured in a powerful phrase from Antonio Damasio: "We are organized to be better than fine." In this chapter, I seek to broaden the transformational theory of AEDP 2.0, folding into it the resonant and congruent insights from positive neuroplasticity, the broaden and build theory of positive emotion, energy-based understanding of our evolutionary mandate, and neurobiological theories of the core self, and builds on them. Given that positive affects are the phenomenological expression of processes that underlie optimal adaptation, resilience, plasticity, and subjective well-being, I begin with articulating a taxonomy of positive affects that arise in the context of AEDP's experiential work with healing and transformation, an impressive lexicon of positive phenomenologically distinct affects associated with distinct psychological and therapeutic situations, ripe for being put to therapeutic uses given their energy-rich

properties. This chapter focuses on the importance of the energetic affective dimension of work with transformational experiences and the innately integrative power of the neurobiologically based core self to link the transformative glimmers of State 1 to the integrative unitive phenomena of State 4 (i.e., core state). The chapter also explores how AEDP's methodology is quintessentially well suited to entrain that evolutionary mandate to flourish into our day-to-day clinical practice. It ends with AEDP 2.0's connotation of the word "core" as fundamentally healthy and healing. Health and healing emanate from the core.

Finally, Chapter 15 is an epilogue devoted to exploring directions that AEDP might take in the future. Having only just finalized the platform of AEDP 2.0, I already look toward the possibilities that AEDP 3.0 might hold. Applying AEDP to the treatment of people whose traumatic suffering is either caused and/or amplified by different forms of societal oppression; exploring what understanding of AEDP's mechanisms of change might be yielded by the process–outcome research that is yet to come, and research on the neurobiology of AEDP's mechanisms of change are all emergent areas that promise to change AEDP as it expands to support their emergence.

As noted earlier, the Appendix of this volume contains a summary figure that schematically represents the phenomenology of the four states of the transformational process, figures representing the schematic representations, and a summary figure of the phenomenology of the four states of the transformational process which also includes the maladaptive affective experiences. The Figures also appear in the chapters where they are mentioned and all are available for download at <http://pubs.apa.org/books/supp/fosha>.

## CONCLUSION

This book is the outcome of a deep collaboration, or rather a "multillaboration" (i.e., the labor of many), and the labor in the multillaboration is a labor of love. This book is about AEDP 2.0, a transformational model of clinical work that substantially revises previous theories of psychotherapy: It eschews psychopathology as a central explanatory construct of therapy, instead using healing as a point of departure. It is also about AEDP as a living emergent model, one that is discovered anew by each therapist, by each therapeutic dyad, by each community. This book puts forth a theory and a practice that have been coconstructed, copracticized, and coembodied over 2 decades by the authors represented here, by our faculty colleagues, and also by our colleagues in the expanding community of AEDP practitioners worldwide.

The work represented here, in the chapters of this book, constitutes a platform for launching the next rung of the transformational spiral. Recursively, the transformational theory informs clinical practice such that new phenomena emerge, which in turn stimulate further developments to account for them and how to work with them clinically, which in turn lead to new phenomena, necessitating further developments. And so on. This upward

spiraling transformational process mirrors the historical evolution of AEDP as a model: cocreated, phenomenological, relational, emergent, and grounded in nonlinear dynamic systems. And, as we, the contributors, offer it to you, dear reader and practitioner, we hope to further facilitate its intergenerational transmission in how our model will be embodied through you.

We now invite you into this whirling dervish of an ever-emergent, relentlessly relational, relentlessly transformational model. Let us undo your aloneness. Whether you are encountering AEDP for the first time or you are an experienced AEDP practitioner, we hope this book might inspire and accompany you, and maybe, just maybe, change something, even if just a little bit, either with newness, or maybe with a revelation about something you thought you already knew. Maybe, as a result of immersing yourself in this book, your clinical work might change in a way that would give rise to new transformational phenomena, which in turn might inspire you to work a bit differently. And maybe, in the process, you too might change a little bit, growing, transforming, feeling seen and recognized.

Welcome to the dynamic transformational spiral that is AEDP. Welcome to AEDP 2.0.

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