Response to Commentaries by Riggs Skean and Iwakabe on The Merits of Integrating Accelerated Experiential Dynamic Psychotherapy and Cultural Competence Strategies in the Treatment of Relational Trauma: The Case of "Rosa"

The Case of "Rosa": Reflections on the Treatment of a Survivor of Relational Trauma

NICOLE VIGODA GONZALEZ [a,b]

[a] Counseling and Psychological Services, Columbia University

[b] Correspondence regarding this article should be sent to Nicole Vigoda Gonzales, Counseling and Psychological Services, Columbia University, Alfred Lerner Hall, 5th and 8th Floors, Mail Code 2606,
2920 Broadway, New York, NY 10027
Email: nivigo@gmail.com

ABSTRACT

In this article, I respond to commentaries by Karen Riggs Skean (2018) and Shigeru Iwakabe (2018) on my presentation of the case of "Rosa," (Vigoda Gonzalez, 2018), a survivor of chronic relational trauma. In her insightful response, Riggs Skean (2018) elaborates on the interplay between language switching and the therapeutic frame, the suitability of Accelerated Experiential Dynamic Psychotherapy (AEDP; Fosha, 2000) for the treatment of trauma, and the short-term nature of the work with this particular client. Iwakabe (2018), an AEDP clinician and researcher, offers insights and reflections on the areas of language switching, emotional change process, and corrective emotional experiences, and poses evocative questions regarding the development of clinical skills relevant to affect-focused therapies. In the following response I consider these thoughtful commentaries and provide feedback with the hope to spur the dialogue regarding the flexible adaptation of treatment approaches to our clients' psychological needs.

Key Words: Accelerated Experiential Dynamic Therapy (AEDP); language switching; complex PTSD; relational trauma; empathic attunement; short-term dynamic psychotherapy; case study; clinical case study

INTRODUCTION

The clinical work with chronically traumatized individuals can be extremely rewarding, yet immensely challenging. The persistent remnants of relational trauma weigh heavily on the survivor's ability to access and experience emotions, and to safely connect to others (Ford, 2005; Lamagna & Gleiser, 2007). As therapists, we are faced with the daunting challenge of helping someone who desperately wants to be helped, yet does not know how to receive such help. In the case of "Rosa" I aimed to illustrate the benefits of attachment-based and experiential models—Accelerated Experiential Dynamic Psychotherapy (AEDP; Fosha, 2000) in particular—for the treatment of a bilingual woman struggling with the sequelae of relational trauma. A second, yet equally important goal, was to examine the enhancing effects that incorporating Rosa's bilingualism into the treatment had on her capacity to process emotions directly and indirectly

associated with her history of abuse and neglect. In a humbling clinical experience, I witnessed and participated in Rosa's journey toward healing, self-compassion, and flourishing.

I greatly appreciate having been given the opportunity to engage in a conversation about the case of Rosa with prominent and committed clinicians and researchers in the field. Not only am I delighted to see their thoughtful commentaries to the case, but also grateful for the important reflections and thought provoking questions derived by this process. In my response to these commentaries I highlight relevant clinical and theoretical issues raised by the authors about the use of AEDP in the treatment of complex trauma and the role of bilingualism in this endeavor, and provide additional feedback with the hope that this will inspire others to further investigate how to best serve bilingual clients who are survivors of chronic abuse and neglect.

RIGGS SKEAN'S REFLECTIONS AND INSIGHTS ON THE CASE OF ROSA

I immensely appreciate Karen Riggs Skean's (2018) commentary. In addition to being an AEDP-trained clinician with extensive experience working with trauma, she was my direct supervisor on this case. She accompanied me closely in the process and provided me with invaluable guidance, insight, and support. In her commentary, Riggs Skean (2018) elaborates on several issues raised by the case of Rosa as they relate to the interplay between language switching and the therapeutic frame, the suitability of AEDP for the treatment of trauma, and the short-term nature of the work with this particular client. In my response, I focus on three areas of her commentary: 1) AEDP as a trauma treatment; 2) the unique contributions of AEDP to the field of trauma; and 3) the clinical implications of short-term work with clients exhibiting complex PTSD symptoms. All of these will be discussed under the Riggs Skean's assumption that a central aspect of the case of Rosa was the interplay between the AEDP frame and the language switching, a relational matrix that allowed for a deeper processing of the client's history of relational trauma.

