Review



We can meet our clients from authentic care and compassion while at the same time respecting our clients' agency and their own practice of self-care.

The importance of self-inquiry. Find your way back to 50/50. I can have my side of the street AND be in connection (secure relating).

When working with the impact of relational and attachment trauma, it is critical to be aware of how we are impacting our clients in real time. Tend to your inner child when in stress or collapse.

Seeing your humanity with compassion allows you to do the same for your clients' humanity (intersubjectivity).

Review



Client sets intention for therapy and then open for exploration: "I want connection, but I fear it." Embodied presence: Not taking sides nor tied to outcome.

Give me recent example of being anxious and then deconstruct present experience. Every emerging and unfolding moment can be subject of inquiry.

Reinforce agency: I can take ownership of my life. The bridge from child consciousness to adult consciousness. **Clients start to experience themselves as increasingly independent from the environment's response in determining how authentically they can experience themselves.**

Slow down with integration (savasana). It's easy to rush by. The very thing you want in therapy is happening now. Like reps in the gym the client continues to build capacity.

Be boldly relational: Your expressed vulnerability ("I'm moved and delighted;" "I have a lot of sadness coming up;" "What was it like to share that with me?") helps client deepen their experience. Healing relational wounds in a secure relationship!

The power of portrayals



AEDP: Accelerated Experiential Dynamic Psychotherapy- experiential model- healing through the process of emotional completion.

Client able to viscerally experience his or her feelings of anger and grief associated with a memory in the safety of the therapeutic relationship and then heighten and deepen.

AEDP is based on the idea that emotions are powerful forces that can drive change and healing.

Portrayals are real or imagined scenes from the past in which the client is invited to have a reparative or wished-for experience, thus having access to new experiences and emotional states.

Using the boundless possibilities of the imagination; many therapeutic benefits: Affect regulation, authentic experience, trauma healing.

The Portrayal Process

First, establish SAFETY. SANER: Slow down, affirm, notice, explore, and reflect.

Clients starts to take risks to access core affect in secure, trusting relationship. What was once overwhelming feels doable. What was overwhelming alone can be tolerated with another, the therapist.

Security is built through the many cycles of attunement/disruption/repair. Don’t worry about perfecting your attunement.

Portrayal Languaging

Look for an entry point: Glimmer of feeling, somatic settling. Client mentions a memory.

How old were you then?
Who are you are talking to? Where are you?
What do you see, hear, smell, feel?

Work in the here and now: What are you noticing NOW? I notice that tears are forming? Can you feel me here with you now?

To help deepen, therapists asks client to reflect (metaprocess) on the portrayal together: "What is different now? What is this like to do this together?"

Types of portrayals

Emotion to completion portrayals: Help the client access, express and process anger and/or grief. What was once scary and self-shaming can be tolerated and integrated.

Reparative portrayals: Helping client process grief that is stalled. Ask a client to imagine a lost other and then invite to say goodbye. Ask a client to imagine telling his father he was hurt and imagine his father apologizing (ideal parent figure).

Rescue portrayals: Client starts to feel anger toward the abusive parent and enters the scene to take the younger self to safety (flight response).

We are not discounting what happened! Portrayals can help the client access feelings unavailable/stymied at the time in the safety of dyadic regulation and then those feelings can be deepened and completed.

Portrayals: A case study



Jean is a 45-year old female who started therapy to address chronic anxiety, insomnia and excessive rumination.

Mom was cold and distant and dad loving at times but also overly critical and prone to explosive rage. She had an extremely abusive relationship with her first husband.

Contract: Tolerate her feelings and needs as they are. She became the family caretaker as a way to earn love. She works now as a physician assistant. The good girl. Overfunctioning.

Tension in chest and shoulders. Continuously scanning environment for danger even though there is no external threat.

“Stay with” and “stay with me” as a way of softening defenses.

She recalled a specific memory when she was 7 years old. Witnessed IPV with parents. Emotional learning: I don’t feel safe and my feelings and needs are scary.

Portrayals: A case study



Portrayal: In one session, Jean was feeling a lot of compassion for her younger self. She felt resourced. I then asked her to "paint me a picture" of the IPV memory. "And if we go to that scene together."

Client experienced a surge of anger which felt uncomfortable initially. "Can we stay with that?" Is this anger directed toward your father? Yes! "But it feels so threatening!" "You're doing great. We can do this together! What if you could just allow the anger as best you can?" Emotion to completion portrayal.

