

**See Me, Feel Me:**

**An AEDP Toolbox for Creating Therapeutic Presence Online**

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**Abstract.** When teletherapy became the medium of therapeutic delivery following the arrival of the Covid-19 pandemic in North America in early 2020, the authors spontaneously launched an experimental project of recording brief YouTube videos for their AEDP colleagues. Each video offered viewers the experience of an AEDP-inspired conversation between the authors (and occasional guests). Episodes anchored each discussion with didactic presentation of specific interventions easily translatable to therapy online. Here we present some reflections on this experience, and offer a summary of specific skills and interventions especially applicable to promoting Therapeutic Presence when “meeting” with the internet as the medium. It is our assertion that the “doing” of psychotherapy supports the “being” of the psychotherapist, and that the being of the psychotherapist in turn promotes client presence. Having an array of AEDP skills and interventions promotes Therapist Presence, never more so than when we see and are seen on a video screen.

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## Introduction

*Great! I can hear you. Can you hear me?*

*Now, if you click on the little icon of the camera, I'll be able see you too.*

*Great! Hello? Hello?*

*Oh! how good to see you and hear you!*

As the Covid-19 virus pandemic spread across the world, psychotherapists rapidly and precipitously moved their sessions from in-person meetings to video calls (McBride et al., 2020). It was immediately apparent to those of us in the AEDP therapist community that we would need to adapt our skills for online psychotherapy. We also sensed quite quickly that we were all working alone, with many clients who were more isolated than ever before.

We the authors decided to make some short videos to try to undo the aloneness we sensed while simultaneously offering skills and teaching moments to help AEDP therapists adapt their skills for online work. We recorded our own teleconference calls and uploaded them to a YouTube channel. As with the rapid adaptation to teletherapy, this undertaking was spontaneous and swiftly conceived. Each video episode is a conversation between us during the unfolding events of the pandemic, and each includes as its focus a “nugget” of AEDP teaching as an illustration of how we might work with our clients while meeting with them remotely.

The videos surprised us both by achieving what we had envisioned: Our conversations modeled the AEDP stance in being relational, dyadically co-created, and affirming. We implicitly offered ourselves as attachment resources for our viewers by using self-disclosure and explicit responsiveness to the fears and vulnerabilities we had heard expressed by colleagues and were experiencing ourselves. We used “gallery view” during the conversations, so both of us are on the screen at the same time; this gives the opportunity to see the resonance between the two of us. We model affective competence by expressing our own emotional and somatic experience moment-to-moment. We metaprocess with each other at the end of each segment and invite our AEDP viewers to do the same. These videos illustrate our *presence* as well as teaching specific skills for online AEDP. It seems surprisingly fitting that the online forum is both a part of the remedy for aloneness and stress, and an intrinsic part of the “new” clinical landscape. Colleagues report watching the video clips to ‘prime’ their nervous systems with video AEDP skills. The use of video to teach video therapy has been an effective medium.

In this *Transformance* issue on therapist presence, it may seem counterintuitive to list and expand upon the actual things that you can do to facilitate being, but we assert that a therapist with a toolkit packed with things to do and interventions of words to say that facilitate right-brain-to-right-brain experience is freed up to be more present. *In other words, having words to say, automatically and without thinking, facilitates our presence.*

We also conclude that *what we do* helps support *how we are* as we do it. In our recorded conversations about teletherapy (Kate and Natasha: AEDP in the Age of the Coronavirus; see Appendix 1), we have been struck by how many of the skills we use in person are smoothly adaptable for AEDP therapy on video conferencing calls. It turns out that the very qualities that make a good AEDP therapist make a more than “good enough” AEDP teletherapist; the very **skills and interventions** that enable accelerated connection,

attachment, and processing of material, both trauma related and otherwise, are skills that translate to use online. Our experiences recording the YouTube videos, hearing from viewers in response, and the opportunity to reflect here on AEDP in teletherapy confirm our conclusions.

The authors are practicing AEDP therapists, teachers, and supervisors. Our experiment with the YouTube videos seeded our interest in exploring how to be and do AEDP in teletherapy, but neither of us has proposed herself an expert in video therapy. We recognize the honor of being included in this volume on Therapist Presence. Our paper will include quotes from other papers in the volume, as well as comments from colleagues and brief excerpts from transcribed sessions with clients.

As with our video project, this paper combines two objectives. We will share our reflections on some theoretical considerations arising from experience with video therapy; we also make recommendations for specific effective AEDP interventions that make “remote” practice come alive.

