Diana Fosha about AEDP

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Diana Fosha, Ph.D., is the developer of AEDP, a healing-based, transformation-oriented model of psychotherapy. She is the author of *The Transforming Power of Affect: A Model for Accelerated Change* (Basic Books, 2000), and of numerous articles and chapters on transformational processes in experiential psychotherapy and trauma treatment. She is the editor, along with Dan Siegel and Marion Solomon, of *The Healing Power of Emotion: Affective Neuroscience, Development, and Clinical Practice* (Norton, 2009), part of Norton's Interpersonal Neurobiology Series. A DVD of her AEDP work with a patient has been released by the American Psychological Association, as part of their *Systems of Psychotherapy* Video Series (APA, 2006). Throughout her career, she has been exploring different aspects of the change process. Her work on transformational studies has focused on integrating recent developments in attachment theory, affective neuroscience, emotion theory and developmentally-based understanding of the dyadic regulation of affect into clinical work.

Serge Prengel, LMHC is the editor the *Active Pause* project.

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: This is a conversation with Diana Fosha. Hi Diana.

Diana Fosha: Hi Serge. Lovely to see you.

S P: Same here. So, what is AEDP? How can we talk about it?

D F: OK, yes indeed. We could do a five day workshop on it and I can try to give you a two, three, four minute answer. So we'll go for the latter. I think of AEDP in two ways really and one is that it is a comprehensive model of psychotherapy with a theoretical framework, a set of characteristic interventions, a well delineated phenomenology, which I'm going to talk to you about in a little bit. I think of that as AEDP proper. There's also a way in which AEDP is a unified field theory of change, and that is really what just fascinated me over all these years: that AEDP is really of model of transformational processes.

S P: Ok. So maybe a good entry point is actually knowing that it has all of these dimensions, to enter it from the angle that it's a model of transformative processes.

D F: Yes, so that one of the things is that I by nature am not territorial, and so just as I am interested in describing the transformational processes that are characteristic of AEDP narrowly defined, I am also interested in transformational processes of all transformational models, their transformational dynamics or phenomenology, regardless of what model or set of interventions somebody uses.

S P: So it's a fascination with the transformation process.

D F: Yea, yea, and with very specifically defining the phases of the process and the phenomenology characteristic of those phases. So this actually gets me back to AEDP in a very specific way in that it's not…I'll tell you also what it's not.

S P: OK.

D F: It's not a manualized treatment, it's not a how-to, it's really a phenomenology based model where the therapist's interventions, and really how the therapist treats the patient, has everything to do with different phases in…or the phenomenology of different phases of the transformational process.

S P: So, in other words, to see if I follow you, there is a…some sort of a road map which is not linear…

D F: Yes.

S P: And there is the therapist interacting with the patient having that road map in this journey.
D F: Yes. I think that's actually a very lovely, lovely way to talk about it. And the road map, right, gives us the sort of…some sense of where we are and some sense of where we want to go – some sense of being able to "read" what one is encountering, in the interaction, in the experience of the patient, can guide the next set of interventions so…right.

S P: So in a sort of way as I'm following you that that sense of so called primitive people in the middle of nature being able to find all these clues so that sense of the terrain is really helping you where go you want to go.

D F: Exactly, exactly. And the terrain is really the…what I call the phenomenology of the transformational process. The content will look very different. the dynamics of each individual will be very different, …I mean…the infinite variety that each dyad…is also really co-constructing, but that it's the phenomenology of the transformational process is invariant. It's not specific to an individual, it's not specific to a method, it's not specific to a process. It's the beauty of the phenomena that guide us.

S P: Yea, yea. Great. So that feels actually very very welcoming as a sense that you're in the middle of a very very very unique experience, that happens with this very unique client, this very unique therapist, this very unique session…and at the very same time, you're in the middle of something that is far wider and is something larger and common, and has a lot in common with all the other transformative processes that happens to all the other clients and therapists and so on.

D F: Exactly, exactly.

S P: So we're talking around that sense that AEDP is based around that model.

D F: It's based around that model. I think that there are a couple of things that I would say at this point, are certainly distinguishing features of AEDP, possibly, I'm going to say unique, at this point in the history in the field. though maybe they won't be unique in a little while. I think that it's the phenomenology of the transformational process, what I was talking about just now, that applies across models and terrains and individuals I mean, that's one thing…but I think what we're doing that's pretty specific at this point involves also having a sense of dyadic experience. We're mapping

the phenomenology of the dyadic terrain. And you know, every therapy in the universe, regardless of what its methods are, depends on the good patient therapist relationship. However, what AEDP does is that it takes that relationship out of merely being this nice hummmmm in the background, where the relationship is just operating implicitly. So one of our phrases is, or one of the phrases that I teach with is that we seek to "make the implicit explicit, and then make the explicit experiential."

S P: Ok. So very interesting that what happens, a characteristic of the therapeutic relationship is that it involves a client and a therapist, so a central part of this approach is to pay attention to the phenomenology of the dyadic relationship, and to make the implicit explicit, and the explicit experiential.