What's the impulse to do in this moment. Just go with it. Don't worry about consequences: "The two of us are intervening in the fight. I'm yelling stop, stop, stop." Ok, now what happens? "My father starts to cry and is apologizing for his rage. And I'm leading my mom to safety in her bedroom!"

Portrayals: A case study



Client starts to feel relief, calm, confidence, slow brain, and presence. I have her slow down with that (Pillar IV- integration). “Wow, that felt big. What was it like to do this together? What feels different now?”

Freeze state with high arousal was starting to discharge. Client was able to complete a fight (mobilizing) response unavailable at the time. What felt unbearable (unexpressed anger) was now bearable. Jean was integrating anger- an emotion she can safely access.

Studies: Witnessing IPV as a child- increased risk of experiencing IPV in adulthood, difficulty forming deep connections (trust issues), anxiety, PTSD and depression.

Portrayal Considerations

When client has psychotic episodes: Blurring of reality and fantasy.

Build safety first. Work in the here and now.

Gauge client's window tolerance. Tools to upregulate or downregulate to get to the green zone. Go slow if needed.

Some clients will have a difficulty connecting with younger self. In that case, try an external portrayal: Imagine a 10-year old boy with a raging father. What comes to you? Open your five senses to the scene. What are you noticing in your body?

The Triangle of Experience

The transformative experience of moment by moment tracking!

Core Affect (AEDP)

Core affects include grief, anger, disgust, fear, joy and surprise. They are genuine (primary) and serve a purpose in navigating life's challenges.

Each bodily rooted emotion has “a pulse towards completion” and has a corresponding **adaptive action tendency (know what is needed, what to do)**.

Grief ⇒ acceptance Sadness ⇒ comfort, belonging Anger ⇒ assertion

By defending against core affect we can remain stuck in overwhelm, avoidance and collapse.

Undoing the aloneness in the face of overwhelming affect. Using dyadic regulation in secure attachment relationship to move through emotion that was once stuck or overwhelming.

Core emotion will rise, reach a peak and then dissipate. We can do this together with client’s consent. Often the fear of connecting with core affect is that it will last forever or it will be too much to bear (“child consciousness”).



Default vs. Primary Emotion



Primary Emotion
Consistent with current situation
Often not familiar
Need organically emerges
Aliveness and social engagement
Heart Connection
Authentic/spontaneous expression of inner experience
Take us into unchartered territory
Connection to self and other

Default Emotion
Familiar
Manipulative- cry to control anger in other.
Pulling from the past; not appropriate with current situation
Feeling stuck in the work
Collapse or tension/overwhelm
Repetitive, habitual, automatic

Defenses (just a sampling)



Joking
Sarcasm
Smiling
Laughing
Vagueness
Changing the Subject
No eye contact
Eye Rolling
Mumbling
Constant apologizing
Not talking
Not Listening
Spacing Out
Tiredness
Criticizing
Perfectionism
Procrastination
Preoccupation
Irritability
Depression
Excessive caretaking
Negative thinking
Judging others
Judging ourselves
Prejudice
Racism
Grandiosity
Misogyny
Working too much
Numbness
Helplessness
Over-exercising
Over-eating
Under-eating
Being secretive
Cutting
Obsessions
Addictions
Suicidal ideation
Fantasy
Misguided aggression (angry at your partner when you're really angry at your boss)

Ways to bypass or melt defenses

Defenses are a way to shut down/avoid core affect. If we can welcome our clients' emotions, it can act as an antidote to shame and anxiety and the corresponding defenses!

Can we bypass or melt defenses to give our clients the opportunity to start to ride the emotion wave to completion?

First, build alliance and safety with client. This is not about "jackhammering" defenses. Assess window tolerance to regulate with less defenses.

What would be feeling right now if you weren't blaming your friend? Could you say that again without judging yourself?

What do you fear most when you think about grieving the loss of your brother? I would cry and never stop crying. So, you **have this idea (or belief)** that you would never stop crying?

Ways to bypass or melt defenses

Defenses are positively reframed as protectors and adaptive: A way to sustain the attachment relationship. “What a brilliant solution in that situation!” “You made yourself small when dad raged.” “You shut down your feelings and needs to be there for your mom.”