AEDP as a Trauma Treatment

In her article, Riggs Skean (2018) accurately points out that "AEDP deserves to be more widely recognized as a trauma treatment" (Riggs Skean, 2018, p.4). She demonstrates AEDP's adherence to Herman's (1992) three-stage model of trauma, highlighting the progression of Rosa's treatment through each one of these stages (i.e., establishing of safety, engagement with the trauma, and the restoration of the person's sense of connection to a wider community). I would emphasize that, while many other therapeutic approaches follow this model and are specifically designed *as* trauma treatments (e.g., Eye Movement Desensitization and Reprocessing; Prolonged Exposure; Stress Inoculation Training; Cognitive Processing Therapy), AEDP's affirming stance and focus on relational safety make it strongly equipped to address the sequelae of *complex* trauma (Gleiser, Ford, & Fosha, 2008).

In the case of Rosa (2018) I provide theoretical and clinical support to the suitability of AEDP to address the complicated picture of Complex PTSD (Herman 1992), which includes attachment disturbances, disturbances in affective and interpersonal self-regulatory capacities, and profoundly negative beliefs about self and others (Gleiser et al., 2008). As Riggs Skean

(2018) astutely points out, AEDP surpasses the common goal of trauma treatments of "reorganizing what has been dysfunctionally held in mind and body" (2018, p. 71) with its vital focus on *undoing aloneness* (Fosha, 2000, 2004, 2006). What this does—sometimes for the very first time, as it was the case with Rosa—is to provide an experience of attachment security, often too foreign to survivors of childhood abuse and neglect. Moreover, what ultimately facilitates healing is AEDP's intentional and explicit focus on (a) the client's *experience* of attachment needs in the context of the therapeutic dyad, and (b) the repeated cycles of realization, feeling, and meta-processing of such attachment experience (Gleiser et al., 2008).

An important implication of this discussion is that not only does AEDP, like all other trauma treatments, engage with the trauma (i.e., the second stage of trauma models); rather, it is *how* AEDP does this that makes it an especially suitable approach for *complex* trauma. AEDP allows for the co-creation of a new and safe relational matrix (Fosha, 2000) that facilitates the processing of trauma and, as Riggs Skean (2018) points out, a transformation of how it is "held in memory" (p. 72). The end—and ongoing—result is thus not only the reorganization of dysfunctional cognitions and bodily held experiences, but also a transformation of the self, a reclaiming of the *true* self. It is interpersonal and intra-psychic. As Lamagna and Gleiser (2007) accurately point out: " in a secure attachment, intra-psychic relating between subjective self-states and reflecting self-states will generally mirror the positive affect, attunement, openness, and responsiveness experienced with attachment figures" (p.32). Rosa beautifully showed us this transition from a cringing experience of herself as deeply shameful and defective, to a dramatically different one: a caring, resourceful, smart, and strong self as she looked back to the past *and* lived in the present.

> Rosa: When you realize that the key you've been looking for does not exist, and you realize that the search of that defect within you that explains all your suffering is nowhere to be found because it is not you… is… liberating… I have to tell you, I feel liberated. (Vigoda Gonzalez, 2018, p. 42).

AEDP's Unique Contributions to the Trauma Field

Intimately related to the last point discussed above is Riggs Skean's (2008) emphasis on AEDP's unique focus on transformational affects and an enhanced capacity for joy. She thoughtfully tracks and illustrates the appearance of Russell's (2015) five transformational affects (i.e., healing affects, mastery affects, mourning the self, tremulous affects, and realization affects) in Rosa's treatment. I could not agree more with the Riggs Skean (2018) on the relevance of these unique aspects of AEDP to the healing of trauma sequelae and its cascading effects of such process. I would like to briefly zoom in on this point.

