Working with Trauma in AEDP: How we Provide the Corrective Emotional Experience

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“The ability to process experience, together with an understanding other, is mutative: it transforms the experience, the self, and most likely the other.”

(Diana Fosha, 2000)
How We Seek to Facilitate Change

- **Explicit Experiential Work with Relational Experience**

  ~Right-brain-to-right-brain communication: gaze, contact, connection

  ~Receptive affective experiences (*attachment, care, empathy, recognition*)

  ~Positive intersubjective experiences: moments of meeting, delight, contact
How We Seek to Facilitate Change

♦ The Experience & Expression of Categorical Emotions

Examples of categorical emotions: Grief, anger, joy, surprise, disgust, and fear—the primary colors of our emotional lives *(a la Darwin)*. Processing them through to completion AND/OR shift to positive affect, click of recognition, experience of satisfaction

“...nothing that feels bad is ever the last step.”

*(Gendlin, 1981)*
How We Seek to Facilitate Change

- **Shedding/Melting Defenses/Removing Blocks**

  ~ Psycho-education around the adaptive nature of the defensives, while pointing out the current cost of them.

  ~ Honoring the patient’s choices to date.

  ~ Acknowledging/appreciating the fear and reluctance to activate painful affects.

  ~ Melting defenses by building compassion for the self.
How We Seek to Facilitate Change

◆ Somatic Focusing

Shifting from “in the head” thinking to “in the body” sensing and feeling. Experiencing rather than interpreting or analyzing. When one has a “felt” sense of your experience, you become more deeply connected to one’s self.

*Non-verbal cues are typically the first indicators of a patient’s experience of safety or danger in response to the therapeutic relationship, the environment, and internal cues.

The steady, somatic focus on the patient’s experience and it’s “felt sense” accomplishes 3 goals:

1. Reduces anxiety

2. It lets the patient “Drop Down” from a defensive position to one more connected with emotion.

3. Increases right-brain dominated, affectively loaded experiencing.
How We Seek to Facilitate Change

Dyadic Regulation of Affective States

The emotional psychobiological lending of a hand (Fosha, 2000)

Upregulating.....when we want to amplify, deepen, elongate the experience

Downregulating...when the experience becomes too intense

This is the essence of dyadic regulation: the individual has expanded affect regulatory capacities from the combined resources of the dyad, which s/he eventually internalizes.

“Over the course of treatment, the therapist’s role as a psychobiological regulator and co-participant in the ‘dyadic regulation’ of emotion especially during clinical heightened affective moments...can facilitate the emergence of a reflective capacity and an “earned secure’ attachment.”

(Schore, 2003)
How We Seek to Facilitate Change

- **Empathic Reflection of the Self and the Experience of Recognition**

  Reflecting the “Self” through the empathy of the “Other” evokes change.

  Making authentic contact with an “Other” allows one to go to a deeper place where something new and deeper happens and the “Self” is transformed.

  The Individual develops a deep sense of, as Fosha says:

  “…..Existing in the heart and mind of the other.”
How We Seek to Facilitate Change

- Intra-Relational Work with Ego States
  
  ~Internal attachment work;
  
  ~Explicit focus on processing the moment-to-moment somatic/affective experience of relatedness to Self
How We Seek to Facilitate Change

- Privileging the Positive

“Without denying the formidable concrete, we focus on the blade of grass.”

(Diana Fosha)

We're constantly on the lookout for glimmers of resilience and resourcefulness, harnessing them, reinforcing them.

We zoom in on the achievements of the patient no matter how small.
How We Seek to Facilitate Change

- **Building Receptive Affective Capacity**

“If our patients cannot ‘take in’ (or receive or resonate to) what we or others offer them, no revision of the pathological inner representations is possible, and little character change can occur.”

(Leigh McCullough, 1997)
How We Seek to Facilitate Change

Rebuilding Self/Other Concepts

The rebuilding of self/other concepts is a complex process involving working on two fronts simultaneously:

1. Building Self by identifying with and internalizing the caring and compassionate therapist.

2. Simultaneously relinquishing the inner representations of the non-compassionate early caretakers.

The goal is to develop a new sense of self worthy and able to receive care

(Leigh McCullough, 1997)
How We Seek to Facilitate Change

**Metaprocessing—A Hallmark of AEDP**

Reflecting on the experience throughout the experience (“m”) and at the end of the experience (“M”).

Metaprocessing often elicits:

--- Transformational affects of JOY & PRIDE;

--- Emotional pain associated with “Mourning the Self;”

--- The “Healing Affects” (a) feeling moved & emotional within oneself; (b) love, gratitude & tenderness toward the Other
AEDP Clinical Interventions

- Relational
- Restructuring
- Experiential
- Reflective/Integrative
RELATIONAL INTERVENTIONS

- Validating, affirming, appreciating the patient for his/her experience: expressing care, compassion and concern
- Offering encouragement and being helpful
- Exploring the patient’s reaction to support and affirmation
- Expression of the therapist’s empathic response
- Reciprocal monitoring of nonverbal behavior
- The exploration of relational experience
RESTRUCTURING INTERVENTIONS

- Identification, labeling, and clarification of defenses
- Appreciative Reframing of Defenses (*validate survival value of the defense*)
- Bypassing defenses (*overtly and covertly*)
- Distinguish between thoughts and feelings
- Cost-benefit analysis of defenses
- Working with anxiety
- Slowing down pace and making room (*entraining emotional processes*)
- Specificity and detail to bring the experience near
EXPERIENTIAL INTERVENTIONS

- Moment-to-Moment tracking of the patient’s internal states
- Promoting a “Felt” Sense & Somatically rooted experience of the emotion
- “Staying With” emotional experience
- Naming and acknowledging affective experience
- Mirroring the patient’s affect (affective resonance)
- Portrayal (guided imagery exercise)
REFLECTIVE/INTEGRATIVE INTVENTIONS

- Metaprocessing of the experience of emotion
- Exploring receptive experience of the relationship and relational support
- Exploring the experience of mastery
- Being exquisitely present and listening deeply
Primary Treatment Goal in AEDP

“In treatment—as in attachment situations that go well—the goal is to counteract pathogenic aloneness by establishing a safety engendering therapist-patient relationship based on the availability and responsiveness of the therapist.”

(Fosha, 2000)
Affective Competence of the AEDP Therapist

- Emotionally present, engaged and caring
- Attuned and responsive to emotions and emotional needs
- Empathic, validating and affirming
- Go “beyond mirroring” in processing intense emotions
- Reflective self-function is intact and operative
TAKE HOME POINT:

“To be safe in the here and now, you have to give people what they needed in the there and then.”

(van der Kolk, 1999)