

***Commentary on The Merits of Integrating Accelerated Experiential Dynamic  
Psychotherapy and Cultural Competence Strategies  
in the Treatment of Relational Trauma: The Case of "Rosa"***

**Case Studies in Accelerated Experiential Dynamic  
Psychotherapy (AEDP): Reflections on the Case of "Rosa"**

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**ABSTRACT**

Systematic case studies can benefit understanding of the process and outcome of Accelerated Experiential Dynamic Psychotherapy (AEDP; Fosha, 2000) and other affect-focused and experiential therapies by expanding the scope of investigation from the moment-to-moment emotional change on which these therapies are particularly strong to changes that occur over and across sessions. Systematic case studies are also important because the link between in-session changes and changes in the client behavior and interpersonal relationships in daily life can be explored. In the engaging AEDP case study of "Rosa" (Vigoda Gonzales, 2018), the language switching that allowed Rosa to access painful emotions had an additional relational implication in that the therapist was able to directly connect to Rosa's child self, which was encoded in a different language than her adult self. I suspect that this prevented Rosa and the therapist from running into difficulties due to the potential mismatch in their backgrounds. Corrective emotional experience seen in this therapy confirmed the finding by my own case study research team (Nakamura & Iwakabe, 2018b) that client therapeutic gains are most clearly reflected in new relationships rather than existing attachment relationships. My commentary concludes with some questions posed to the author relating to the issue of effective training in empathic attunement and working with strong emotions in therapy.

*Key words:* affect-focused therapy; Accelerated Experiential Dynamic Therapy (AEDP); systematic case studies; clinical case studies; emotional change process; corrective emotional experience

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**SYSTEMATIC CASE STUDIES IN AEDP**

Many clinicians' first exposure to Accelerated Experiential Dynamic Psychotherapy (AEDP) comes from watching AEDP sessions that are commercially available or in training sessions (Fosha, 2006, 2013). What makes them particularly useful and powerful case study materials is that they capture crucial aspects of emotional change and interactions, such as

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nonverbal expressions and their coordination between the therapist and the client so that viewers can observe the moment-to-moment processes of therapy. These individual sessions can be considered a type of informal case studies without any outcome or process measurements yet with the evidence of poignant in-session change process, often with commentaries by the therapist. What these individual sessions demonstrate, nonetheless, is experiential validity in that many therapists who observe them feel moved and deeply resonate with what they see. These therapists intuitively know not only that AEDP is effective to its clients, but also that doing therapy this way will enhance the wellbeing of the therapists themselves because it is true to how therapists feel about what a good therapy is. However, we still need more empirically grounded studies of AEDP. Systematic case studies, like Vigoda Gonzales' (2018) case of "Rosa," to be discussed here, provide both objective outcome data and detailed process description that can be helpful in communicating to both therapists and researchers what happens in AEDP therapy and the mechanisms by which it can be effective.

To date there have been a few published systematic case studies in AEDP (e.g., Fosha & Yeung, 2006; Markin, McCarthy, Fuhrmann, Yeung, & Gleiser, 2018; Pass, 2012). Although a large-scale outcome study is in progress (Iwakabe, Edlin, Fosha, & Nakamura, 2018), there are critical roles that such systematic case studies can play in research on the development of AEDP. Four of these roles will be briefly summarized. First, it is important to systematically document the outcome and process of therapy in its details and in its entirety. This is crucial since AEDP is not a manualized therapy in which the implementation of specific interventions and therapeutic tasks is prescribed prior to the treatment. Rather AEDP is a process-oriented and patient-responsive therapy in which therapist flexibility and responsiveness to moment-to-moment client emotional state are keys to effectiveness; and thus it is important to document how AEDP therapists formulate client issues and strengths, set goals, and respond to particular situations by being responsive to a client's needs, relational style, and response to the therapist's interventions. Systematic case studies, particularly of outcome case studies and pragmatic case studies (Fishman, 2013; McLeod, 2013), seem to fit this goal. In addition to therapy cases conducted by experienced AEDP therapists, case studies that report the process of working with client populations that are different from more typical client profiles in cultural backgrounds, symptom configurations, and so forth are particularly important as they have implications for adjusting the parameters of treatment. Another important area of research for AEDP case study is the study of trainees and relatively inexperienced therapists.