In AEDP, the cultivation of positive states of mind arises as a result of processing to completion the emotions associated with past traumatic experiences (Fosha, 2009). While other experiential therapies also achieve their therapeutic results through such emotional processing, what is so unique to AEDP is that it goes far beyond this. In Fosha's (2009) words: "AEDP further enhances and optimizes its therapeutic results by also experientially processing the individual's experience of transformation, thus unleashing a nonfinite transformational spiral fueled by positive affect" (p. 254).

Fosha (2009) underscores that positive does not necessarily means happy, but rather emotional experiences that feel "right" and "true" to the person, even when painful. When Rosa talks about, and experiences the "deep wrenching sadness" evoked by "letting go" of her family and of her wish to be treated with love and dignity by them; when she speaks about feeling proud of herself for the changes she had made and for "making new friends"; or when she reflects on her experience of "opening up" to me about the terrible things that happened to her and have that feel like a "very soft sunlight" shining through it, we are evidencing a process of transformation of her emotional suffering into flourishing.

One may wonder, why is this focus on transformational affect and an enhanced capacity for joy so important? Riggs Skean (2018) strikingly presents a metaphor that captures this process: "It is not the grim satisfaction of seeing a bullet dug out; it is the much more joyful sense of having found a self that one had been separated from, a coming home to a fuller sense of one's own life" (p. 72). Theory (Fosha 2000, 2004, 2009) and clinical data sources like the case of Rosa (Vigoda Gonzalez, 2018) capture the effects of experiencing these vitality affects, including a sense of cohesion within the self, an increased openness to experiencing core feelings, and an improved capacity to adapt to situations, among others. Fosha (2009) notes that an essential result is that the capacity to generate a coherent and cohesive autobiographical narrative is "the single best predictor of resilience in the face of trauma" (p. 258). When thinking specifically about the added benefits of this approach to survivors of relational trauma, who are at risk of being re-victimized, striving for resiliency needs to be in and of itself a fundamental goal of treatment. In sum, I believe that the case of Rosa highlights the importance of positive affects in working with clients with complex trauma.

On the Short-Term Nature of the Work

Riggs Skean (2018) raises an important issue regarding the short-term nature of the work with Rosa. She recognizes that while AEDP is time-*effective,* it is certainly not a short-term treatment, and she acknowledges that it would have been beneficial to have Rosa end the treatment on her terms, rather than have this enforced upon her. In addition, she accurately reminds us that a more open ended treatment is likely to be more beneficial for clients struggling with Complex PTSD (Herman, 1992), as it was the case with Rosa. Nonetheless, Riggs Skean (2018) astutely encourages the reader to consider this case study as an example of what *can* be accomplished within such time limitations, and invites practitioners to "not hold back, do supportive work only, or set only small goals" (p. 74).

I wholeheartedly agree with Riggs Skean's (2018) invitation to not allow time-constrains, of whatever nature they are, to limit the degree to which we engage with our clients in deep and meaningful work. As I reflect on Rosa's treatment, I continue to think that the most significant limitation of this case was the scarcity of our time together. It is likely that additional therapy would have resulted for Rosa in a much more consolidated sense of inner strength and resilience, and would have allowed Rosa to feel safer and more confident in her wish to seek intimacy and connection, as well as in her attempts to materialize such wishes. As Riggs Skean (2018) suggests, we see the *beginnings* of the third stage of trauma work—the reestablishment of trust and the enjoyment of social bonds—portrayed in the case of Rosa when she describes her budding excitement and an "appetite" for other relationships. What we, due to the enforced

termination of therapy, cannot witness to its fullest extent is the transformation of such an appetite into delectable tastings.

Despite these limitations, my work with Rosa inspired me as a clinician to not feel discouraged when faced with the constrains of time enforced upon the treatment for various reasons. As a trainee at that time, I shared Rosa's awe in response to the tremendous progress she made in such a short period of time. I do believe that such progress was possible due to the interaction between the AEDP frame and language switching, and—as Riggs Skean (2018) puts it – "the fortunate combination of a client very responsive to an attachment-based approach and the integration of the therapist's sensitivity to the client's language of origin" (p. 74).