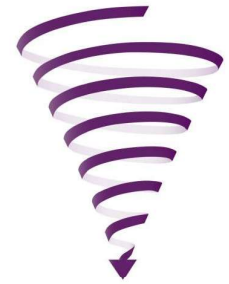
Explore the cost of holding onto defenses: Loneliness, burn out, emptiness, feeling stuck, anxiety, dimmed light.

Self-disclosure: Genuinely Moved or delighted. Softening can happen when therapist is genuinely vulnerable (AND IT IS SHARED).

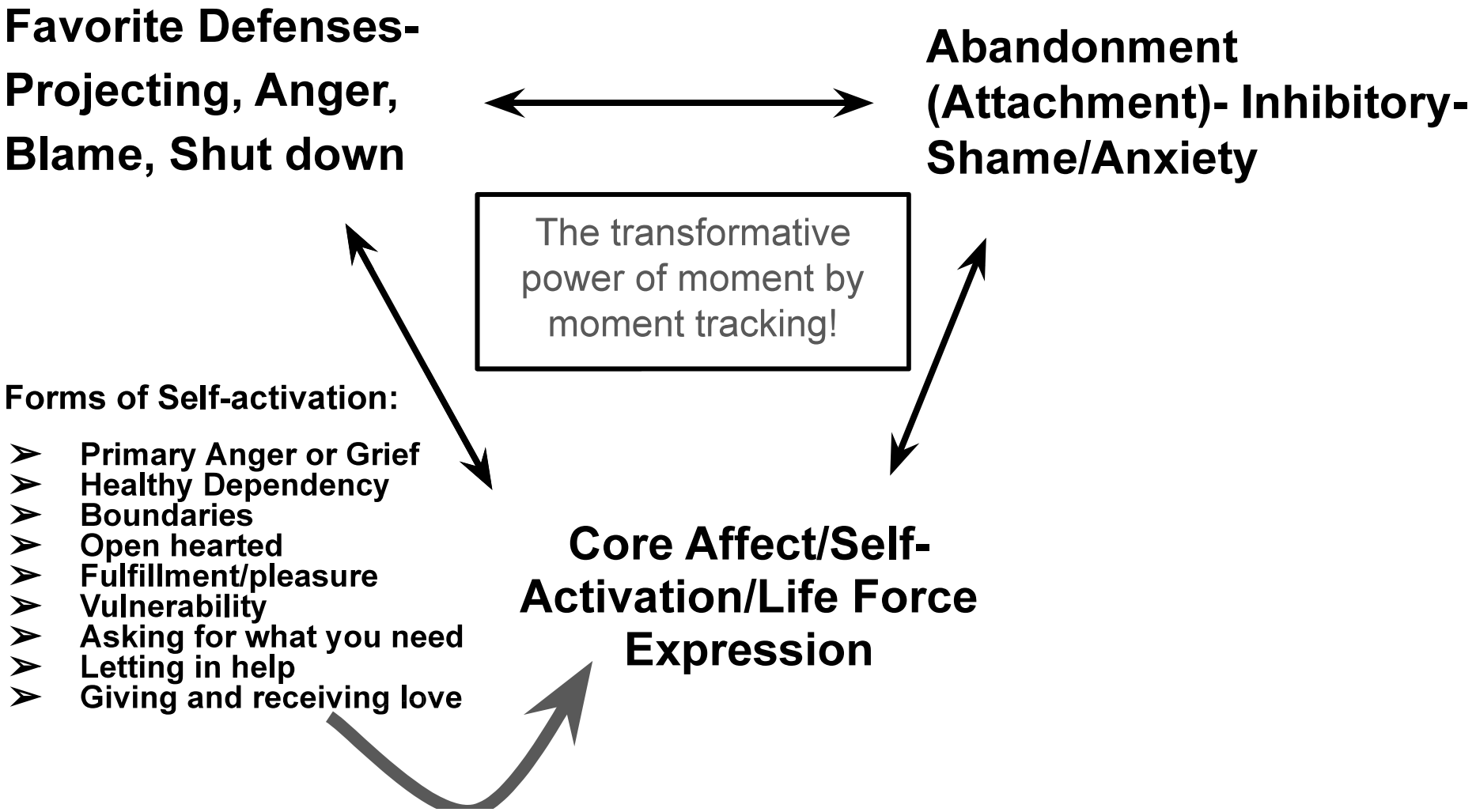
How might someone else feel in the same situation.