### **The AEDP Therapist Goes Online**

If we start with a definition of AEDP therapist presence by quoting our colleague Ben Lipton (this volume): “Everything we ‘do’ in AEDP begins with the therapist’s ability to be present in body and mind, while being oriented to what is happening in the client, while staying open to being explicitly impacted by the intersubjective results,” then the practice of AEDP should translate seamlessly to the art of “remote” psychotherapy. This paper seeks to demonstrate our belief that this is so, and to explore the authors’ experiences of the benefits and challenges of work with people who are *not present* “in the flesh.” It is our position that AEDP is in fact the *ideal* model of psychotherapy for use in online therapy. As is stated in the other papers in this volume, the embodied **stance** of the AEDP therapist—

flexible, adaptive, willing, attentive, kind, *present*, and self-aware in the service of her clients—makes this possible. We have noted that certain AEDP interventions translate particularly effectively in this transition to online therapy.

### **Creative Ways of Keeping the “E” in Experiential**

The components of treatment that distinguish AEDP’s integrative power shine even brighter when deployed in online sessions. “Remote” therapy actually turns out to be extremely intimate: We are able to be just as relational, offer our affect-eliciting presence; explore somatic moment to moment experience, and accompany our clients as they venture into emotionally and relationally vulnerable territory.

Online AEDP therapy relies on the capacity of the therapist to settle deeply into the present moment and *be*. Moment to moment, the therapist in any session tracks and responds to cues conveyed through the client’s facial expressions, gestures, breathing and movement as well as tracking their own somatic experience. Diana Fosha often says that she doesn’t have a separate meditation practice because her therapy sessions are all relational meditative experiences. AEDP for the therapist is a continuing mind-and body-training practice rather like an AEDP mindfulness practice. We grow the capacity for presence, moment to moment, over the course of time spent in the therapist’s chair actively tracking our experience and gently moment to moment tracking our clients’ as well.

*DOING: Having Things to Do and Language to Say Facilitates BEING.* In this paper about therapist presence, it may perhaps seem counterintuitive to list and expand upon the actual things that you can *DO* and say to facilitate *BEING*, but we assert that a therapist with a toolkit packed with things to do and interventions of words to say that facilitate right-brain to right-brain experience is liberated to be more present particularly online. Having words to say automatically, without thinking, facilitates our presence.

The learning and integrating of AEDP’s ‘experiential language’ (Prenn, 2011) is a way to be freed up to be fully immersed in the experience of being with a patient. This is much like speaking a foreign language fluently enough that one isn’t popping out of the flow of a conversation to stop and try to find a left-brain correct word or phrase. Certain words and phrases do facilitate better than others, so learning and practicing these words or phrases like AEDP musical scales allows you to be present and in the flow with a client over time.

*The Most Important Essential Online Skill: Making the Implicit Explicit.* When we have language to make the implicit explicit we can relax into being present knowing that our clients will not only sense us with them, but hear and feel us as well (Ronen-Setter & Cohen,

2020). As we circle the basic tenet of AEDP that above all else we want to “undo the aloneness” of our clients, how do we make our being together explicit online when we are not physically together? Think of any number of clients who express their experience, “I am all alone in the world,” when you are there with them. How do we make our presence with them explicit? Sitting quietly and not saying anything about our presence may leave the client sensing an aloneness, whereas statements like, “I am here,” “Feel me with you” or the paraverbals of mmm’s make our being together explicit.

Whereas during in-person sessions, the patient may actually sense our implicit presence (and of course we still make it explicit), doing online sessions require us to be much more explicit. Here are some examples of things to say that make our presence online more explicit:

*Imagine us together.*

*How are you experiencing me now?*

*As I cross my arms across my rib cage and hold my shoulders, I feel a hug right now.*

*I am smiling and feeling so much as you tell me how you stood up for yourself.*

Making the implicit explicit that we are present together on our video call involves presence **and** having words to say and movements to ‘do.’ In this volume, Geller writes about ways to offer our presence nonverbally: soft eyes, soft face, relaxed and leaning forward posture. We suggest that you start with those nonverbals online, and *then make explicit verbally* that you are offering yourself in this way:

*I feel my eyes are soft.*

*Do you see the tear in my eye?*

*I am leaning in.*

Again, remember to use your nonverbal communication online: gaze, nodding, head side to side, rocking, leaning in/out, hand to heart/chest, mirroring your patient’s nonverbal interventions: a fist, a slap, a gesture, an expression, a physical movement. And then make these nonverbals explicit:

*I am nodding as I am listening to you.*

*I am weighing what you are saying, as you see my head going from side to side.*

*I am placing my hand over my heart as you tell me this.*

We might show surprise by clapping, or giving a high five or showing prayer hands, as well

as covering our face to show surprise, or covering our eyes to communicate and share in a client's embarrassment or shamed feelings....or to communicate your, "*Oh no! your parents said what?!*"

Even though we can see each other on a video call, moving our bodies, heads, shoulders and hands and arms and fingers actively and deliberately at times can help to make the feeling of the connection more alive. Some facial expressions and gestures can be made larger to communicate presence; others may need to be smaller. We can usually only see our clients from the waist up and they can only see half of us too, so we may want to bring the waist down or the other half explicitly into the 'room' with questions like:

*Are your feet on the floor?*

*How do you experience the chair beneath you?*

*Shall we both wiggle a bit to get comfy?*

And we can add descriptions of our own grounded sitting: *I am putting my feet on the floor and squaring up ... knees pointing forward* to bring our whole bodies into the session.