The second important role for systematic case study research on AEDP is to provide a more complete view of emotional change. Highly vivid and impressive examples of emotional changes that we witness in videotaped sessions and in demonstration sessions show us how powerful and compelling emotional change in AEDP can be with only one session. Most of books and articles on AEDP present a small number of selected vignettes of therapy sessions to illustrate particular theoretical or clinical ideas. However, we rarely see how these significant episodes are embedded in the overall course of treatment. It is also helpful to know how such change has played a role in the overall course of affective change. Emotions that clients experience may change over time and client change process might become more potent as the client's defense against emotional experience gets softened. It is thus crucially valuable to

document a full course of therapy with outcome information obtained from quantitative measures to have objective anchors to evaluate the relative weight of each session.

The third important role for systematic case study research on AEDP is to describe particular phenomena in minute detail while embedding these phenomena within a particular case context to help expand the understanding of affective change processes. This role applies particularly to phenomenological case studies and to theory-building case studies (McLeod, 2011). In AEDP, a new class of affect phenomena called transformational affects have been developed (Fosha, 2000). These affects occur after having worked through core affects to completion. AEDP's focus on the client experience of change using meta-processing interventions tends to facilitate the experience of these affects (Iwakabe & Conceicao, 2015). Healing affects, for example, emerge in response to experiences of recognition and affirmation. They are feelings of being moved within oneself, of being touched by the other as well as feeling love and gratitude toward the other (Fosha, 2009). Clients might shed tears but not of grief or sadness. They are happy tears often marked by an uplifted gaze. Phenomenological case studies that describe what happens in sessions from the personal experience of therapist or client are particularly important in elaborating the phenomenological description of these affects and gathering more instances for differentiating categories.

Finally, a fourth important role for systematic case study research on AEDP is to demonstrate how in-session changes can influence the everyday life of clients outside of therapy, a question many trainees of AEDP ask. Indeed, it is one of the important tasks for affect-focused and experiential therapies to draw connection between in-session experience and post-session changes in client daily life. Significant and helpful experiences that occur in sessions are in some ways translated by clients into learning experiences, which in turn are transferred or applied in their daily life and interactions with others. Unlike cognitive behavior therapies, experiential therapies do not rely on prescribed or structured homework with specific directives as to how, when, and what to do to practice new behavior. Therefore, drawing the link between experience and post-session change is one of the important areas of investigation. Case studies have a potential to examine this link by tracking changes over time, both in and out of sessions.

## **LANGUAGE SWITCHING AND ITS THERAPEUTIC ROLES IN THE CASE OF ROSA**

The case of "Rosa" (Vigoda Gonzales, 2018) is important for all above reasons. In the following, I would like to comment on the process of language switching, on the emotional change process, and on the link between in-session change and changes outside session.

One of the most significant contributions of this case study is the dyad's switching their language to Spanish, which is both the therapist's and the client's first language, when the client expressed her emotions recollecting her painful past experiences. It helped the client get in touch with her emotional memory directly and vividly overcoming defenses against accessing painful emotions associated with past traumas. There was a moment of meeting or encounter when the therapist acknowledged that she spoke Spanish and their emotional distance suddenly became strongly diminished, helping to build the alliance. I very much agree with therapist Vigoda

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Gonzales' observation that her immediate and intuitive understanding of those emotionally provocative and abusive Spanish phrases from the client helped the client in experiencing the pain associated with them.

Reading the case study, I wondered whether it might have also been important that Rosa could maintain her contact with the therapist in English, within which Rosa could remain her adult self and be more resilient and composed instead of switching completely to Spanish. I speculate that what made this language switching effective was that client and therapist kept the main part of their conversation in English, in which they could maintain a reflective stance. Greenberg (2002) calls the nature of optimal client engagement in therapy as "contactfully aware." By this he means that the client is in touch with his or her emotional experience in the here-and-now, while at the same time she or he is sufficiently regulated to be able to think about the experience, to verbalize it, and to create meaning out of it. Here, both languages had important yet different roles in facilitating client emotional processing.

I also wondered about the implication of language switching to the nature of the therapeutic relationship between the therapist and the client. It appears that the use of Spanish allowed the dyad to connect on a different level, a level at which the client was able to relate to the therapist as her child self that in turn allowed the therapist to be in a wiser, more mature, and dependable position.