IWAKABE'S REFLECTIONS AND QUESTIONS ON THE CASE OF ROSA

I am delighted to see Shigeru Iwakabe's (2018) insightful and probing reading and response to the case of Rosa. Having his perspective on the case, as an AEDP clinician and a committed researcher on psychotherapy process and outcome, provides an invaluable contribution and an excellent learning experience for me. In his commentary, Iwakabe (2018) focuses on the roles that systematic case studies, like Rosa's, play in research on the development of AEDP. He offers insights and reflections on the areas of language switching, emotional change process, and corrective emotional experiences; and he poses thought-provoking questions related to the acquisition of important clinical skills that are particularly relevant to affect-focused therapies. In my response to Iwakabe's (2018) commentary I first focus on two areas: (1) the role of language switching and the potential for mismatch between client and therapist; and (2) the relationship between corrective emotional experiences in session and post-session changes. Next, I respond to Iwakabe's (2018) fascinating questions.

On Language Switching and the Potential for Mismatch

Iwakabe (2018) highlights the various relational implications of language switching in the case of Rosa, as well as the potentiating effects on emotional processing. He points out the role of using Spanish in facilitating the accessing and processing of traumatic childhood memories, bypassing and/or softening defenses, connecting to Rosa's child's self-state and to experiencing me, the therapist, as a dependable other. I found Iwakabe's (2018) suggestion that keeping English as the home base language of therapy—while still allowing for the vital switching to Spanish for deeper emotional exploration—allowed the therapeutic dyad to maintain a reflective stance in a more effective way, as insightful and astute. This observation contributes to a more multifaceted understanding of the complex issue of language switching in psychotherapy. In my case study of Rosa (Vigoda Gonzales, 2018) I mostly focus on the enhancing effects of inviting the client to switch to her mother tongue. Iwakabe's (2018) commentary pushes us to think beyond this, suggesting that sustaining English as the main language of treatment allowed for an "optimal" level of engagement on the client's part.

While discussing the role of language switching, Iwakabe (2018) invites the reader to reflect on the potential risks of "mismatch" (Elkind, 1992), highlighting the within group differences between client and therapist. Particularly, he emphasizes differences in life stage, life

experience, age, socio-economic status, and each individual's subjective experience of the socio-political climate around race-related issues across time, among others. Iwakabe also focuses on a particular moment in my therapy with Rosa—when confrontational techniques from Intensive Short-Term Dynamic Psychotherapy (ISTDP; Davanloo, 1980) were briefly used—in which Iwakabe perceives such risks of a mismatch as being especially more likely to occur. I appreciate these thought-provoking observations, and will discuss them briefly.

Elkind (1992) extensively discussed the issue of mismatching in psychotherapy from an intersubjective perspective. She defines mismatches as a poor fit between client and therapist, which can prevent the establishment of an attachment bond, and block communication and empathy (Elkind, 1992). As therapists, we all know that there is no such thing as a perfect fit between client and therapist, but rather, as Elkind (1992) mentions, a "good enough" fit. While I agree with Iwakabe's (2018) suggestion regarding the potential risks of mismatch between Rosa and me, I find it hard to imagine a therapeutic scenario devoid of such risk, precisely because of the complexity of the interaction between two individuals with separate subjectivities and histories.

If indeed this risk is inescapable, which I believe it is, it is important to consider factors that increase or decrease such risks. As it pertains to the case of Rosa, Iwakabe (2018) accurately points out that inherent elements of AEDP, such as its affirming, explicitly empathic stance, communicated respect and humility toward the client, thus reducing the risk of mismatch and its inevitable negative consequences on the development of a working alliance. My work with Rosa was characterized by a focus on empathic attunement and affirmation from the beginning, and a conscious effort to emphasize her resourcefulness and strength in the face of adversity. The AEDP therapeutic frame, as evidenced by the case of Rosa, aims at helping the client reclaim her or his sense of worth and dignity. I suggest that this approach helps the client avoid or even transcend narcissistic injuries, which are more likely to occur with confrontational approaches that directly challenge the client's defensive processes. Nonetheless, even within an AEDP frame impasses can occur, bringing about invaluable opportunities for rupture and repair (Safran and Muran, 2000).