AEDP faculty member Jeanne Newhouse shared in a video segment that she asks her patients to use their hands almost as pointers to notice what else is happening outside the screen. She deputizes hands as "noticers" in the service of client and therapist: *What are your hands and fingers noticing?* (Prenn & Halliday, 2020)

Practice in front of your computer camera or web cam to see what you look like and what facial expressions, gestures and movements work and come naturally to you. Being present and *communicating presence* on video may be two slightly, or very, different things.

### **Creating More Therapeutic Presence**

Pepper your telesessions with verbals, paraverbals and nonverbal communications to accompany your clients and make explicit that you are there. It is even more important on a video call to make some noise: *uhuhing, humming, grunting, mmming, wince-ing, exhaling, aha-ing, sighing*. All let your client hear you and see you engaged and present. Then there are some "barely verbal" expressions; *ya, right, yup, uh-oh, ow Ok yes, right, got it, yes, wow!*

Here are some other tools:

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- a) Slowing our own breathing, then verbally inviting the client to slow down. *Let's both slow down.*
  - b) Using exclamations and statements instead of questions. Statements are often an easier way to make contact than to ask questions: *I can see you are thinking and feeling and processing. Brave of you! That's really something! A big smile! Ow! Your foot is talking... You're reacting!*
  - c) Statements can start with fragments: *Pain here... feelingful here.... a lot of feeling... I'm here... I get it.*
  - d) Some useful "continuers" that invite the client to put words on their experience: *tell me... say more.... please continue... put a lot of words on that....finish that.* Always ask patients to complete sentences if they trail off: Cognitive disruption often comes right at the "juiciest" emotional point.
  - e) Saying, *your thought/your reaction/your turn...* This is said as a statement but is a question! *You are feeling..... you are reacting.. and the feeling as you are talking.*

*Mirroring and Beyond.* A quick way to get in synch is to notice the breathing of your client and match and mirror it. If your client takes a big breath or lets out a sigh, you can do it too and make it explicit: *That was a big sigh.... phew I just did it too.....how is it that we are taking breaths together?* Mirroring helps make the relationship and relatedness explicit.

However, going beyond mirroring is particularly useful on a video call. Suppose a patient is talking without much affect about something his parent did that was problematic. The therapist can use this moment to speak up to the unspoken feeling: *I feel angry on your behalf when I hear how your father behaved and criticized you.*

### **Intention and Attention: Therapist Presence Creates Client Presence**

Lipton in his volume writes: "Intention refers to the directionality of many of the qualities that make up the therapeutic stance in AEDP. In AEDP therapists, our intention is to lead with authenticity, delight, affirmation, and privileging of our client's transference strivings." We encourage you to ask yourself the five questions in Lipton's PAIRR model, in an effort to cultivate therapeutic presence when you are online.

1. **Presence:** *Am I in my body and open to my own physical and emotional experience?*
2. **Attunement:** *Am I open to tracking my own and my patient's moment to moment communications verbal and nonverbal?*
3. **Intention:** *Am I explicitly converting my care, concern and openness to deep engagement?*

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4. **Resonance:** *Am I slowing down and allowing myself to be impacted by my client and to explicitly communicate this when helpful?*

5. **Reflection:** *Am I actively and explicitly reflecting with my client on their experience with and of me?* (Lipton, this volume).

We would add Danny Yeung's conceptualization of contemplative presence as a useful thing to cultivate online:

*Contemplative presence is an all-encompassing awareness and openness to existence in the here and now, while embracing existence with appreciation, admiration and reverence. These mental qualities within contemplative presence share the same family of resemblance with simple "presencing" and dyadic mindfulness. At the same time, contemplative presence goes beyond with three distinct characteristics: First, contemplative presence is facilitated through a stilling of the body (Yeung et al., in press). Second, contemplative presence includes intuition, defined as a non-discursive, direct, immediate embodied knowing. Third, contemplative presence could be practiced as a way of life (Yeung & Zhang, this volume).*

Danny Yeung's deep engaged presence is transformative in the transcript he shares in his article. Let us look at the specific language he uses as he invites his patient to orient to his internal experience, and lets the patient know that his story is important, and that there will be space for that while making explicit:

*I am here with you. I have reverence for you.*

*I honor and accept your defenses,  
and you have come to me for help with these very defenses...*

*What's it like to sense me with you?*

In the "training at the AEDP gym" of moment-to-moment tracking, it is important to stay with whatever is emerging, to notice the experience, and to stay present in the here and now. Over time both therapist and client change in this process week to week. Therapist presence creates *Client Presence*.