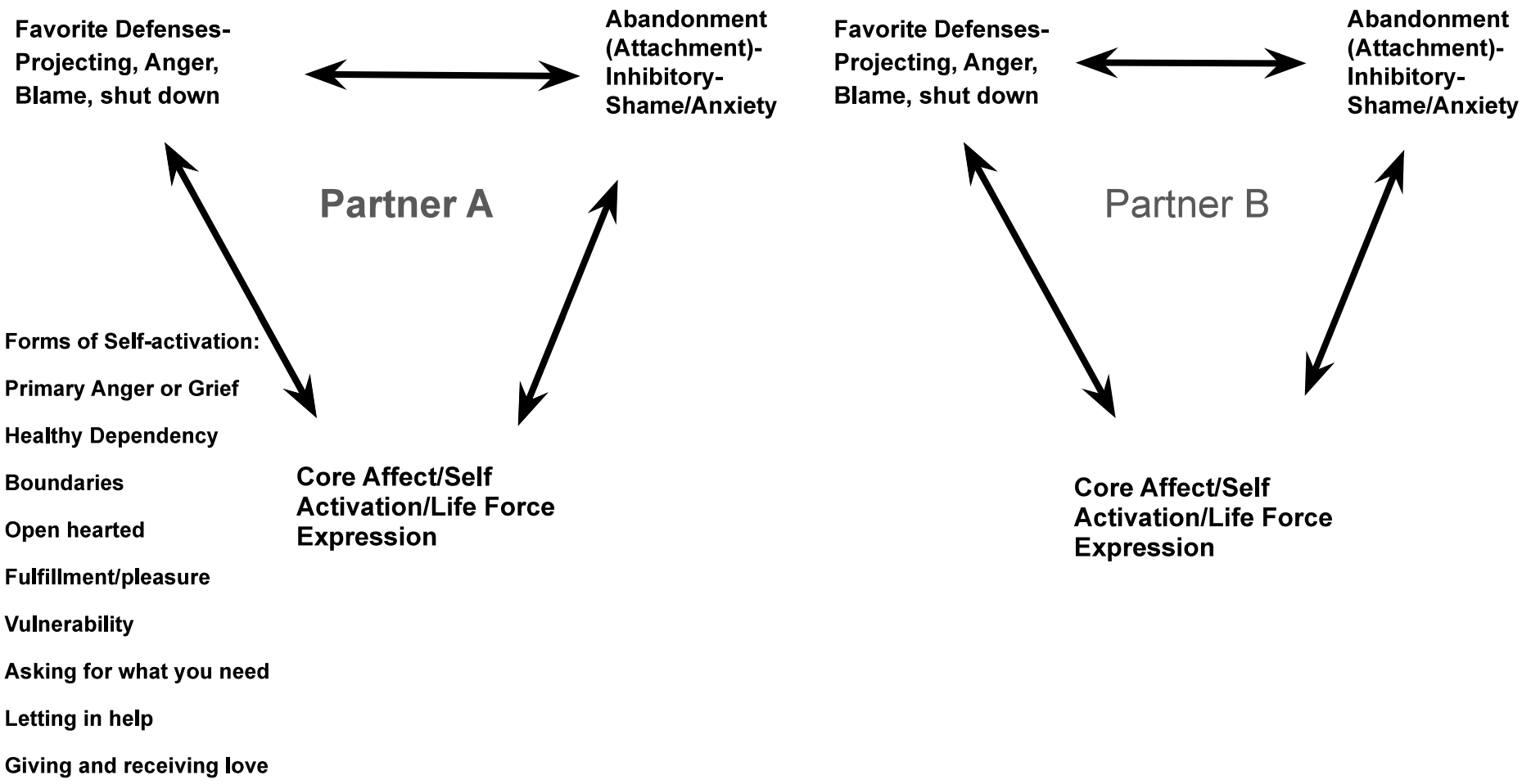
How client is living their life contrasts with their intention for therapy.

- Name core emotion
- Validate & Accept it.
- Sense in body.
- Reassure accompaniment (“We will do this together.”)
- Stay with sensation
- Metaprocess
- Use fantasy to satisfy impulse.