Iwakabe on Corrective Emotional Experiences and Post-Session Change

Iwakabe (2018) proposes that the case of Rosa offers various examples of corrective emotional experience, a concept originally defined by Alexander and French (1946) as "re-experiencing the old, unsettled conflict but with a new ending" (p. 338). We can certainly see throughout Rosa's treatment the re-experiencing of previously unprocessed emotions within the confines of a secure attachment, thus softening the traumatic effect of the original abuse and neglect. Iwakabe (2018) emphasizes the importance of examining the link between the corrective emotional experience in session, with the therapist, and interpersonal changes post-session, in order to fully understand the therapeutic mechanism of this phenomenon.

In his commentary, Iwakabe (2018) establishes an important parallel between the outcomes of the case of Rosa and those of a case study conducted by his research team (Nakamura & Iwakabe, 2018). Specifically, he notices a pattern in which therapeutic gains related to the client's interpersonal functioning and their integration of their newly felt sense of

self are more clearly reflected in new relationships rather than existing ones (Iwakabe, 2018). We can speculate that relinquishing entrenched relational dynamics with old attachment figures, and transforming these into healthier ones, is not only a much more intricate process but also one that is not solely dependent on the client, who is experiencing this intra and interpersonal transformation. In my work with Rosa this was evident when, even after she had moved away from a victimized and deficient view of herself, her interactions with her sister continued to be strained by the sister's attempts to subdue Rosa.

Nevertheless, while less immediate, Rosa's relationship with her son did show important improvements. Rosa gradually transitioned from a fearful and conflict avoidant self-state, to a more genuine, assertive one where she could better recognize and express her needs to her son. She took risks in voicing her indignation when he was unresponsive and avoidant, and she did not experience their relationship as fragile as she had in the past. Moreover, she ventured to have candid conversations with her son about their tumultuous past, and she freed herself from the guilt she had carried about his struggles. She felt increasingly more empowered in their interactions, and less fearful of losing him. There is no doubt that she was more inhibited in these old relationships—particularly those with her siblings—than she was in new, budding friendships. Yet, while a fundamental aspect of the interpersonal transformation of her old relationships consisted on accepting the limitations of those relationships and letting go of her unmet needs, significant changes on those dyadic interactions were indeed taking place.

I appreciate Iwakabe's (2018) challenging observations as they force us to take a closer look at the therapeutic mechanisms of corrective emotional experiences, which are a central aspect of attachment-based and experiential therapeutic approaches. I share his enthusiasm about the value of systematic case studies as important vehicles for understanding these processes, and I hope that this dialogue inspires others to contribute to this vital research endeavor.

Iwakabe's Questions

In the last section of his commentary, Iwakabe (2018) recognizes the relevance of certain clinical skills for the implementation of attachment-focused and experiential therapies. In particular, he highlights (1) the capacity for empathic attunement and moment-to-moment tracking of the client's experience in session; (2) the "therapeutic courage" (Geller, 2014) to thoughtfully address difficult emotions—such as anger—without experiencing inhibiting anxiety, otherwise referred to as affect phobia (McCullough, Kuhn, Andrews, Kaplan, Wolf, & Hurley, 2003); and (3) the effective use of emotional self-disclosure in the therapeutic dyad. As an educator, Iwakabe (2018) poses thoughtful questions regarding the various factors that helped me develop such skills as a trainee and graduate student. I will focus my response to these questions on two areas: first, the formal and informal educational tasks that have helped me develop empathic attunement and the ability to track clients moment-to-moment; and second, the process of learning to work with anger and to identify anger as a primary versus a secondary emotion.

While it is clear that the clinician's temperament and personality play a role in the therapeutic approach (Tremblay, Herron, & Schultz, C.1986), empathy is a trans-theoretical component of all therapies. Attachment-focused and experiential approaches, like AEDP (Fosha,

2000) and Emotion-Focuse Therapy (EFT; Greenberg, 2002), explicitly accentuate the role of empathic attunement in therapeutic change. Looking back at the various stages of my graduate training, certain educational tasks come to the forefront in their usefulness in fostering my capacity for moment-to-moment attunement to the most important experiences of clients, and for communicating my understanding back to them.