Returning to Yeung and Zhang's transcript, we see how the therapist *explicitly remembers* why the client has come to him for therapy: To change the way he keeps people out:

T: (*tender, firm*) We will go to the story...sometime. [**focus on process not content**] I am sure we will go to the story sometime. But if we were to draw your attention inwardly [**somatic focus**]... Slowing down [**down regulating anxiety**]... Making room for that pain [**focus on affect**]...And I understand you definitely had the need to keep people out

**[empathic acceptance of defenses]**. At the same time...as you shared with me before...this keeping people out – such as your wife...is keeping you very alone inside **[the cost of his defenses]**. So, let's just take this moment, and I'm curious ...what's it like for you...too...and what's it like for you to sense me being with you. **[undoing client's aloneness]**

C: (*eyes closed. attention inward*) It's good and safe. **[confirming client receptiveness of therapist's presence; assuring co-creation of inner sense of security]**

T: (*tender, slow, firm*) Where do you notice the sense of goodness and safety? **[somatic focus]**

C: (*eyes closed, gesturing with both hands*) All around us. Sense of protection all around. **[confirming strengthened sense of inner security]**

T: (*very tender, very slow*) Sense of protection all around...Right...And feel free to .. in addition to my gratitude and also...you have my utmost reverence for you...here's your turn to be cared for. That's why I'm here. **[Therapist intuitively guessed client's shame, hence needing to defensively "hide" in an inner chamber. "Utmost reverence" is the beyond mirroring and honoring of client as Reverend, undoing shame.]**

Now re-read this transcript with us, absorb what the therapist does in a very short opening contracting 'pitch' to the client: to stay with his therapist, to avoid using the defensive strategies that have been so costly to him with other people and for which he has come to therapy; Yeung's presence and his language may be inspiration to enter a resonant, present but actively working place in your own next sessions:

*We will go to the story...sometime. I am sure we will go to the story sometime.*

*But if we were to draw your attention inwardly*

*Slowing down ... Making room for that pain...*

*And I understand you definitely had the need to keep people out.*

*At the same time...as you shared with me before...this keeping people out – such as your wife...is keeping you very alone inside.*

*So, let's just take this moment, and I'm curious ...what's it like for you...too...*

*and what's it like for you to sense me being with you?*

As we slow down and invite our clients to notice their internal experience and their somatic experience, and gently notice how it is to be with us - their therapist - we are entraining self

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awareness and dyadic relational mindfulness. Our presence and ability to hold our seats through emotional closeness and distance; through waves of emotion as well as disconnects or blocks to feeling; and then our ability to reflect on all of this together grows and expands our client's presence:

*Everything you are saying is so important,  
and I want to know all,  
and would it be okay with you if just for a few minutes now,  
we slow down and notice what's inside while we talk,  
and I will do the same.*

### **Creating Therapeutic Presence Before the Session Begins**

Shari Geller's article in this volume offers ways to center ourselves before each session. In addition, consider beginning each meeting with a few moments of a guided "internal awareness" exercise (see Appendix 2 for a brief example). This invites the client or trainee to go inside the felt sense in their body in the moment and to explore, phenomenologically, what they find, without judgment. This has multiple purposes for the client, but in considering Therapeutic Presence (TP) it can definitely be stated that the practice "jump starts" each session for the therapist herself by priming her nervous system and heart to a position of receptivity, greater calm, and awareness. Her experience aligns with the assertion made in Yeung and Zhang (this volume): "...the AEDP therapist, embodying contemplative presence or the open, loving, appreciative attention toward clients, could enhance the intuitive ability and accuracy to land the right intervention with a client, in just the right time and in just the right way."

### **Using Imagination Online**

In our YouTube episodes about portrayals we teach how to summon creative imagination to activate bodily engagement in the dyadic exchange. The use of our imagination is a great resource online. Our ability to imagine lights up almost as many neural networks as actual experience. (Pally, 2000). Online we can use **portrayals** to light up and enliven our relationship:

*Imagine us together. Imagine me with you...*

*Can you imagine us together right now?*

*Imagine me with you this week: see my face, hear my voice, feel my hand on your shoulder for support (if that feels right),*

*Imagine us side by side.*

A portrayal is an imagining or a visualization but it is more than that—it is a multi-sensory experience. Although the visual component is important, so are the other senses:

- Visual- Use your sense of sight to see pictures, images, and movies.
- Auditory- Use your sense of hearing for listening to sounds.
- Kinesthetic- Use your sense of touch to feel tactile sensations, emotions and energy.
- Olfactory- Use your sense of smell.
- Gustatory- Use your sense of taste.

