Affect Phobia Treatment

Short if possible, longer if necessary

Efficiency in Time

McCullough

- **Compassion is the antitoxin of the soul: where there is compassion even the most poisonous impulses remain relatively harmless.**

Eric Hoffer

U.S. Philosopher

McCullough

- It is about developing compassion about the behaving Self and about Others
- It is about compassion from the therapist to the patient and about compassion from the patient for himself and others
- It all goes from outside to inside

General Remarks

History

Short Term 1

From the start of psychoanalysis:

1. **Freud:** Treatment of Mahler,Bruno Walter The Ratman: cognitive clarifications, interpretations, analysis of the Id
2. **Ferenczi and Rank:** Real Relation vrs.Transference; the importance of active provoking affects and "experiencing"
3. **Alexander and French:** C.E.E./ Time limit
4. **Balint:** Focusing

Short Term 2

- **Analysis of the Id**
  - Cognitive clarifications
  - Autonomy
  - Shorter

- **Analysis of the Ego**
  - Working through the transference
  - Relatedness
  - Longer

Short Term 3

1. Time limited.
2. Focal: defining and working through the core conflict.
3. Working through the transference / defenses related to the focus.
4. Expressive/Supportive
5. Provoking the conflict within the treatment
6. Managing regression
7. Corrective Emotional Experience
8. More on Introjection than on Interpretation
9. Active therapeutic stand

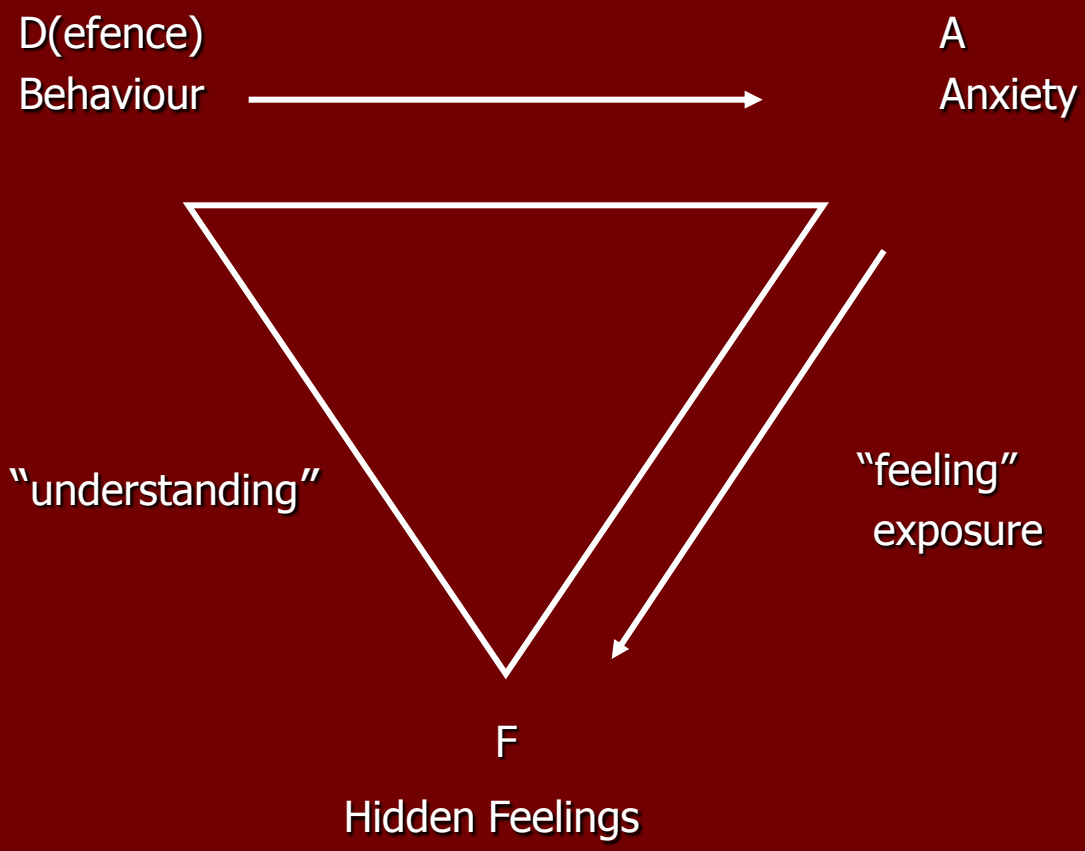
Short Term 4

- **Malan:** fixed period of time/sessions
  conflict in the end phase
- **Davanloo:** related to crisis intervention
  provoking resistance, conflict at the beginning
- **Sifneos:** manipulating resistances
  cognitive approach