D F: Exactly. And that…so it's not just for instance, a relationship that, as I said, is operating implicitly, but what we are exploring can involve the client's experience of the therapist? or what's the client's experience of the relationship? What's the client's experience, receptive experience for instance, of being with somebody who's empathic towards them.? Empathy makes it go, but then if you actually focus on the receptive experience of empathy, then it becomes a whole different thing.

S P: Right, right. So we're not just staying at the level of empathy as necessary or important, but what it does in the experience of the client.

D F: Exactly, exactly. And then it becomes a world of its own, because empathy is really not what the therapist offers. It is what the therapist offers, but the part that matters is what the patient receives, the client receives. so In AEDP we work with the experience of that that receptive experience, just sort of hanging out there and working with it experientially…When it gets in, how it gets in, if it gets in, why it doesn't get in, what it has to do with past, etc.…

S P: So just simply in saying that it's a very… it's a great illustration of how it's a dyadic process because you're not focusing on say well the therapist has to offer this, but you say what the therapist offers, actually what counts, is how it's received and how it resonates and how it's experienced.

D F: Exactly. And that way tells us a lot about the client, the therapist, the relationship, what's new, what's old, what's the story, what's emergent. I mean, that itself becomes all of these moments of experience whether they're dyadic or intrapsychic, or, you know, becoming these opportunities for a just a very, very profound exploration in the context of the dyadic relationship.

S P: Yea. So, for instance, what's happening in a session that is going to in a way show how this model is affecting the way the therapist relates to the client?

D F: Just ask that again.

S P: Yea. So in a way how in a session would you describe how this model affects the way the therapist relates to the client?

D F: I think there are a number of things. I think one is an encouragement…a number of things and sometimes they clash and sometimes they're harmonious. But one is to really help the therapist assume a stance that's welcoming, that's open, that's inviting, that's receptive, and that's very, very much focused on having a very low threshold for noticing all the client is doing that's in a healing

direction. It's a very healing oriented, very non-pathology oriented model; so a very low threshold for noticing health, moves toward health, contact, healing, on the part of the client. So one. a predisposition and orientation on the part of therapist in that way, I think that's one. And the second has to do with just attunement, so it's not one stance towards all. It's really the attunement, some sense that each dyad is unique, and just being aware of that. Again, the invariance is trying to foster presence, slow down the process, shift in internal focus…again these are general things, not specific to AEDP, but that in the process of that really noticing the rhythms of the dyad, what happens, much more being curious about what emerges rather than purely trying to make something happen.

S P: So, in a way to just start from the second to the first, that curiosity, that attunement, that really paying attention at the very moment by moment, very minute, very subtle level of what's happening, not the agenda of something has to happen but what is happening. And your first point is in a way this is in a context where being very aware of finding what is positive that's happening to nurture it and encourage it.

D F: Absolutely. Nurture it, encourage it, and mirror it back to the client so they themselves start to acquire, or to have, a sense of that in themselves, because you know people are traumatized and in the midst of a lot of suffering and come in all too aware of everything that's wrong with them, there's a lot of shame, a lot of sense of doing things horrendously, and of having failed miserably or feeling inadequate to all sorts of situations. That's the sense people walk in to treatment with, in the midst of their trauma or difficulty or whatever. And sometimes, surprisingly unconscious, there is this resilience; people are coming in sort of prepared to encounter one sense of oneself, and then they're surprised of how they…in a way the shadow side is the light side, that's what gets revealed.

S P: Yes. So that thing that you are very afraid of is actually the source of your strength.

D F: Yes.

S P: And it's done by simply that gentle accepting presence, mirroring presence of the therapist, so that in a way it's not through a lot of explanation necessarily, but then mirroring that makes the shadow acceptable, that reveals the strengths.

D F: Right. Right. And that very often it's the light that's in the shadow, in terms of just a lack of awareness of strengths, potential, you know how much move towards healing was there is, and that's so often not at all in the experience or awareness of the client.

S P: Yea. So what shows very nice as I'm listening to you is it feels like this gives a lot of meat on the bones to what you said earlier at the beginning about it's a model of transformation, and it feels like you have articulated very nicely that sense of ok this is how transformation happens. There's like a learning, and that learning is helped by the curiosity and the mirroring, so it's very much going to a source of attachment as a way of learning, and a very good condition for learning.

D F: I couldn't have said it better myself. But that's true, that's really true. That is one of the fundamental aspects of the attachment relationship, which is providing both the holding environment but mirroring, and providing opportunities for learning and we're doing it all in this both safe but affirmative…the importance of the positive, the nature of the positive relationship, of valuing, delighting, appreciating, as well as empathy and compassion. But then this whole other

aspect which has to do with delight, which has to do with enjoyment, not just empathy, which is one fundamental aspect, and attunement is another. But when it's there, and it can be there spontaneously, delighting, enjoying, really allowing that experience of delighting in the patient… It's like the pleasure of the parent and the baby.

S P: Yea. So again, very strong role of the emotion part, and so it's not surprising that the E is part of the name.