### **Other Routes to Activate Imagination**

In imagination the therapist may invite a shared felt sense of sitting together in the same physical space; explore the client allowing a kind hand on his back; or the sensation of sitting shoulder to shoulder with his therapist, looking at things from the same physical as well as emotional perspective. This harnesses an AEDP therapist's bravery to her therapeutic presence: open-hearted and emotionally courageous in service of emergent need in the client.

Use of guided imagery can be easier to initiate online; people tend to feel less constricted when in their own environments. Try inviting your clients to "go to" places of calm and beauty in their mind's eye, and even to imagine meeting you there, to discover what emotions might emerge in a conversation they could have in such a place. For some, the prompt is fertile and reassuring; for others it stimulates painful awareness of yearning. The AEDP therapist whose line of exploration results in such an experience takes the opportunity to metaprocesses the distress, and this is often a pivotal relational moment in the treatment. The lesson here is that teletherapy can support a felt sense of being together; it may also stir feelings of greater longing and aloneness. Either road taken by the client requires a True Other who is present as guide and companion and whose feet are firmly on the road: TP is the necessary and healing ingredient. We can make explicit the "medicine" in these shared experiences: "whatever we can do/ feel/ live together will change your internal world so that you will have **portable change** to have these experiences you want with others over time."

Teletherapy summons creative imagination to activate bodily engagement in the dyadic exchange. One supervisee reports that during an intense moment she grasped the sides of the computer screen, and told her client that she was doing so, as a way to convey that she is actively with them. She asked the client *“can you see how my arms are framing the picture you are in? It’s my way of holding you.”* In this manner she conveyed her presence, and then checked in with a round of metaprocessing, *“How is it to hear and see me express my holding?”*

### **Always Powerful, Metaprocessing Is Ever More Crucial in Teletherapy**

Metaprocessing, whether employed in person in session or remotely in teletherapy, is involving, relational, and transformance-promoting. Metaprocessing makes the implicit explicit and brings present moment experience to life: *“In response to a moment of transformation or of change for the better, the therapist explores the emergent positive experience, urges the client to focus inward on what the *experience* of that moment of transformation is like...”* (Fosha, Thoma, & Yeung, 2019, p. 21).

One of the qualities of an AEDP session held online must be to make room for healing experience to settle and root in the heart and mind of the client. Embedded as it often is in everyday life; the client may be in their home, workplace, or even their car; a session online requires that the therapist bring an added layer of presence and vitality to make new experience “stick.” Inviting the client to make space for the absorption and reflection upon immediate emergent events through body as well as mind, and to enjoy relational and celebratory moments is one of the activities which differentiates AEDP from other models of treatment.

### **How to Close an Online Session**

Below we list a few things that can be said at the end of an online session that can help sustain the session until the next time:

*Carry me with you and I will carry you with me.*

*How would it be for us to use the screen - take a snapshot of us smiling together here?*

*A Hug! Can you take it in?*

Wrapping arms around our own bodies simulates a sense of connection in the nervous system, and doing it dyadically potentiates the benefits. Other explicit uses of body in session also promote TP and CP (Client Presence!): placing our right hand over our hearts,

either with the explicit invitation to the client to mirror us, and models self calming as well as being a gesture of care. One hand on the forehead and the other on heart center has the same effect. Such invitations to include somatic present-moment experience help keep the session “alive”, and metaprocessing such moments makes the experience real and relational. It creates an impression that we could step out of the screen and into the felt sense of being in one another’s presence.

Such shared moments of somatic experience increase affective receptive capacity for client and therapist; they also “hold” them between meetings.

### **I Have Always Wanted to Make House Calls!**

As much as some therapists and clients miss coming into our offices for psychotherapy, there are advantages to the client feeling the comfort of a home environment supporting their experience. The softening of a client with their toddler on his or her lap is an entry point not to be missed as is the delight of having cats, dogs, and even pet birds entering the scene either in passing or to join the client. The use of the unconditional regard offered by a companion animal is an internal attachment-promoting opportunity. It may give the client a chance to explore allowing a kinder self-view than he usually allows himself.