Virtuous Cycle


Favorite Defenses- Projecting, Anger, Blame, Shut down
Abandonment (Attachment)- Inhibitory- Shame/Anxiety
The transformative power of moment by moment tracking!
Forms of Self-activation:
➢ Primary Anger or Grief
➢ Healthy Dependency
➢ Boundaries
➢ Open hearted
➢ Fulfillment/pleasure
➢ Vulnerability
➢ Asking for what you need
➢ Letting in help
➢ Giving and receiving love
Core Affect/Self-Activation/Life Force Expression


Favorite Defenses-
Projecting, Anger,
Blame, shut down
Abandonment
(Attachment)-
Inhibitory-
Shame/Anxiety
Partner A
Forms of Self-activation:
Primary Anger or Grief
Healthy Dependency
Boundaries
Open hearted
Fulfillment/pleasure
Vulnerability
Asking for what you need
Letting in help
Giving and receiving love
Core Affect/Self
Activation/Life Force
Expression
Favorite Defenses-
Projecting, Anger,
Blame, shut down
Abandonment
(Attachment)-
Inhibitory-
Shame/Anxiety
Partner B
Core Affect/Self
Activation/Life Force
Expression

Reflective Exercise

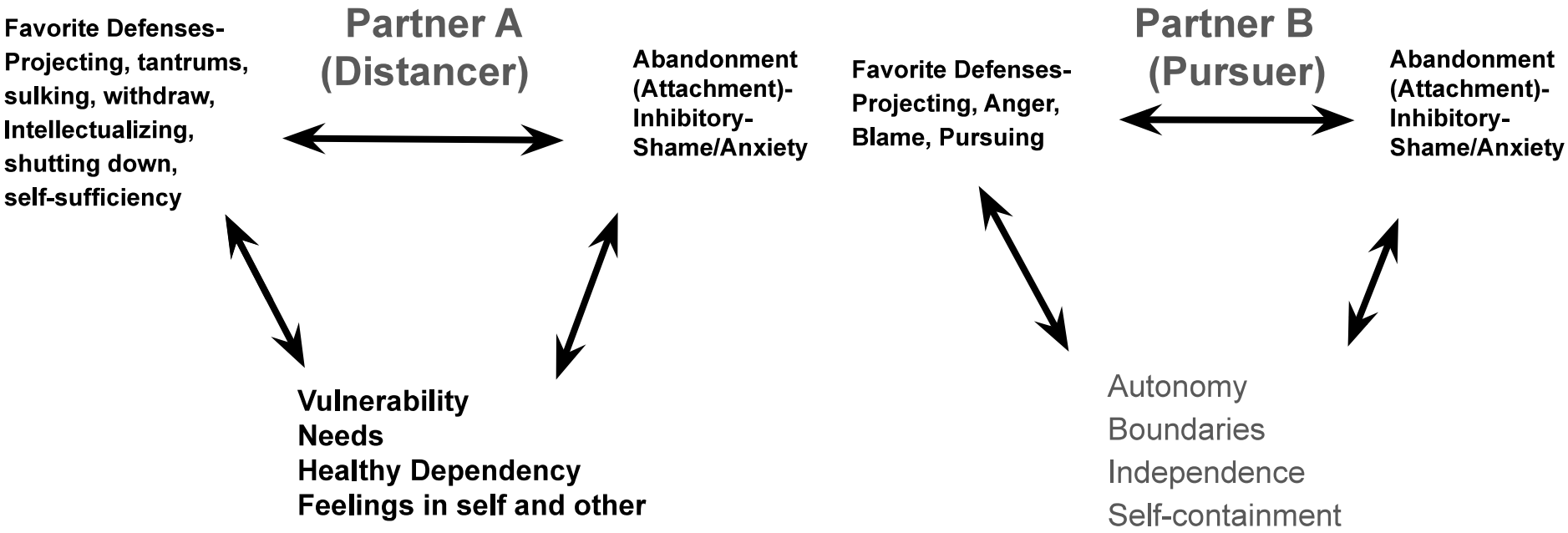
Do you feel comfortable in the interpersonal (vulnerable) space with your clients?

A core element in healing and transformation is dyadic regulation and secure relating.

Make it known that you are genuinely impacted by your client.