First, tasks that explicitly involved experiential learning—either by role-playing, group supervision, or the direct interaction with clients—were crucial not only in integrating theory into practice, but also in fostering self-awareness and in developing an embodied understanding of the experience of therapeutic contact. It was not only the actual experience, but also the supervision of such experience—based on direct observation or through videotaped sessions—that was critical in helping me integrate such learning into my professional identity. Second, tasks that involved self-reflection, particularly self-reflection journals, were also vital in promoting self-awareness and fostering an attitude of compassion and *self*-compassion. It is interesting to see how several of these tasks involve a similar process to the AEDP model, where emotional experiencing is necessary but not sufficient; rather it is the meta-processing of such experience that ensues a deeper transformation and long-lasting change. While both of these tasks were at times difficult, I believe that my personal attributes—such as an openness to feedback and an ability to refrain from turning such feedback into a sense of inadequacy—helped facilitate my process of professional and personal growth. These attributes have also been identified as cultivating in the therapist the ability to mentalize (Fonagy, Gergely, Jurist, & Target, 2002).

The process of learning to work with difficult emotions such as anger, especially within the therapeutic dyad, is a challenging one. Similar to empathic attunement, I have found that experiential and self-reflective tasks have been crucial in cultivating tolerance, openness, and courage to work with anger in the therapy room. Supervisory experiences that have pushed me to reflect on my countertransference reactions, and on what I intentionally or unintentionally avoid in session, have been wonderful opportunities to develop therapeutic "boldness" and "fortitude" (Geller, 2014). These elements of therapeutic courage entail an understanding and acceptance of the "psychological vulnerabilities" involved when doing the work, and these elements have helped me develop the courage to stay committed to such emotionally demanding work (Geller, 2014). Nonetheless, I assume, from my personal experience, that there is a developmental trajectory one follows as a trainee in learning to work with difficult emotions.

An additional factor involved in learning to work with anger is, as Iwakabe insightfully identifies, the capacity to distinguish core anger from defensive anger. Greenberg (2008) refers to the former as primary, "the person's first, gut level, emotional response to the situation" (p. 51), and to the later as secondary, "a person's emotional reactions to their own emotional responses to a stimulus, rather than to the situations itself" (p. 51). The first one is mostly adaptive, while the second one is usually maladaptive. In clinical practice, this distinction is not always clear and it can be elusive. As a therapist, I have learned that gathering a thorough history of the client's interpersonal functioning, their particular ways of dealing (or not dealing) with conflict, and their internalized view of themselves, others, and relationships are all important sources of information for assessing their experience and management of anger.

Finally, I have found that as a therapist, my own experience of the client in the room, moment-to-moment, is probably *the most* important tool in helping me make this distinction between core and defensive anger. My own visceral reactions to the stories my clients share with me are essential. In many, yet not all, instances, when there is a drastic incongruence between my reaction and that of the client (such as feeling intense sadness in response to what the client is telling me, while the client seems *just* angry), it is likely that their anger is defensive. On the contrary, when I feel enraged at learning of an injustice my client is suffering, and yet he/she shows no signs of anger but only paralyzing hopelessness, I suspect that the client is highly defended *against* core anger. These are only a few examples, but the point is that developing such clinical intuition has helped me as a therapist to understand when I need to work with the client to bypass anger, to get through it, to get out of it, to regulate and transform it, or to access it in order to make use of its adaptive potential as an empowering agent.