“Lance”, whose poodle puppy begged to be picked up in the session and who then fell asleep on her owner’s shoulder, was able to experience present-moment body sensations of a young animal surrendering to comfort and affection. Lance was invited by his therapist to bring the sensation inside his own body as he imagined being held in a similar fashion by his girlfriend. The opportunity to “use” a physical experience of a friendly animal is one rarely possible during sessions in our offices, but it happens quite frequently when the client is in their own environment. An AEDP therapist is a therapist alert to glimmers of transformative experience. Sometimes there are disadvantages to a house call. Lack of privacy or even of safety due to the presence of family members needs to be assessed. Advance planning with our clients may help circumnavigate such problems

### **Creating a Holding Environment Online**

A word here about environment as an important aspect of Therapeutic Presence: Making energetic, somatic, emotional, and cognitive space for therapeutic connection and processing in remote sessions also rests, for clinician and client alike, upon a sense of calm and consistency. Most therapists intentionally configure their workplace offices to be healing environments that enhance the client’s sense of safety and amplify the therapist’s own presence; the frame of the “sacred space” of our offices to help us hold the work when in person. The authors have noted that establishing routines for themselves as well as

setting up a dedicated space from which to “meet” clients online helps both halves of the therapeutic dyad relax into connection more reliably.

In “setting the stage” for a meeting it also helps to consider possible technical interruptions. Consider making explicit at the outset of a session that should the WiFi connection be interrupted you will remain present, looking at the screen and holding the client in heart and mind until service is resumed. Or explicitly state that you, as the attachment figure, will make the phone call to the client to resume connection. This is a particularly AEDP formulation adapted to meet a technological challenge; it is another way to make TP alive for the client in real time.

### **Self-Consciousness vs Self-Awareness**

Members of one of Kate Halliday's training groups noted that until the 2020 pandemic changed the ways many of us in the US and elsewhere do business and socialize, the stimulus of the screen had been a means of escape from everyday life. 21<sup>st</sup> Century humans have almost universally been acculturated to respond to movement on any screen within view, and to do so from a fairly passive stance. Years of exposure to movies, television, and even social media trained the brain to look at objects on a screen as just that: objects to “consume” and even evaluate. The consumer is expecting to assess and to be at a distance from the “other” on the screen. In fact, we had been trained to objectify people presented *in the media*, judging their conformity to standards of beauty created *by those very media*.

In our training group we noted how uncomfortable most of us are with the “self-view” function of tele communication; unable to avoid assessing ourselves, we are *self conscious* at a time when we are explicitly called to be *self aware*. In our role as an AEDP therapist, internal awareness is paramount; the gaze needs to be from inside, rooted in awareness of the internal processes mediating that gaze. We work to respond with authenticity from that inner “truth”.

If the distraction of self-view has a pull for us as therapists, recognition of that pull illumines a barrier to presence on the part of the client. It accentuates the necessity that we “summon” them into the dyad with our own presence, explicitly and implicitly, even though this invitation to join us in the intimacy of a present-moment relationship may be a departure from their usual mode of response to a screen.

Teletherapy also offers distinctive benefits as a byproduct of this phenomenon. One colleague stated that he has noticed that he can find a glance at his own face useful in the present moment as a way to be certain that his facial expression is conveying what he is feeling. Another said that she uses the small “self” in the corner of her screen to steady

herself when the session gets rough. This self-to-self connection is one of ways we support TP in ourselves, through a grounded reliance on our own “older, wiser, stronger” self.

One colleague suggested that we invite our client to close their eyes to help explore inner experience more, with us, for a moment or two. This seems to break the “spell” of the screen if it feels the client is losing emotional track of their internal process.

Research has demonstrated (Majid, et al., 2018) that for English speakers it is easiest to speak about things that we see. It is important to note that their paper shows how for non-English speakers, this is often not the case. Cultural diversity requires that we avoid making ethnocentric assumptions. For English speakers, bypassing the dominant sense of sight may

help access internal non-verbal experience; it is common for people to close their eyes when they are examining a body sensation or accessing an emotional memory. This requires extra presence on our parts during the moments their eyes are closed; we anchor them, much the way we do dissociating clients.

### **Radical Presence Promotes Secure Attachment in Teletherapy**

Presence is requisite in any attachment relationship, including that of an AEDP therapy.

The AEDP clinician is an attachment figure who is willing for the purposes of the therapeutic relationship to be “emotionally engaged, affectively competent and confident and self-discloses affect .... in the service of the patient” (Prenn, 2011) Our colleague Ben Lipton writes in this issue of *Transformance* that TP includes the stance of the therapist and also much more; he identifies an ineffable quality in the *presence* of the AEDP clinician: “the foundational therapeutic driver of transformation for (my) clients.... (is) *radically relational*” (Lipton, this volume) (emphases ours).

A radical (rooted) relationship is one that can encounter adverse conditions and survive, or even (as with young plants in the Spring) benefit and strengthen from exposure to such challenges. Therapists report the benefits of intensity of focus on the attachment relationship required online, and the pitfalls attendant on it.