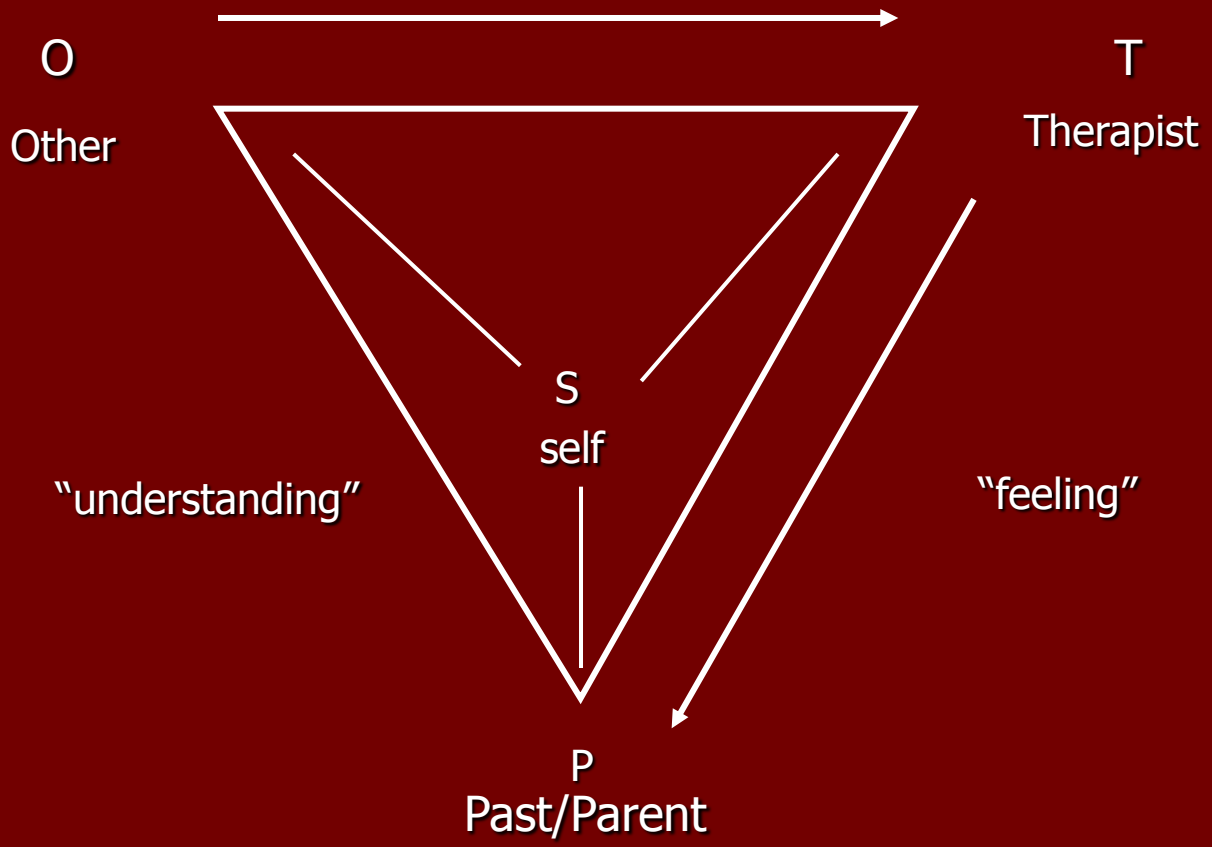
Malan

- For representational disorders.
- Defining Core Conflict
- Working through, the triangle of conflict/persons
- Making use of the:
- T(herapist)/P(ast) form of interpretation
- From O(ther) → T(herapist)
- Working through in the second part the separation
- More cognitive clarification/confrontation than lived through interpretation

Conflict Triangle: Resistance



Triangle of Persons: Transference



Malan

- Duration:

- ½ - 1 year depending on the narcissistic aspect .
- A fixed period of time
- Better a fixed date than a number of sessions