CONCLUSION

Riggs Skean's (2018) and Iwakabe's (2018) commentaries on my case study of Rosa (Vigoda Gonzales, 2018) offer valuable insights on the use of attachment-based, experiential treatments with survivors of relational trauma. Each commentary provides similar, but also different perspectives on the benefits of incorporating the client's bilingualism as an enhancing vehicle of emotional processing and relational safety. Riggs Skean's (2018) observation about the short-term nature of the work, and Iwakabe's (2018) fascinating questions about the acquisition of clinical skills particularly relevant to AEDP, have encouraged me to process my work with Rosa in deeper and more meaningful ways. I am immensely grateful for this opportunity; and once again, I am forever indebted to Rosa for letting me to join her in her journey toward healing. Finally, I hope that my case study of Rosa and my response to the Riggs Skean and Iwakabe commentaries will spur other researchers and clinicians to examine how to best adapt established treatments to the particular needs of our clients.

REFERENCES

Alexander, F., & French, T. M. (1946). Psychoanalytic therapy: Principles and application. New York: Ronald Press.

Davanloo, H. (Ed.). (1980). *Short-term dynamic psychotherapy.* New York: Jason Aronson.

Elkind, S. N. (1992). *Resolving impasses in therapeutic relationships. New York, NY, US: Guilford Press.*

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002). Affect regulation, Mentalization and the development of the self. New York, NY: Other Press.

Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York: Basic Books.

Fosha, D. (2004). 'Nothing that feels bad is ever the last step:' The role of positive emotions in experiential work with difficult emotional experiences. *Clinical Psychology and Psychotherapy, 11*, 30-43.

Fosha, D. (2006). Quantum transformation in trauma and treatment: Traversing the crisis of healing change. *Journal of Clinical Psychology, 62*, 569-583.

Geller, J.D. (2014). *Courage and the effective practice of psychoanalytic psychotherapy: A Tri-part model of the concept of courage*. Paper presented at the 31st Annual Spring Meeting of American Psychological Association Division 39, New York: NY.

Gleiser, K., Ford, J. D., & Fosha, D. (2008). Contrasting exposure and experiential therapies for complex posttraumatic stress disorder. *Psychotherapy Theory, Research, Practice, Training, 45(3),* 340-360.

Greenberg, L. (2002). *Emotion-focused therapy: Coaching clients to work through feelings*. Washington, D.C. American Psychological Association Press.

Greenberg, L. (2008). Emotion and cognition in psychotherapy: The transforming power of affect. Canadian Psychology, 49 (1), 49-59.

Herman, J. L. (1992a). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*, 377-391.

Herman, J. (1992b). *Trauma and recovery*: *The aftermath of violence—from domestic abuse to political terror.* New York: Basic Books.

Iwakabe, S. (2018). Case studies in Accelerated Experiential Dynamic Psychotherapy (AEDP): Reflections on the case of "Rosa." *Pragmatic Case Studies in Psychotherapy,14*(1), Article 2, 58-68. Available: http://pcsp.libraries.rutgers.edu

McCullough, L., Kuhn, N., Andrews, S., Kaplan, A., Wolf, J., & Hurley, C. L. (2003). *Treating affect phobia. A manual for short-term dynamic psychotherapy.* New York: Guilford.

Nakamura, K., & Iwakabe, S. (2018b, June). *Comparing the processes of corrective emotional experience along two distinct interpersonal conflicts: A theory-building case study.* A paper presented at the annual meeting of the Society for Psychotherapy Research, Amsterdam, Netherlands.

Riggs Skean, K. (2018). AEDP and cultural competence in developmental trauma treatment. *Pragmatic Case Studies in Psychotherapy, 14*(1), Article 3, 69-76. Available: http://pcsp.libraries.rutgers.edu

Russell, E. (2015). *Restoring resilience: Discovering your clients' capacity for healing.* New York: W.W. Norton.

Safran, J. D., & Muran, J.C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford Press.

Tremblay, J. M., Herron, W. G., & Schultz, C. L. (1986). Relation between therapeutic orientation and personality in psychotherapists. *Professional Psychology: Research and Practice*, 17, 106-110.

Vigoda Gonzales, N. (2018). The merits of integrating accelerated experiential dynamic psychotherapy and cultural competence strategies in the treatment of relational trauma: The case of "Rosa. *Pragmatic Case Studies in Psychotherapy, 14*(1), Article 1, 1-57. Available: http://pcsp.libraries.rutgers.edu.