For example, a colleague who works with children reported a poignant experience that illustrates both: His client is a boy with significant early attachment loss. In sessions in the office “Jerome” had rarely made eye contact and was skittish about any interventions that focused on the relationship with his therapist, “Alan”. Since the necessity to work remotely during the Covid-19 pandemic has meant that all sessions are online, Jerome has allowed himself to begin to look at Alan in his sessions, and the content of each hour is radically different. It is apparent to Alan that the attachment longings in Jerome have been awoken

by the enforced separation, but also that his reliable presence week after week has allowed Jerome to expand his capacity for their connection.

However, this experience of "feeling felt" and "seeing himself being seen" has awoken a fierce desire for the focused attention of his "True Other" therapist. Alan reported recently that he looked away from the screen for a moment because he heard the vibration of his cell phone. Jerome said "Mr. Alan, you're looking away!" with alarm in his tone. He noticed and was able to address the brief hiatus in his therapist's presence. For Jerome's therapist it was a reminder of how an anxious attachment radar is always finely tuned to such ruptures, and even more so in remote sessions. We are required as attachment therapists to center ourselves solidly in our present moment experience with the client; in sessions where the cues to that presence are all held in our gaze and our eye contact, any shift in visual focus may be read as distraction and lack of TP.

Alan's honesty in metaprocessing the rupture detected by Jerome's "attachment radar" opened an opportunity for repair; it also made room for deeper but careful exploration of the attachment they felt for one another.

Ironically, avoidant attachment strategies come into their own in "remote" therapy. People for whom the intense TP of in-person therapy can prompt overwhelm and arouse defenses sometimes seem to thrive in the more diluted intensity of online work. Making the recognition of this explicit (in a celebratory, non-shaming way) is an attachment strategy in itself; a way to say "See, I know you. We can be connected in ways that feel safe for you."

A disorganized attachment system needs extra reassurance, and the therapist's own awareness of his physical expressions and smallest gestures became even more important. The effort to avoid defensiveness, to self regulate, and to stay steadily present even in difficult moments may feel amplified in online meetings. Starting from a place of TP as described by Geller (2017), and invoked even before the session begins, is essential when the client's attachment needs call for extra layers of awareness and care.

Recognition of our own attachment vulnerabilities is, as always, central to our capacity for TP. The self/other triangle provides a perspective on this: "self other interactions provide a set of dynamics that become internalized, shaping psychic structure, and also generate the affective background that strongly influences what state configurations come to the fore". (Fosha, 2000, p.121) Therapeutic presence demands that we not only monitor our internal experience in the moment, but also hold in awareness our own embedded tendencies created by *our* historical attachment experiences.

### Capacity for Deep Transformational Work in Teletherapy

When clients drop down into State 2 and allow the presence of their therapists to accompany them through waves of affect, the mutual experience of post-breakthrough affects and then of States 3 and 4 is frequently one of deep, mutually contemplative experience. As experiential therapists, our ability to work with emotional experience relies upon our own capacity to be emotionally present. This is never more the case than when we are engaging the process with a client many miles away. However, there seems to be a potential for added depth to the process when it takes place remotely.

Perhaps a “willing suspension of disbelief” akin to what an audience brings to dramatized stories offers some explanation for this added depth. The “drama” of AEDP experience, accessed dyadically through affect and relational experience and leading through Transformational affects to States 3 and 4, directly accesses the limbic system, and asks the pre-frontal cortex to wait its turn. In that interregnum, similar to that experienced when we are engrossed in a televised drama or a compelling novel, we surrender to affective experience. The structure of teletherapy, entrained by years of relationship to the screen as a source of such experience, may be especially suited to help open these channels. This in turn may facilitate access to the “trance” state familiar in AEDP. These intuitive leaps feel valid and validating; they activate the “click” of recognition and spontaneous expressions of secure attachment and self awareness:

*...clinical intuition can be understood as a direct and immediate embodied knowing mediated by right brain receptiveness, relatedness and responsiveness to non-verbal affect. The immediacy of intuitive information processing, occurring prior to any left-brain discursive reasoning, guides the therapist as to when, what and how to intervene moment-to-moment (Yeung & Zhang, this volume).*

Transformational experiences associated with quantum change emerge organically from these affective and relational moments, when the therapist, like a professional “actor”, has fully entered his character, and embodied it mind, body, and spirit.

What follows is an example of this phenomenon:

Thousands of miles separate client and therapist, but when the “curtain rises” on the session, we are already into Act 3 (Metaprocessing, and the reaping of the harvest of our work). For several months, the client has been processing early attachment wounding, and in doing so has been “reclaiming her sense of entitlement to exist”, as she had stated at the conclusion of the previous session. What follows is a brief transcript of “Acts 3 & 4.”