The client, Rosa, is in her 60s and she had had a lot more life experience than the therapist, who was in her doctoral program and taking on this case as one of her prerequisites for her degree. Rosa is also a trained counselor with over 30 years of clinical experience. Although the case study does not report the exact age or cultural background of the therapist, I am assuming that the difference in the above life stages is mostly true to the dyad. The empirical findings do not show that age matching alone is a determining factor for establishing the working alliance or the outcome. However, this does not mean that such factor does not influence the process of psychotherapy.

The intersection of client and therapist life stage and other factors such as gender, familial factors, personal preferences, and values are important therapeutic considerations for empirically based practice in psychology (APA Presidential Task Force on Evidence Based Practice, 2006). Elkind (1992) discusses that "mismatch" between therapist and client in these characteristics and features can result in impasses and other difficult situations in therapy. I would imagine that that the dyad in this therapy had a substantial risk of mismatch. The therapist is an aspiring young Spanish-speaking doctoral student, while the client is a Spanish-speaking and much older female therapist who decided to receive therapy from a training clinic, most likely because of lower fees. The therapist was in a doctoral program in clinical psychology while the client had worked for over 30 years and had sought a low-fee therapy. When the client studied in the graduate school, it must have been in a predominantly Anglo-Saxon environment. The therapist, on the other hand, is studying in the current environment where the importance of multicultural issues is much more recognized. They may share some bicultural and bilingual background, but differences among these similarities might have also evoked negative feelings in

the client if the therapist took a certain relational stance that may unwittingly have communicated her superiority or a lack of respect.

The episode that suggested a potential risk of mismatch was in the intake session in which the therapist tried out confrontational techniques from Intensive Short-Term Dynamic Psychotherapy (ISTDP; Davanloo's (1980). The client responded to the therapist's confrontation by responding with a defensive laughing off, saying "I barely know you," while her demeanor indicated she felt "irritated and disconnected from me" (p. 22). The therapist judged that the client did not respond well to the confrontational style of ISTDP. I agree with the therapist's inference. In addition, I speculated that the some difficult feelings were evoked by the therapist's confrontational style within the context of the therapist and client backgrounds. The AEDP's affirming stance, on the other hand, communicated respect and, more importantly, humility toward the client, who was more experienced as a counselor and also as a person. This certainly does not discount the significance of client personal experiences. In this sense, the choice of AEDP over ISTDP was desirable not only because the techniques were more suitable since the client's defense and resistance were high, but also because the AEDP stance prevented problems due to the mismatch that might have otherwise hampered the development of the working alliance.

Another relational implication of the use of Spanish was that when Rosa spoke in Spanish, she was able to go back in her child self-state in which she could vividly feel the sense of self that was deficient, neglected, and injured. This made it easier for Rosa to receive, accept, and absorb the therapist's empathy and care. In the client's eyes, the therapist became more dependable when Rosa was exploring the past injuries. I agree that switching to Spanish had an important role in accessing emotions related to Rosa's history of relational trauma.

I found it very interesting that therapist Vigoda Gonzales was not spontaneous in disclosing her bilingualism to the client. The therapist wrote, "I understood the fundamental role that Rosa's bilingualism played in her ability to fully access emotions related to her history of relational trauma, and began considering therapeutic effect of disclosing my own bilingualism" (p. 23). This stance might have been derived from the historical emphasis on therapeutic neutrality in psychodynamic therapy or from the nature of initial session where a more objective assessment was required in Vigoda Gonzales' clinic. This makes me wonder how the therapist felt about seeing this client. As a therapist's personal feelings are certainly an integral part of building alliance, this question evokes my curiosity. Rosa was quite defensive and used varieties of "tactical defenses" to use an ISTDP term. However, relationally speaking, Rosa's defenses might have also been reflective of the climate of therapeutic relationship in the first session.

