

Be Here Now: Affect-Focused Dynamic Psychotherapy

A review of the video

Affect-Focused Dynamic Psychotherapy

with Leigh McCullough

Washington, DC: American Psychological Association, 2005. American Psychological Association Systems of Psychotherapy DVD Series I, Item No. 4310728. \$99.95

Reviewed by

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☰ Just as the river where I step

☰ Is not the same, and is,

☰ So I am as I am not.

☰ —Heraclitus, Fragment 81

☰ Few tasks are more daunting than the communication of meaningful information and expertise in the artful science of psychotherapy. So much of what passes for truth in this vital enterprise is "*sturm und drang*," smoke and mirrors, that the calm eye of the storm that is both the beginning and the end of the quest seems to be ever spinning outward and away, leaving piles of literature and unhappy travelers in its wake. It appears to me that Leigh McCullough's presentation of her model of "affect-focused dynamic psychotherapy" (and Jon Carlson's beautifully crafted and understated contextualization for her work) for the American Psychological Association (APA) Systems of Psychotherapy Series is a quantum leap forward in the direction of greater clarity and understanding of the process.

☰ Although I do not feel that the theory and technique are the presentation's strongest points, McCullough clearly establishes her credentials and major tenets and themes on the firm foundation of the decades-old psychotherapy integration movement (Goldfried & Newman, 1986), of which she has been an influential and generous participant. Like Franz Alexander (1963; Carpenter, 2004) before her, McCullough articulates her goals of defensive restructuring, transformation of the client's sense of self and other, and the restructuring of feelings, within the corrective emotional experience of the therapeutic relationship (Havens, 2000). She traces the roots of her theory to an "updated Freudian conflict theory" and a generalist's version of learning theory that contains references to cognitive restructuring, desensitization, modeling, and classical conditioning. The advantage of such an inclusive theoretical framework is the ample opportunities it provides for viewers to be introduced to McCullough's articulation of the process in a manner that makes the work readily accessible to their professional languages and conceptual understandings. McCullough's own path from apprentice behavior therapist, through psychodynamic therapy researcher for 25 years, to her current dynamic integrationist understanding is explained.

☰ McCullough posits that her primary technical thrust and ultimate aim, borrowing at various times from “all of the major theories,” is to balance her clients’ emotional capacity and make it more adaptive by reducing their “fear of feelings.” Though few would argue with the generic goal from any point of view (and it opens up a marvelous point of convergence for the whole gamut of psychology’s subdisciplines), I think phrasing the target as a phobia of feelings is a construction that does not do justice to McCullough’s obvious command and intuitive understanding of the craft and art. Buck (1988) defined *affects* as “the motivational systems most commonly associated with ‘emotion,’ that is with expressive language and subjective experience” (p. 15). When feelings are understood in these admittedly academic terms, the result for purposes of discussion and integration is anything but dry and lifeless. With such an understanding, the concepts of hermeneutics, existentialism, social psychology, and all levels of biological systems (Buck, 1999) can come in and sit at the same theoretical and technical table, elbow to elbow. When the discussion reaches this level, a working clinician’s treatise, such as Beitman, Blinder, Thase, Riba, and Safer’s’ (2003) practical guide to both conceptually and clinically “dissolving the mind-brain barrier,” becomes part of one’s everyday working tools rather than a book of concepts to be theoretically integrated. A more detailed elaboration of the client’s background would further open the model and concurrent clinical vignette to productive comparisons and elaborations with other models.