C: Well, I had a real challenge this week.....(describes a professional experience where she felt off balance)... but then I woke up in the night last night and the words ‘you’re OK, even

when you're not getting everything right' came to me. *OK! Like deeply here and enough...(takes a breath, and begins to talk more about the work situation)*

T: Whoah! can we stop a moment? This 'being OK' feels really important! Let's give this enormous statement lots of room to percolate through.....can you go back to those words as you felt them, and allow yourself to really *feel, now*, how they take effect in your body as you stay with them?

C: ..... mmmm. yes. It's an energy. Feels as if it's rooted in my uterus. Female. It feels kind of grounded (*gestures with her hand, up and down the midline of her body; therapist mirrors the gesture*) "I am here! ....It's not about performing.....I have an image of sort of plonking into an embodied sense of it!

T: Can you say more about 'it'? (Client goes on to describe a spontaneous experience in the present moment of *being* both a powerful indigenous healer and a powerful animal. She names the qualities each represents; the narrative has a "magical" tone to it; using language, but experienced *for us both* at a somatic, out-of-body level.)

T: Oh.... (*reverently*).... I can 'see' you in each of those beings as you describe the images!

C: Probably I DO have power!....I don't have to be scared of it. I like connecting with people on a deeper level... I like helping....I can stay connected and be powerful!

We have entered State 4. She is naming her new truth; she sits straight in her chair; her eyes glow with vitality. This State 4 awareness of connection to the ALL of life sparks in both of us.

We have completely forgotten the miles between us; all we know is the present moment.

## Conclusion

Online teletherapy sessions require therapist presence in active and explicit ways: it is not always enough that we be present (although sometimes it can be); it may also be essential that we make our implicit presence explicit with our words and our breaths and our faces and our embodied selves.

AEDP therapists practice from the inside out and the bottom up; this involves lending ourselves wholeheartedly to our clients' felt awareness in the present moment and being willing to trust emergent co-created experience. Especially in the practice of online therapy, a clinician whose therapist presence has been honed by hours of deeply focused relationally engaged practice will be equipped with the stamina required for sustained engagement, even during unprecedented times. Recent experiences have shown that not only can

teletherapy “hold its own” as a viable mode of therapy, there are powerful and surprising benefits to the work possible even at a distance of many miles (Callahan, 2020). The AEDP therapist who leans into the experience with deep therapeutic presence will reap the benefits for him or herself in added vitality and enjoyment.

In summary, for some clinicians and their clients the opportunity for intimacy and immediacy as well as the flexibility offered by tele-therapy has proved surprisingly appealing. Online psychotherapy is here to stay, and AEDP skills, interventions, maps, schemas and ways of being fit the screen just as well as they worked in your office up until now.

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**Appendix 1: Our Playlist**

Playlist: Kate and Natasha: AEDP therapy in the age of corona.

<https://www.youtube.com/playlist?list=PLG4o54VSC6aw6CDSAy7yBre7epM9SEtNR>

**Appendix 2: Introductory Meditation**

This is an example of a short introductory meditation. Try modifying for your own use; even skeptical clients have found that the practice often propels the work more quickly in the subsequent session. Using the term "awareness exercise" helps bypass the resistance of those who are allergic to "meditation":

**INTERNAL AWARENESS EXPERIENCE**

*Would it be ok with you if we start here today with a sort internal awareness experience together? If you are willing, let's close our eyes follow our breath inside.*

*If we follow the movement of breath out we might notice how each exhale leads down through the body and into the earth.... gently noticing the breath see how each inhale might feel as if it leads up and out into space and light....*

*Without trying to change anything, let's see how just being with the breath registers inside, and as we do, maybe we feel a particular area of activation.*

*If so, you could lightly visit one of those areas with your attention and explore, with friendly curiosity....let's notice pressure, temperature, texture, images, associations as we feel how our body and mind lets us be aware of ourselves.*

*Now, if you're still with me as I say those words, perhaps you notice a felt sense of a self, or an awakens inside the body, alive and alert. See what happens if you stay for a moment with that little spark of you.*

*Maybe see about offering that self a smile, or even a friendly embrace, and thank yourself for any willingness you've felt to do this exercise.*

*Now, let's remember that we have not been doing this alone. We're here, \_\_\_\_\_ and \_\_\_\_\_, together.*

*Notice if being reminded of that brings something up inside, and stay for a moment....*

*And before we open our eyes, let's widen the lens:*

*We are part of a river of (for trainees:) healers and helpers, working for good. (for clients:) humans, longing for happiness, striving to connect more deeply with themselves. This river runs through time and across space. It helps me to lean back into that current of support, and notice how I am never alone.*

(And metaprocess!)