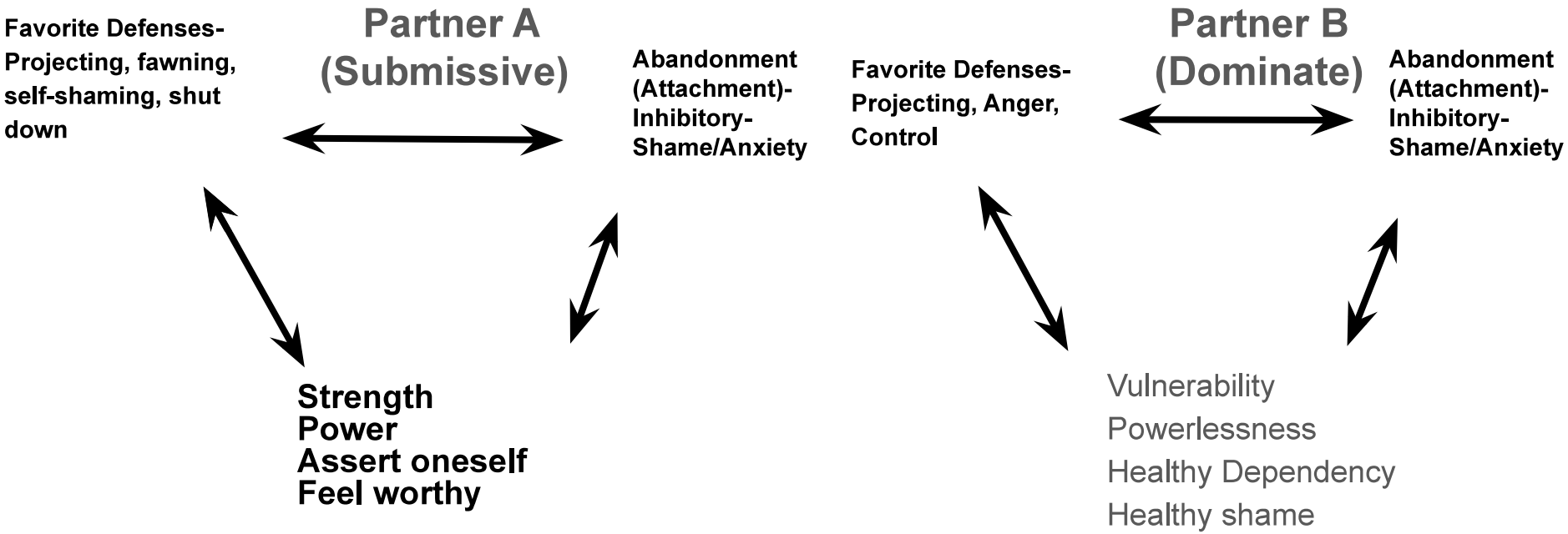
“How is it for you that I care?” “How was it to move through your grief with me?” “Wow! We did this to together. I am so proud and moved.”

The Dance of Pursuer/Distancer



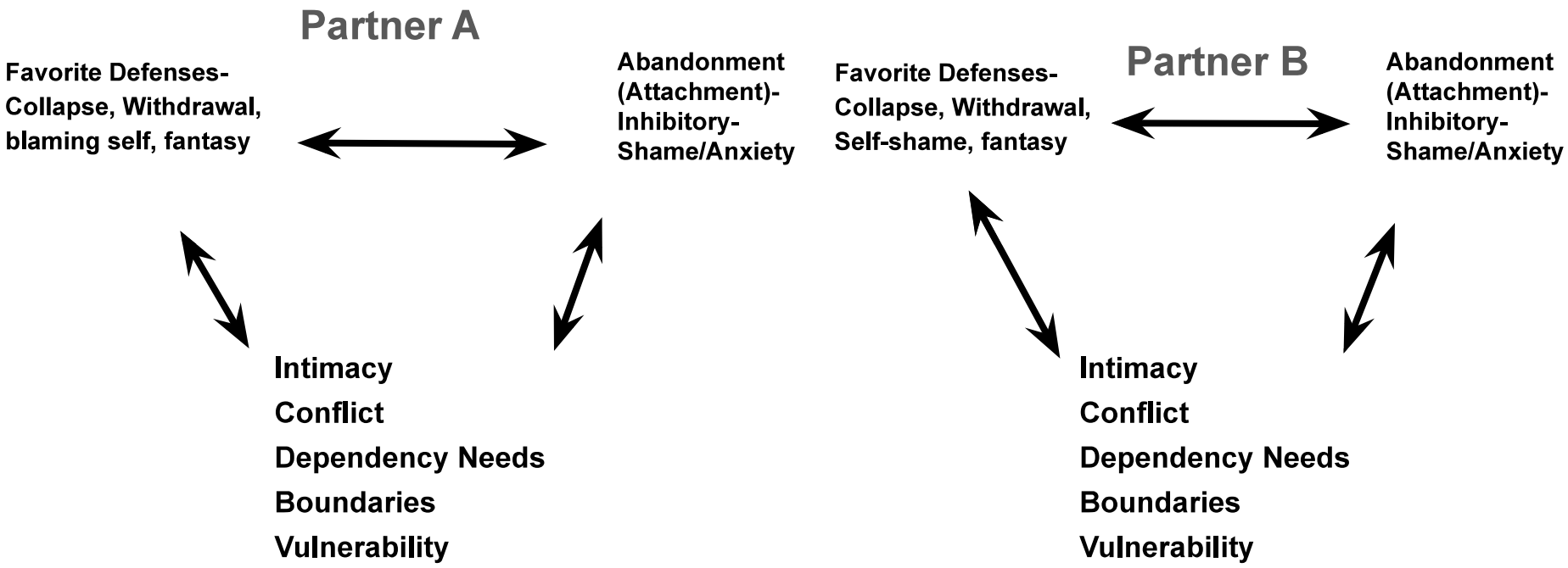
For distancer, dependency is seen as a flaw and to be avoided. The Pursuer equates autonomy with abandonment and intolerable anxiety. Pursuer holds anger and dependency for both partners.