☰ McCullough sees her focus on affect in “affect-focused dynamic psychotherapy” as more pronounced than in other systems of psychotherapy. Perhaps she’ is correct as far as her explanation goes, but watching her in action through the marvelously choreographed and technically sophisticated window of the APA media wizards tells a somewhat different story to me. In such a window I can see myself at work, as I’ am confident many others will, though I work with inmates in a prison and would describe what I do in related but different terms. There is no surprise here to the advocates of a “common factors” approach to understanding the psychotherapeutic process. However, by McCullough’s own admission and in my observation, a significant portion of her activity, in which she says she “pushes for exposure,” is more strategic, cognitive, and multimodal in nature. In addition, an unintroduced (save a passing reference to the body) but obvious presence in the therapeutic session is the clear influence of yoga and the misunderstood genius of Wilhelm Reich (Sharaf, 1983). McCullough’s instructions to “breathe into the symptom” and her astute tracking of microexpressions of facial/tonal/body language congruence and incongruence mark the expert’s monitoring of therapeutic “chaos” (Burger & Starbird, 2005) as it proclaims the Heraclitian paradox of self, and self with other, that is simultaneously a focus of treatment and the evidence of therapeutic change. For the observant and thoughtful viewer, the location of the client’s tensions and sensations in a symbolic site of the transition from feeling to thought (e.g., the neck) or in the area of latent conflict (e.g., the abdomen) is either convergent evidence for updating the evolving clinical formulation or heuristic grist for the therapeutic mill, depending on one’s theoretical orientation and technical experience. Although the film does a marvelous and informative job of tracking both the individual and the dyadic nuances of facial expression, a more panoramic inclusion of body posture and movement would have been informative as well.

☰ McCullough states and models for us her opinion that the treatment approach as she has presented it is for clients with a Global Assessment Scale score of 50 or above. Such a patient is able to tolerate therapeutic stressors that would be acutely diagnostic or disabling in those with more serious psychopathology. Such a statement is both well illustrated in her demonstration and ethical in her promise to the intended audience. Having said this, I suggest that such a psychotherapeutic approach, though she does not elaborate it, can be extended with parameters of technique and psychopharmacological support to applications to other, more seriously compromised individuals and classes of patients. A detailed discussion of the basis for this opinion is clearly beyond the scope and aim of McCullough’s presentation and my’ current review. Though not cited much these days, Bellak’ and Siegel’s (1983) classic application of psychodynamics (broadly construed and skillfully practiced) is well-written evidence that brief, focused, and dynamically informed psychotherapy can be effectively used to treat the full spectrum of psychiatric diagnoses and their related settings.

☰ Although McCullough alludes to the importance of timing and paying attention to levels of interpretation in the process, a more detailed and focused technical discussion would have been helpful. She is clearly aware of Freud’s (1910/1957) warnings against a “wild analysis” (p. 221). However, the subtly awkward exchanges and changes in the emotional composure of both client and therapist in the latter portion of the session around the concept of “jamming” things into the client’s daughter raise a number of substantive questions. McCullough skillfully frames and explores the possibility that these might be efforts on the part of the client to promote growth and development in the service of her own anxiety. She therapeutically suggests that both the client and her daughter are fully contained and autonomous in their own relationship and place in time. Such an intervention is both timely and therapeutic. The speed and seamless nature of what has transpired before in much of the session, the awkwardness of other aspects of this particular exchange, as well as

McCullough's earlier acknowledgment of her debt to Freudian conflict theory raise the question of whether such latent conflicts might be fruitfully and safely explored in later sessions once the groundwork has been carefully laid. Such a question is important to consider given the implications both for countertransference and for length and depth of treatment. Like Jacques Lacan (Roudinesco, 1997), contemporary clinicians may rediscover that the evolution of the longer contemporary classical analysis may not be just a refinement of technique. In a sense it is redundant, but it is important to add that when such moments are deconstructed, issues not ordinarily discussed by clinicians of different theoretical orientations become more easily available for mutual and multidisciplinary examination and discussion.

In conclusion, McCullough, with the nuanced assistance of the interviewer, Jon Carlson, and the sophisticated and pleasurable technical execution of APA's media personnel, has provided us with a very accessible and informative introduction to a particular theoretical orientation to brief dynamic psychotherapy as well as an inside window on the psychotherapy process in general. The strength of the presentation seems to me to lie primarily in McCullough's simultaneously connected and dispassionate walk with her patient through a difficult and very multifaceted session. To describe her performance as gifted is not to use too strong a word. Although I think that the explanation of the theoretical and technical aspects are more than adequate, it is my opinion that a more detailed description of the client's history (that respects privacy) and links to a broader array of research and clinical theory would have been desirable. Having said this, I think that as things stand today, the tape is a marvelous stand-alone addition to curricula and personal libraries as well as a subject for interdisciplinary study.

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