## **EMOTIONAL CHANGE PROCESS IN A FULL VIEW**

As noted above, affect-focused therapies such as AEDP and Emotion-Focused Therapy (EFT; Greenberg, 2002) use videotaped sessions for training and research. In order to facilitate the client's emotional processes, therapists first need to be able to track the moment-to-moment client emotional state. Videotapes are important because we can listen to the tone of client voice, watch nonverbal behaviors, and track the emotional interactions between the therapist and the

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client. Videotapes are essential in training and supervision in affect-focused therapies. Written case studies rely on words. We can never describe in words all the information available on videotapes. The therapist's view is limited in perceiving and recording relevant cues that are occurring in the multiple channels of emotional expression. However, by having the perspective of a therapist who can also add experiential quality in verbally describing what is happening in the therapeutic relationship, we can access the intersubjective field of experience. Systematic case studies, with the focused attention on central issues by the therapist, allow us to re-experience the trajectory of emotional change over time from the experience of therapist. It is true that such knowledge does not allow for one aspect of empirical rigor—reliable observation in the form of objective indexes with interrater agreement. Nonetheless, an effectively summarized pattern of change drawn out by the therapist is very valuable as complementary knowledge to reliably coded objective indices. The therapist's description of therapeutic process is highly useful in generating hypotheses to be tested more rigorously later.

In the case study of Rosa, we can see how client emotional change occurred. It started out with distress and defensive emotions, which led to the more core maladaptive emotions. Core shame, feeling of defect and incompetence, seems to describe Rosa's sense of self and her pathological emotion (Greenberg & Iwakabe, 2011). The therapist helped Rosa to access the core affect of anger. This progression of emotional change generally coincides with the model of emotional processing of Pascual-Leone and Greenberg (2007), which was developed based on the study of emotion-focused therapy and also tested and validated partially in psychodynamic therapy (Kramer, Pascual-Leone, Depland, & de Roten, 2015). In agreement with their model, Rosa's anger and sadness or grief played an important role in processing her emotional problems. The therapist persistently helped Rosa access, stay, and express her anger. Her sadness occurred in the form of grief in letting go of her unmet needs for ideal family and affection. As Rosa accepted this reality, her energy and hope and other positive emotions started to occur.

I would also like to point out that emotional change was occurring on another track, the emergence and development of positive emotions, which is not described in Pascual-Leone and Greenberg's emotional processing model. When Rosa started to allow the therapist to see her emotional pain, there was a growing trust and safety. There was excitement and joy in finding out that the therapist spoke and understood Spanish. Rosa received the therapist's empathy and affirmation and experienced being seen, felt, and understood. It is inferred that Rosa felt courage and inner strength to face difficult and painful emotions. Rosa felt elated and hopeful as she started to work through her issues. The processing of painful negative emotions occurred along with the emergence and development of positive emotions within Rosa and also positive emotional interactions between Rosa and her therapist. I am interested in research that systematically explores how the change process involves positive emotions. It is one of the unique contributions of AEDP to focus on and highlight the role of positive emotions from the get-go and to describe the relational climate of therapy in depth. It is also important to examine the interplay between positive and negative emotions.

## **CORRECTIVE EMOTIONAL EXPERIENCE: HOW DOES IN-SESSION EXPERIENCE AFFECT POST-SESSION INTERPERSONAL RELATIONSHIPS?**

The case study of Rosa also provides a series of examples of corrective emotional experience. What interests me the most is how case studies help us look at corrective emotional experience more holistically. There has been a surging interest across different orientations in corrective emotional experience, sometimes just called "corrective experience" (Castonguay & Hill, 2012). Some studies have focused on different types of in-session corrective experiences using qualitative interviews with clients (Khattra, Angus, Westra, Macaulay, Moertl, & Constantino, 2017) and task analysis to model the process of change (Nakamura & Iwakabe, 2018a). Researchers have predominantly employed the case study method to examine corrective emotional experience (e.g., Bridges, 2006; Freidlander, Sutherland, Sandler, Kortz, Bernardi, Lee, & Drozd, 2012). This is because what makes emotional experience "corrective" depends upon the nature of a client's past hurtful experiences in attachment relationships, and therefore we need to look at case history and case formulation. Furthermore, in order to fully understand the therapeutic mechanism of corrective emotional experience, we need to examine how corrective emotional experience with the therapist in sessions affects client post-session behavior and interpersonal relationships, that is, we need to examine what is corrected by the in-session relational experience with the therapist.