Davanloo

- In the beginning developed for treatment of obsessive compulsive disorders
- Representational disorders
- From the start provoking and attacking the resistance → breaking through the resistance
- Working through the core conflict within the triangle of conflict/persons
- Using the confrontation from the start
- Provoking and working through a crisis
- Minimising dependency needs maximising autonomy

Davanloo

- Duration:
- No fixed amount of sessions,
- Dependent on the severity of the conflictual pathology

- Circumscribed Neurotic Conflicts: 5 – 15 sessions
- Multifocal neurotic conflicts: 15 – 25 sessions
- Character pathology: 25 – 30 sessions

Sifneos

- Anxiety provoking by interpreting the underlying conflict
- By interpreting the triangle of conflict and persons
- Representational forms of pathology especially oedipal forms of conflicts
- Strong motivation for change

1. Focusing upon the formation of a working alliance,formulation the psychodynamic hypothesis and bridging the symptoms with the conflict
2. Working through of the magic infantile expectations → from magic to reality
3. Focusing upon the past where the trouble started

Sifneos

- Only interpreting the transference whem it inhibits the deepening of the process

- Progression→ resistance → interpretation of the resistance → progression

4. Validating the change
5. Termination

- Duration: 12 – 15 sessions

McCullough

Treating affect phobia

McCullough: Affect Phobia

- Short-Term Dynamic Psychotherapy
- Short-Term Anxiety-Regulating Psychotherapy for Restructuring Defences, Affects and Attachment
- Based on H. Davanloo

- McCullough: Changing Character 1997
  Treating Affect Phobia 2003

Beth Israel Medical Center

- Confronting resistance not related to improvement
- Confrontation in itself not effective

- Confrontation + Empathy + Support is effective
- Clarification of resistance is more effective than confrontation

Mc Cullough

- Persons and Conflict triangle
- Concentration on the Conflict triangle
- Empathic clarification in stead of confrontation

McCullough

- Focus → not adequately handled affect
- Focus on working through in the shortest time possible
- Length depending on the needs of the patient

McCullough

- Clarification in stead of confrontation
- Anxiety regulation in stead of provocation
- Anxiety regulation in stead of anxiety reduction
- Holding and acceptation
- Corrective Emotional Experience
- Focus on affect and relationship
- Active attitude

Affect Phobia

Structure of internal phobia,
intrapsychic conflict

Treatment Aims

- **Restructuring Resistance**
  recognizing and reducing
- **Restructuring the Affect**
  experiencing and expressing

- **Restructuring S/O differentiation**
  changing the representation of self and of others

Phobia

- External Phobia
- **Internal Phobia**

- Intrapsychic Conflict
- Conflict about Emotions
- → Affect Phobia

Affect Phobia

- **Intrapsychic Conflict**
- **Desensitisation Process**

  anxiety regulation

  exposure

  response prevention

Affects

- **Activating** - anger
  - sorrow
  - anxiety (signal)
  - excitement
  - sexual desires

Affects

- **Inhibiting**
  - anxiety (panic)
  - shame, guilt
  - emotional pain

Affect Phobia

- **The inhibiting feelings are so intense that they block or work against adequate expression of activating emotions**

The expressive – supportive continuum

Related to the GAF score

Or the quality of the Interpersonal functioning

Selecting type of treatment

- **GAF 81 - 100** good to superior functioning,satisfaction/competence in work and relationships; symptoms are absent or minimal: more expressive treatment, treated like next category

- **GAF 71 – 80** transient or expectable symptoms, fewer positive traits than above: have some awareness of their defenses → **Affect restructuring**

Selecting type of treatment

- **GAF 51 – 70** moderate but longstanding character pathology and moderate impairment in social and occupational functioning. There are conflicts but there is an ability to work and to have relationships → **Restructuring Defenses after that → Restructuring Affects**

Selecting type of treatment

- **GAF 41 – 50** Patients with severe impairment in functioning but generally able to maintain outpatient status, difficulty in keeping a job, having close friends. Struggling with substance misuse and/or severe impulsivity. Difficulty in maintaining stability → **Self – Other Restructuring**

Selecting type of treatment

- **GAF 1 – 40** Inpatient treatment, hospitalization or custodial care and structured living. They need not only support but also medication and observation, and training in daily living and social skills → **Self – Other Restructuring**

- The treatments objectives we mentioned are **interwoven** and **not sequential**

