

*Experiential Dynamic Therapy:  
Making It User-Friendly*

**Preserving essential principles with flexibility and authentic use of self.**

**A workshop offered by Susan Warren Warshow, LCSW  
UCLA, September 9, 2005, 8:00-9:45p.m.**

**Third International Congress of IEDTA  
*Freeing the Self: Working with Core Emotions in Dynamic Therapy*  
UCLA, September 9-11, 2005  
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**Experiential Dynamic Therapy: Making It User-Friendly  
Preserving essential principles with flexibility and Authentic use of self.**

The presenter will explore ways to modify, personalize, and integrate techniques of defense interruption to access deep affect and resolve trauma. To effectively apply EDT, it must be adapted to one's own personal style, personality and orientation. The presenter will share her own journey in this process. Videotape presentation.

This is a workshop for therapists who are seeking to develop their own authentic voice, creativity, and intuitive capacity in the application of Experiential Dynamic Therapy. When therapists begin to work with an intensely emotion-focused approach, we quickly encounter powerful forces of resistance and defense against emotional closeness borne of anxiety, guilt and shame. In EDT, we learn to welcome resistance that has been activated by interventions highlighting barriers to intimacy as a sign of ego strength. The approach can feel quite daunting and counterintuitive, in spite of its powerful effectiveness.

Direct and focused efforts to penetrate resistance to core affect can bring striking relief to longstanding, seemingly intractable symptomatology. Most of us, who have undertaken to become proficient in EDT, do so because we have seen so many remarkable outcomes in the videotapes of very gifted practitioners. We want to be able to achieve the same with our own patients. However, we quickly discover that the method may look crystal-clear and deceptively simple following supervision; that is, until the client sits before us and reacts in wholly unexpected ways! Suddenly, our words sound halting and the flow of treatment becomes forced. It is common to become very discouraged at times and to begin to doubt our capabilities. Sometimes a therapist will abandon the approach, usually due to treatment failures we have all undoubtedly experienced. Therapists can feel very concerned by negative reactions or patient drop-out, usually due to unsuccessful, aborted attempts at breakthroughs into the unconscious. Sometimes intensely disturbing and painful emotions are accessed without first reducing excessively high states of anxiety; or shame and guilt are insufficiently processed. Adequate

supervision and emotional support for the therapist and timely follow-up with the patient can significantly alleviate ungratifying results.

There are several major hurdles that both patient and therapist will face in EDT, and there is diversity of opinion as to how core feelings should be accessed and processed. Patients can suffer deep shame when they find themselves unable to fully and freely “feel” and share complex emotions, and they may think the therapist wants something they can’t deliver. They “don’t get it.” The therapy and therapist may seem “weird” and “fringy.” It is essential to frame the process so it makes psychological sense to the patient, in the context of compassion for self and respect for one’s uncensored, internal emotions. This is especially true in exploring primitive murderous rage on a visceral level (which feels quite real), and its ensuing guilt. Davanloo’s method of asking the patient to “portrait” or imagine the release of murderous impulses in fantasy can be powerfully effective in normalizing these feelings and reducing unconscious guilt. This method often awakens great depth of buried emotion related to trauma, yet it also carries risk. The patient may leave the therapist’s office with insufficiently processed guilt flooding the system and with the “perpetrator” on a rampage of self-attack. The therapist’s “perpetrator” may also be activated when a session goes awry. In my training, I feared that an ill-advised move with the powerful new tools I’d been given would lead to disaster! I also saw how these new tools could produce the most remarkable awakenings and transformations, and it was well worth the effort to gain skill with them.

