

Review

“The Birth of Transformance: Transformational Theory, the Healing-Oriented Practice of AEDP, & the Treatment of Attachment Trauma”

presented by Diana Fosha, PhD

Reviewed by Tracey McHugh, LICSW

On September 25, 2010 over 100 NESTTD members and colleagues had the pleasure of learning from Diana Fosha, Ph.D. about her theory and practice of working with clients with Attachment Trauma. Dr. Fosha’s humility and humor were present during the day which contributed to this being an informative and relaxed learning experience. Her compassion for, and her respect for clients and colleagues alike was apparent throughout the day as she wove in examples from her practice of working with clients and providing consultation to colleagues.

Fosha says that “transformance drives processes that, *in the right environment*,” lead to “healing and thriving. Residing deeply in our brains are wired-in dispositions for transformance. AEDP seeks to harness the motive forces of transformance and facilitate therapeutic change.” Fosha states that “a *felt sense of vitality and energy* characterizes transformance-based emergent phenomena.”

The Forces of Transformance, as described by Fosha

- Are always present as dispositional tendencies
- Require conditions of safety in order to come to the fore
- Are the motivational counterpart of resistance
- Are fueled by hope
- Power the search for the vitalizing positive affects that characterize all adaptive affective transformational processes

THE CREDO OF AEDP: 7 Fundamental Aspects

“What we are fighting for is that a moment of transformation not be missed” (Eigen, 2002)

Open the heart, activate the body, engage the mind, and... “... only connect” E.M. Forster

- HEALING
- ATTACHMENT (sprinkled with INTERSUBJECTIVE DELIGHT)
- DYADIC AFFECT REGULATION

- EXPERIENCE AND PHENOMENOLOGY
- EMOTION
- POSITIVE AFFECTS & POSITIVE AFFECTIVE INTERACTIONS
- TRANSFORMATION

Fosha went on to describe each of these aspects from the AEDP perspective

1. HEALING

AEDP is “healing oriented, rather than psychopathology-based,” and it “sees change as involving the activation of naturally occurring, adaptive **affective change processes**: our aim, guided by the positive markers that identify them, is to entrain them, and **harness their healing potential.**”

2. ATTACHMENT (sprinkled with INTERSUBJECTIVE DELIGHT)

“We are wired to care.” Using AEDP requires that the therapist works to “facilitate and co-construct a **patient-therapist relationship** characterized by **secure attachment**. Such a relationship aims to be **dyadic, explicitly empathic, affirming, mutual, affect-regulating, mutually enjoyable, and emotionally engaged**. The therapeutic relationship aims to be the **secure base** from which fear, shame, and distress can be **dyadically regulated**, and from which the **experiential explorations of deep, painful emotional experiences** can be risked.”

3. DYADIC AFFECT REGULATION

“When operating optimally, dyadic affect regulation is a 4 phase process involving **dyadic states of attunement, disruption, repair, and the restoration of coordination** at a **new level**, leading to the **emergent phenomena** that characterize the expansion of each dyadic partner.” In this relationship, both the “partner perceived as ‘older and wiser’ (therapist) as well as the partner seen as ‘younger and more vulnerable’ (therapy client),” ultimately change and “the more vulnerable partner is not alone with intense emotional experiences.”

4. EXPERIENCE & PHENOMENOLOGY & MOMENT-TO-MOMENT TRACKING

“AEDP is ... a **new healing experience** involving a **state transformation** achieved through the **moment-to-moment tracking of bodily-rooted emotional experience** in the context of an **affect-facilitating, emotionally engaged dyad**. The **experiential method** involves facilitating the patient’s having **an experience in which the body must be involved**” while “**tracking moment-to-moment fluctuations** in the emotional experience of patient, therapist, and dyad. The therapist’s choices are guided by the **phenomenological guideposts** of the **transformational process.**”

5. EMOTION

“The somatically based, **visceral experience of core emotional experience** in the **here-and-now of the patient-therapist relationship** is the **central agent of change** in AEDP. These are wired-in adaptive experiences which, when activated, **moment-to-moment tracked**, and **worked through to completion**, access **inner resources** and **resilience.**” Fosha stated that by undoing the aloneness by being with the patient with these emotions, and at the end of the process, the client can have the skills needed to deal with the emotions.

6. POSITIVE AFFECTS & POSITIVE AFFECTIVE INTERACTIONS

“Positive affects and positive affective interactions are both the constituents and the **wired-in affective markers of healing transformational processes** and **adaptive experiences**. Given that **the experience of change ... feels good and right**, and given that **positive, resonant, attuned, dyadic interactions** have been shown to be the constituents of **healthy, secure attachments** and the correlates of neurochemical environments that are conducive to **optimal brain growth**, AEDP is both guided by these moment-to-moment signals and markers, and aims to facilitate their occurrence.”

7. TRANSFORMATION

“In AEDP, focusing on, affirming, and experientially exploring the **experience of transformation**, particularly the experience of **the transformation of the self in the context of a healing relationship**, led to the discovery that the **experiential exploration of transformation is in itself an affective change process**, a process that releases a **cascade of further transformations**, and one that has **characteristic somatic affective markers**, which are **invariably positive.**”

This summary in no way reflects the complexities and subtleties of AEDP. I hope that it piques some curiosity in some of us to further explore this interesting, healing oriented, client positive approach. It is important to note that Fosha stated that AEDP can be integrated with EMDR, IFS, or any other treatment approaches we use. If you would like more information on Diana Fosha’s AEDP treatment, you can go to the website at www.aedpinstitute.com.