The Dance of Dominate/Submissive



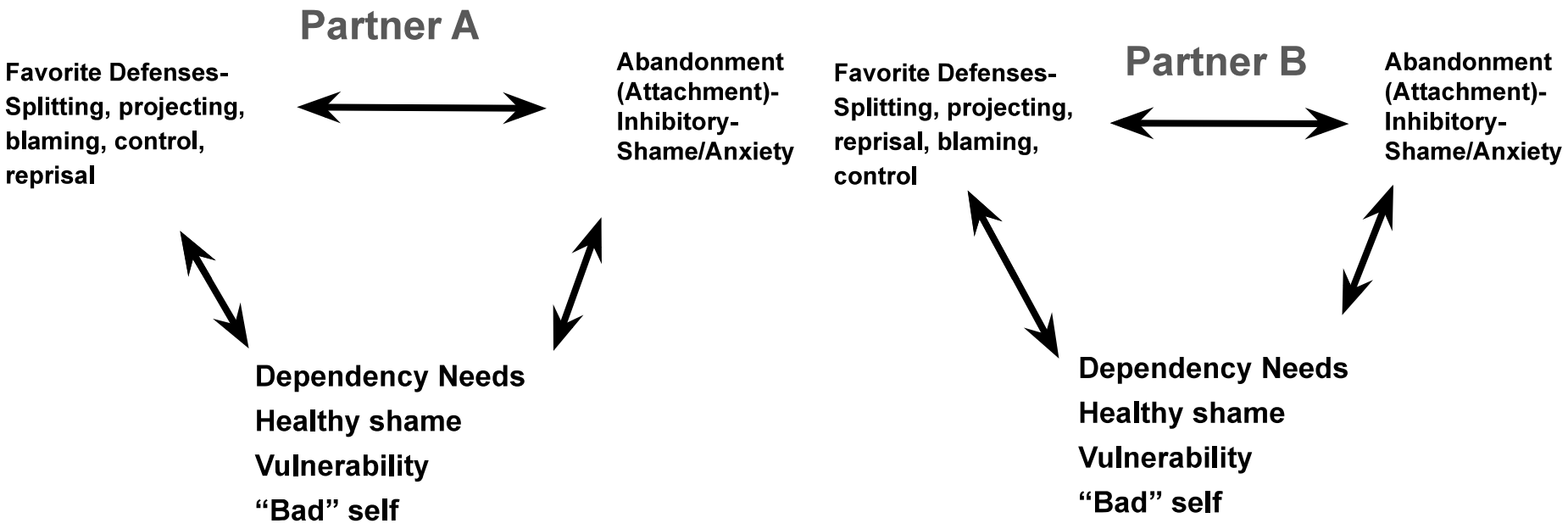
Both partners need to integrate the split internally and own their own strengths alongside their felt perceived weakness.

The Dance of Distance



Both partners use withdraw and cut-off to manage their intimacy anxiety because of low self-esteem (do I matter/am I worthy). Help both partners own their need for healthy dependency and their anger at the partner for not meeting their needs.

The Dance of Conflict



Both partners cannot hold shame so they split off and project the "bad" self onto the partner who is then experienced as rejecting, harsh and critical. Help partners own their shame, hurt, feeling of inadequacy and dependency needs and stop projecting. "Do you want to be married or be right?!"