Another obstacle, which cannot be overstated, can be the influence of spiritual beliefs and cultural biases. Many people believe that angry thoughts are wrong and bad, that thinking something is tantamount to doing it, and that focusing on “negativity” will manifest that very “negativity.” In spite of the Robert and Fisher lyrics, *“You always hurt the one you love; The one you shouldn’t hurt at all; You always take the sweetest rose; And crush it till the petals fall; You always break the kindest heart; With a hasty word you can’t recall – So If I broke your heart last night, it’s because I love you most of all,”* many do not view rageful impulses towards our love objects as normal, universal reactions to hurt or trauma. We have to discover that the energy of our rage, driven by thwarted love and the pain which that produces, can be used to actually enhance the experience of love in our lives; that anger is there to protect us and to defeat dysfunction; and that our highly complex, often painful, core emotions have healing, transformative power. This occurs when they are channeled through their natural somatic pathways, neither acted-out nor internalized, in the presence of an observing ego.

How do we integrate the most powerful principles of EDT in a way that can truly work for us and our patients? EDT therapists have done this in a multitude of ways. Their work reflects individual personalities and styles and the integration of Davanloo’s work with other treatment orientations. I value the eclecticism of EDT, which becomes even more effective when the therapist approaches each moment in a very open and flexible state; utilizing not only their knowledge and

skill but also their personal creativity, their genuine selves, and their intuitive capacities. This means staying connected to our emotions as well as our patient's and to be ready to change course when it intuitively feels "right." Also, wonderful things can happen when we act on an inspiration that may suddenly appear. Every great concept in psychotherapy arose from a willingness to explore something new and untested.

**In this workshop, the following issues will be addressed:**

1. The benefits of a "take what works for you" attitude as we incorporate EDT into our practice; how to enrich our work with varying elements of the approach. Therapists do not have to incorporate every aspect of Davanloo's brilliant Central Dynamic Sequence to see the impact and power of maintaining emotion focus within a dynamic framework. Variable applications have value.

2. **How to avoid the error of mimicry.** While the learning process rather naturally leads to the idealization of our brilliant teachers and the desire to copy them, it is important for therapists to honor their own personal gifts and unique styles of interacting with patients. Parental transferences are common during the training process, and while the journey to individuate provokes anxiety, it is highly rewarding. We need to remember that there is never one "right" way, especially in such a richly diverse and ever-evolving field as psychotherapy. Those who teach us each have their experience of what works for them, which is invaluable for us to learn. At the same time, just as our best teachers and clinicians have found their voice and their path, so too must we.

3. **Issues of pacing will be explored,** as it relates to the therapist's readiness to incorporate new concepts and the patient's readiness to relinquish defenses. Therapists do well to trust their own instincts and to pace themselves as they integrate new EDT concepts. It is easy to lose sight of the value of gradual integration of varying elements of the approach. EDT therapists often experience undue time pressure and may overly value rapid "unlockings." I value the term "accelerated" far more than "short term" when describing this therapy.

4. **Suggestions for handling the training process and compassion for the self of the therapist.** Therapists who undertake this challenging type of treatment deserve appreciation for their courage and dedication. This therapy brings us face to face with our own warded off feelings and fears of emotional closeness and challenges us to relate outside the bounds of social convention and traditional therapies.

5. **Identifying unrealistic expectations of oneself and of EDT.** There is a tendency to assume that every treatment disappointment is due to a lack of skill or is "about us." We are wise to ease up on our demands of ourselves and to remember that such a challenging therapy is indeed the "Road Less Traveled." Not everyone will choose the path of intensely experiencing and sharing their most painful and shameful feelings, no matter how great the rewards or how deft

our attempts to build the therapeutic alliance. This is especially true in communities where there is abundant choice of therapies and therapists.

**6. How to nurture creativity in our work.** Videotaped examples of creative strategies in the application of EDT will be shown.

**7. How to maximize use of self.** Each of us has unique qualities that enable us to touch lives in meaningful ways. When we are able to suspend our agendas and any rigid beliefs about treatment, these qualities are greatly enhanced. This occurs when we give ourselves room for spontaneity, laughter, self-disclosure in the interest of the client, quietly listening for the sake of being “present” and allowing our own intuitive sense of direction to emerge in the session.