D F: That's right. Yes. Yes. Experience and emotion. Absolutely fundamental. That's another sort of part of the grid on which we work, which is also being in the moment and tracking and being there but also with an eye taught towards fostering a dropping down into visceral experience, into access, into emotion. Really, the role of cognition is at the very end. It is much more integrative after a process or an experience has gone through The focus in the earlier parts of the process of the session being much more on fostering the emotion, focusing on emotion, focusing on experience, and getting out of interpretation with the therapist. None of that, very little explanation beyond minimal psychoed, and otherwise just getting them into a space where the various phenomena start to do their thing.

S P: So, in a way, to use your phrase about making the implicit explicit, what we're also saying is that there is a big role to the body that's implicit in there, that change, a lot of the process is something that happens at that visceral level, and the attunement that you described is also something about, that the tension and resonance to the body as it's happening, so it's very much a bottom-up process.

D F: Very much a bottom-up process. Part of this making the implicit explicit and the explicit experiential is really exploring the felt sense of whatever is under consideration rather than an idea or a narrative, we are very much focused on, yes, what's in the body, what's right-brain mediated, what's at that level of experience in helping the person, helping the patient, the client. We may just have a very felt sense of whatever is emerging in the context of whatever we're doing.

S P: So is it possible maybe to talk about what might be happening in a given session to have a sense of that?

D F: Sure. I think just the sense of working with whatever the patient brings in and finding a focus, again not a focus in a kind of cognitive way, but through the attunement, through the attunement, through the slowing down, through the dyad, really just paying a lot of attention to what's going…to the person's experience in that way. Then finding, and it's kind of natural focus when there's an issue and the experiences that go with it, whether it's a feeling, whether it's an experience in the relationship, and then processing that.

S P: So, you say paying a lot of attention to what's happening, so let's say a client comes and say is angry about her boss or something of that nature, so in a way what happens then?

D F: What happens is , one I'm imagining really appreciating something about the client's bringing that in, their honesty, their directness, something. That, and then asking for a very concrete description of a moment in that fight or that incident with the boss, and then really starting to work to facilitate with the patient her access to that experience of anger, anger at the boss, and what it feels like in the body, what the felt sense of it is, and really sort of processing that through, sort of getting it as visceral as possible, and then seeing what happens. Sometimes it links to the past,

sometimes it can just go through into an action tendency, like I'm thinking in this particular case, it then feeds back into some aspect of the patient; like now that she's done this piece of work, she can feel assertive, or less depressed, or more regulated, or whatever it might be. And assuming that the process has gone through, because it would be just as productive if we were working with what are the blocks to not being able to feel angry, what are the blocks to not being able to express, that's also productive. But in this little case I'm making up, it's going through, and the person, this woman, she's a woman in my mind, she's a woman, she's just really touched something really important and has really felt her anger and experiences a transformation in her body. She feels strong, but she feels less anxious, less depressed, something like that. For us as that point, that's when this other phase of AEDP that we haven't really talked about and that's equally characteristic of it, that we call metatherapeutic processing begins, where we're actually processing transformational experience, with as much focus and attention as we process emotional experience. So the first phase was let's say we're focusing on her anger, and wherever it goes in an adaptive, positive way. The second phase of the work, the metaprocessing involves so what is it like for you to now feel such strength in your body? what is it like for you to have a confidence that you didn't have before?, what is it like for you and me to do this together, that you came in all bent out of shape and now you have a sense of your own power?. Working with a patient's experience of the transformation that they had just had…unleashes yet another transformational process. That's an AEDP…that's a sort of generic AEDP session.

S P: Right, right. So first, in a way, the problem, the issue, the topic, and then processing the process.

D F: Yes, metaprocessing involves processing the process. And really, very often, though not always, the initial processing is usually of negative emotions that are usually troublesome for people, whether it's grief, or rage, or fear, or terror, or shame…the trauma processing usually involves the processing of negative emotions; whereas the processing of transformational experience is usually working with positive emotions… because the person has just accomplished something, we've just done something. They feel so much better in small or huge ways, and the dyad has accomplished something, or the person has felt empathized with. Whatever it is, it's something positive, and then working experientially with all other positive emotions that emerge as a result of what the dyad has just accomplished is another whole process, and counter to maybe intuition or just what some people believe who sort of pooh-pooh positive emotions, they are often even more anxiety producing than the negative emotions, so it's not like it's just some Pollyannish kind of la-dee-da, isn't everything great.

S P: In this example I can see that in a way it's about ok now you know that you can get into an assertive stance but how can you stay in it, and just have...part of this is about the ability to stay in that state and the ability to understand the process of getting from the negative to the positive.

D F: And realizing all of the stuff that comes up: the shame that comes around positive things, guilt, non-entitlement, fear, vulnerability. It feels very intimate, it feels very close to self, so it's not some linear process. It's yet another opportunity with very deep, deep processing. So, yeah.

S P: So I can see that, as you describe it this way, a sense of it's really an entry into a process of deep change.

D F: Yes. And, how transformation sits in the psyche, because while it's very much desired and yet, it's also frightening and new and unsettling and has to be processed, as much as anything else.

S P: Thanks Diana.

This conversation was transcribed by Tanice Prince.