Rosa's case study provides a particularly interesting result, which importantly agrees with a case study that my research team has been working on (Nakamura & Iwakabe, 2018b). Rosa in the middle phase of treatment was increasingly more invigorated and was able to show gratitude toward the therapist. She became spontaneous in expressing her positive emotions to the therapist. Then Rosa started to make new relationships with the newly felt sense of self ("there's nothing wrong with me!"). Soon she was able to enjoy new friendships. On the other hand, Rosa's relationship with her son and her siblings did not improve immediately. It was not the actual relationship that she could change: she needed to let go of her unmet needs, to accept the limitations and realities of her relationships with her family members, and to give up trying to change them.

In our case study examining the link between in-session corrective emotional experience and post-session interpersonal relationship, similar patterns of change were observed. First, after a 6 months of treatment, the client showed clinically significant improvements in her depression, self-esteem, and self-compassion as well as emotion regulation (Nakamura & Iwakabe, 2018b), whereas interpersonal problems as measured by the Inventory of Interpersonal Problems (IIP-64; Horowitz, Rosenberg, & Bartholomew, 1993) remained unchanged and the scores continued to be outside the normal range. However, the scores on the IIP improved when the client started to form new relationships in which she was able to start out a relationship with her new sense of self that had been developed in therapy. On the other hand, the client's relationship with her mother and her husband continued to be strained. Just like Rosa, this client enjoyed being genuine and openly modeled behaviors that she learned in therapy. In our study, we used as data the client's e-mails, which she voluntarily sent to the therapist between sessions when she had made significant discoveries in session and had made significant changes in her daily life.

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Connecting in-session change episodes to changes in behaviors and ways of being in daily life in empirical studies is not an easy task, due to difficulty in obtaining relevant data (Mackrill, 2011). While what is reported in Vigoda Gonzales' case study of Rosa was indirect evidence as the therapist picked up client statements that were relevant to her change and wove these into the narrative of the therapy process, it still helps us understand the mechanism of corrective emotional experience as it influences the client in and out of session. An important ongoing research method for investigating the link between in-session corrective experience and post-session changes involves the accumulation of case study evidence, including a systematic comparison of similarities and differences among cases on this link, including conditions under which the link is strong and conditions under which is weak or nonexistent.

## CONCLUSIONS

In this commentary, I have discussed methodological issues related systematic case studies in affect-focused therapies such as AEDP, and issues associated with emotional change: specifically, how a sequence of emotional experiences in therapy generates overall emotional change, and how, more particularly, in-session emotional experiences are transferred into client's a daily life. This case study of Rosa represents an excellent example of how effective AEDP can be with patients with a history of complex trauma. The case study also demonstrates that language switching can be helpful in allowing the client's access to past painful experiences that may otherwise be defended against.

I would like to conclude my commentary by asking the therapist and author Vigoda Gonzales a few questions. I was very impressed that therapist Vigoda Gonzales was very empathically attuned and able to track Rosa's in-session experiences. Vigoda Gonzales exhibited a lot of therapeutic courage (Geller, 2014) in focusing and re-focusing on her client's anger. Indeed, Vigoda Gonzales did not seem to have affect phobia (McCullough, Kuhn, Andrews, Kaplan, Wolf, & Hurley, 2003) that many graduate students show in learning to work with strong emotions. I was also impressed by Vigoda Gonzales' ability to describe and re-create the in-session affective experiences of the client in a vivid and lively manner without losing their poignance. I was also impressed by how Vigoda Gonzales effectively used self-disclosure of her own feelings toward the client from an early phase of therapy. Many trainees are reluctant to show themselves because of the potential negative effects on the process of therapy (Barber, 2006). These are remarkable clinical skills. I would like to thank Vigoda Gonzales for presenting this informative case study and for giving me this opportunity to comment on it. I would like to ask the following follow-up questions to Vigoda Gonzales that would be helpful to me as an educator of psychotherapy and particularly of affect-focused therapy.

1. How did you learn to empathically attune yourself to and track client moment-to-moment affective process?
2. What were helpful training tasks that sensitized you to the subtlety of change in emotional expression.
3. How did you learn to work with anger? How did you learn to identify and differentiate anger as a core affect apart of resentment or defensive anger?

4. What helped you learn AEDP?
5. What was your experience of self-disclosing to Rosa about your bilingual background? Were there any hesitations? Did you think of disclosing more about yourself and your experience of the client?

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