Selecting type of treatment

- The higher the GAF score the more expressive the therapy:
  - Heatening up
  - Inducing regression

- The lower the GAF score the more supportive the therapy
  - Cooling down
  - Reducing regression

Expressive Interventions

- Confrontation, Clarification and Interpretation
- Breaking down defenses and experiencing intense affects
- Bringing painful things into consciousness

- *"Your difficulties with men seems to be related with specific feelings to your father. Can we explore that a little bit further?"*

Supportive Interventions

- Validation, Praise, Advice, Reassurance
- Building defenses, psycho-education and "teaching"about feelings
- Building social supports and coping skills

- "*Your problems with men seems to cause you much pain. Can we talk about what is uncomfortable for you, and find some ways to help you cope with these situations"*

Exploratory Intervention GAF> 50

- "Each time we look at anger, you become tearful and withdrawn. I wonder what you think will happen if you could let the anger be there?"
- "When we talk bout sexual feelings, you tend to change the subject. Can you tell me what makes it so difficult to focus a little bit longer on that feeling"

Supportive Intervention GAF> 50

- "People often learn in their childhood to withdraw, first it helps you but at the end it leads to a lot of problems. So no wonder you are having difficulties now. But I wonder if you can let the anger surface now?"

- "It seems like it is very upsetting you to talk about sexual feelings. It is hard to speak so openly about such private matters, but this is a safe place to do so

