



Diana Fosha

Diana Fosha is the innovator of AEDP (Accelerated Experiential Dynamic Psychotherapy).

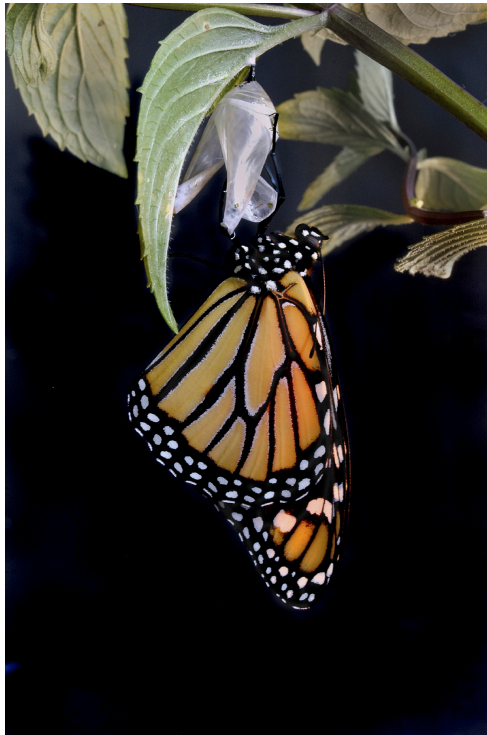
Her work has centered around transformational processes in experiential psychotherapy and their connection to the discoveries of neuroscience, leading her to develop the methods of dyadic affect regulation and metaprocessing that are embodied in AEDP. The author of numerous articles and chapters on transformation and trauma, she is also the author of *The Transforming Power of Affect: A Model for Accelerated Change* (Basic Books, 2000), and the editor, with Dan Siegel and Marion Solomon, of *The Healing Power of Emotion: Affective Neuroscience, Development, & Clinical Practice* (Norton, 2009). She teaches, supervises, and is in private practice in her beloved New York City.

The GAINS Anniversary Interviews: Diana Fosha

Interviewed by Patty Olwell

Patty: Diana, we'd love for you to share with us your thoughts about what's been going on in the field of IPNB and psychotherapy for the last five years, since GAINS began.

Diana: I would love to. There has been a major paradigm shift that's not just emergent, but that I think has actually already happened. We're seeing a shift from focusing on cognition, on insight, on narrative, to paying attention to affect and emotion and the body and somatics; in general, on the experiential nature of things. I actually think this emphasis, which has existed in our field for a long time—experiential therapies have been around for a long, long time—has received an enormous boost from the fact that it goes hand in hand with what we're understanding through neuroscience, and particularly affective neuroscience, about how the brain works and how attachment is mediated both in the brain and the body. Those kinds of findings have done an immeasurable service, and go hand in hand with, a lot of these emotion-focused, experiential kinds of psychotherapies. There's been a quantum leap in that respect.



Patty: Is there anything about this that's particularly surprised you or delighted you?

Diana: It certainly has delighted me, maybe not necessarily surprised, because, as you know, I have felt this way for a while. The magnitude of paradigm shift is very welcome. The other aspect of it that I think is huge in the last five years, and that's very important to me and my

work, is this: that while we have greater and greater advances in our understanding of how to treat trauma and attachment trauma, at the same time there's now a very welcome focus on healing mechanisms, and not just a focus on psychopathology. This is something that's near and dear to me. We're becoming as interested in neurobiological, physiological, and psychological mechanisms of healing—something that's central to my work. It's so helpful to not focus only on psychopathology but to also focus on the mechanisms of treatment.

Patty: Great. Where do you think this is going to head in the next five years?

Diana: That will be very interesting to see, you know. I actually think there's already so much collaboration that's taking place within our field, within psychotherapy, but also across disciplines. The book that I edited with Dan Siegel and Marion Solomon that came out last year, *The Healing Power of Emotion*, represented that kind of collaboration and dialogue among clinicians and neuroscientists and developmentalists. So I think the next five years will only bring more of that and I'm

actually hopeful about that because of these kinds of personal relationships and dialogues and conversations. In a way, this is what GAINS is all about—that the research being conducted in neuroscience will actually be much more specifically linked to clinical questions and clinical concerns. Scientists and clinicians are actually in dialogue, and our clinical practice in turn is very much affected

by what we're learning, both from the developmental attachment research and from the neuroscience research.

Patty: Great. I'm curious if you also see this collaboration being even wider, with educators and beyond the clinical setting.

Diana: Yes, I think it's very much entering into the culture, and so you make a very good point in terms of educators and also just in terms of program development.

Patty: For parents, too.

Diana: Exactly, exactly. The opportunity to educate parents and even kids themselves in the schools, not to just educate the educators. I had a friend who a long time ago thought that emotion regulation and parenting should be taught in the schools. We're possibly in a position to make that happen.

Patty: Wonderful, wonderful.

Diana: Yes.

Patty: Are there any last thoughts you'd like to add?

Diana: The other aspect that's been important to me, along with what we've talked about in terms of public policy and reaching out to the public, is that our discipline keeps up with what we're learning in terms of developing a theoretical base. One of the things that I'm very happy about is the birth of this new construct that I've introduced, the notion of *transformance*, which is an overarching concept that holds some of these ideas, and hopefully contributes to the dialogue between clinicians and neurobiologists.

Patty: Could you just give a brief overview of what *transformance* is?

Diana: Yes, when we speak a common language and have an understanding, *that* can advance innovation in the field. *Transformance* is a construct that's meant to capture the idea that there's a motivational thrust within all human beings, within all of us, that moves toward healing and moves toward transformation and moves toward repair. That it's there from the get-go. I think in the context of this discussion, *transformance* is really the motivational counterpart of neuroplasticity. I think they are very linked. *Transformance* stands in contradistinction to resistance. Right?

We have all of these terms in traditional thinking in therapy that talk about what *doesn't* happen. Resistance is one of them, one of the conservative forces that people do in the face of novelty and change, because of their prior traumatic experiences. It's certainly a very powerful motivational factor in people's psyches, this putting the brakes on to protect themselves. But side by side with that, in the same individuals with the same histories, there's also this counterforce, which is what keeps people hoping and trying and moving forward, even in the face of tremendous past suffering and trauma histories, and that's what *transformance* is meant to address.

From this perspective, when clinicians face their clients, they don't only see the history and everything that they're doing to protect themselves, but that there's something remarkable about the fact that they're even there. We can begin to see all of the concrete ways that that people are also driven and motivated to take risks and heal and move forward.

Patty: Great. It's certainly a force that we can look forward to learning more about in the next five years. Thank you so much for the interview.

Diana: Thank you, Patty. Thank you very much.