# Conceptualization of Portrayals in AEDP

**by Hans Welling & Netta Ofer**

I. All type of portrayals whatever there designation **(** impulse, redo, reparative-, anger, rape, intra-relational, rescue, completion, reunion, grief) **c**ontain **3 essential components:**

1. Experience
2. Regulation
3. Transformation

These components are crucial to give the portrayal the potential of healing. Interactions between these components cause the liveliness of portrayals making them as full, creative and rich as real-life experiences.

II. The transformative power of this procedure can be explain by the process of **Memory Reconsolidation**
The 3 essential components of portrayals match the 3 steps of the Transformation Sequence (Ecker, 2012) of memory consolidation

1. Reactivation
2. Mismatch
3. Erasure /Revise

**III.** To enable these components to interact and to give them their full life potential the therapists uses **5 basic interventions (techniques).**

1. <u>Details</u>- asking and leading the patient to visualize the scene and bring up the details he/she picks up. We use the metaphor of setting a stage and giving the stage directions which are relevant for the scene. Details include outside information participants the way they look, move stand, objects, their location, size color, as well as inside information about body positions, affective states, emotions, sensations, ideas, wishes, thoughts. **Details are helpful in creating widening ad deepening the experience and can some time lead even to transformations as they bring new information to the scene.**

2. <u>Perspective</u>- co-creating a perspective from which the scene is seen and experienced. This intervention includes endless options. The major of which is "where from?" in terms of time and space, is the scene seen? and with whom it is seen? The patient himself with some other person? (the "home base" perspective is the therapists and the patient from the room but many other options including with a child part with the Dalai Lama etc.). **Perspective is a**

**major means of regulating the intensity of the experience. The patient and the therapists can play with this to get as much experience as possible within the window of tolerance**. Being close and "seeing" many details usually intensifies the inner experience, which is good if it is within the patient's window of tolerance; however, if outside their window of tolerance, it might flood or detach the patient from the experience. Likewise, feeling alone can activate and retraumatize the patient and therefore has to be considered. Being far away (different space or time for example) with a supportive other lowers the intensity of the inner experience vis a vis brings less experience and might be felt more as a thought than as a live experience. The important thing therefore is to have the patients and the therapists choose these perspectives so that they have a lever to co-regulate the experience with which they can intensify the inner experience (upregulate) and lower the inner experience (down regulate).Perspective can also be a major agent of transformation as it might in an instant change the experience of the patient. Perspective plays a crucial role on portrayals aiming at integrating parts of the self as it is a major mean of transforming from self-attack and exclusion to self-compassion and inclusion.

3. <u>Interaction</u>- **interacting between different participants (people, parts, objects) of the portrayal moving between different time and space in a variety of ways (explicit, silenced, telepathic messages and endless more) is a major means for up and down regulation of experience as of transformation.** Interactions bring new possibilities and variations to outcomes, to "rules of the game", to emotional impact and many other "elements of the mental emotional experience" and therefore are very strong "chemicals" which initiate and support many transformational processes in portrayals. The home base interaction would be a conversation and exchange of feelings and thoughts between self today and self in the portrayal, but numerous possibilities await us in these imagined scenes. (I once asked a doll held by a young part in a portrayal of a little girl watching her parents in a harsh fight tell the girl how painful her holding is on her (the doll's) fist, in order to help the self, feel compassion for the young part).

4. <u>Novelty</u>- the therapist helps the client detect novelty throughout the portrayal. Novelty is a key ingredient in moving the transformation, enabling new information to get integrated into the old painful pathology promoting experience and to make it in to a new better experience. This is a crucial element in the transformation process of memory (re)consolidation as described by Ecker. Novelty is detected and integrated into the experience in 4 major channels: novelty of details, novelty of emotion, novelty of language and meaning, and novelty of body sensation and position.

5. <u>Processing novelty to completion</u>- After entering into new experience all the consequences of this novelty has to be fully processed. Pain and energy that was held back should be released, emotions and action tendencies that are set free need to be experienced (in the body), expressed and received. emotions and feelings have to be processed to completion in order to release the pain and energy they hold back, and access the adaptive action tendencies and the resilience contained in the adaptive emotions. New levels of transformation will emerge in spirals

**IV Transformation** from portrayals **comes in 4 types:**


Receptive Processes: Imaginary *meeting of needs*
 From the pain of an unmet need to the satisfaction of a met need

Expressive Processes: Imaginary *completion of expression* of drives and action tendencies
- From the tension of an unexpressed or uncompleted emotion, urges, action tendency, or drives to the calmness and strength felt from the expression of those to completion

Integrative Processes: Imaginary integration of parts through *compassion*
- From the pain and constriction of self-attack and segmentation to the wholeness, and serenity of self-compassion and living fully. This includes the undoing of aloneness between parts, between self and parts, between self and others, and between self and the world. All these transformations will unfold to different processes of new meaning, new self-narrative, new behavior and new relationships as they unfold in state 3 and 4 processes

Separative Processes: Imaginary separation through giving up and letting go
- From the limitation and dependency on others and fusion with past experiences to the freedom of autonomy and separateness in the present. Separating past experience from present adult self, finding separation from others and autonomy, mourning & saying goodbye, letting go and unburdening of past pain, giving up hope and wishes around significant others.



The full  conceptualization can be depicted in the metaphor of backing a cake

*Overview: Complete Process*



**Baking a Portrayal Cake**

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| *Chemistry of the cake:* | *Memory Reconsolidation* |
| *Ingredients* | *Details, Perspective & Interaction, Novelty* |
| *Process of making the cake:* | *Experience, Regulation, Transformation* |
| *Types of cakes:* | *Expression, Reception, Integration, Separation* |