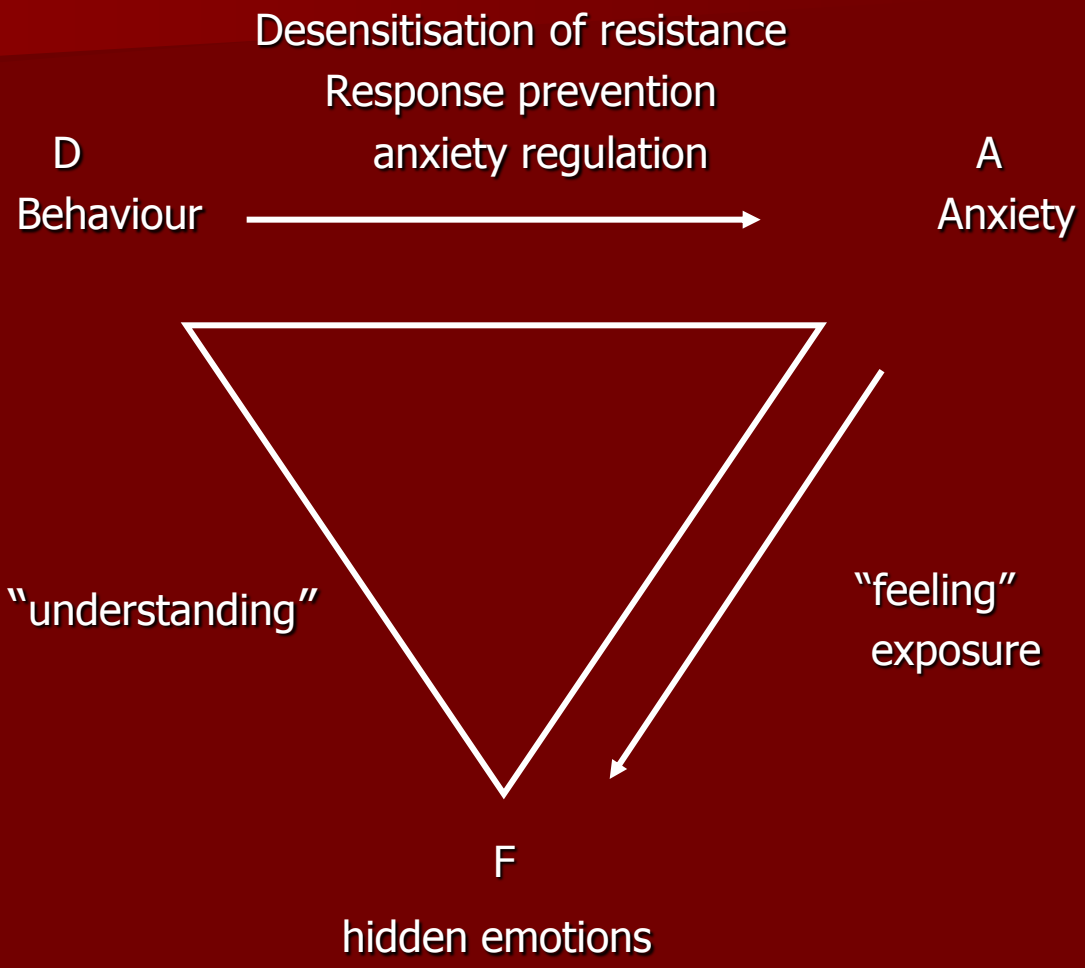
Interventions GAF < 50

- **Exploratory**: "You are awfully hard for yourself. Why do you think you give yourself such a hard time?"
- **Supportive:** "I know it can be difficult when I point out things there, but I do not want you to feel criticized. There are good reasons why you do this. We need to understand it

Triangle of Conflict and Persons

Working through the affect phobia

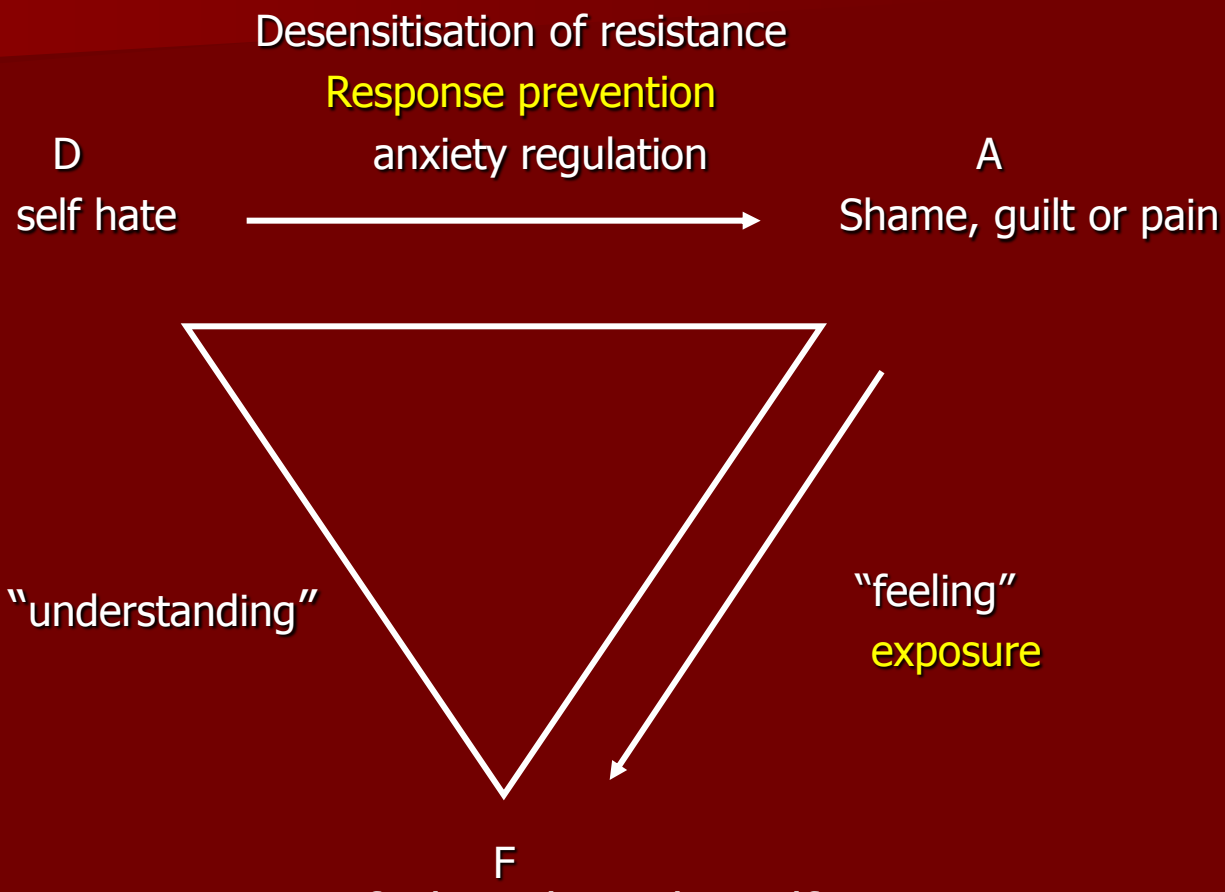
Conflict Triangle



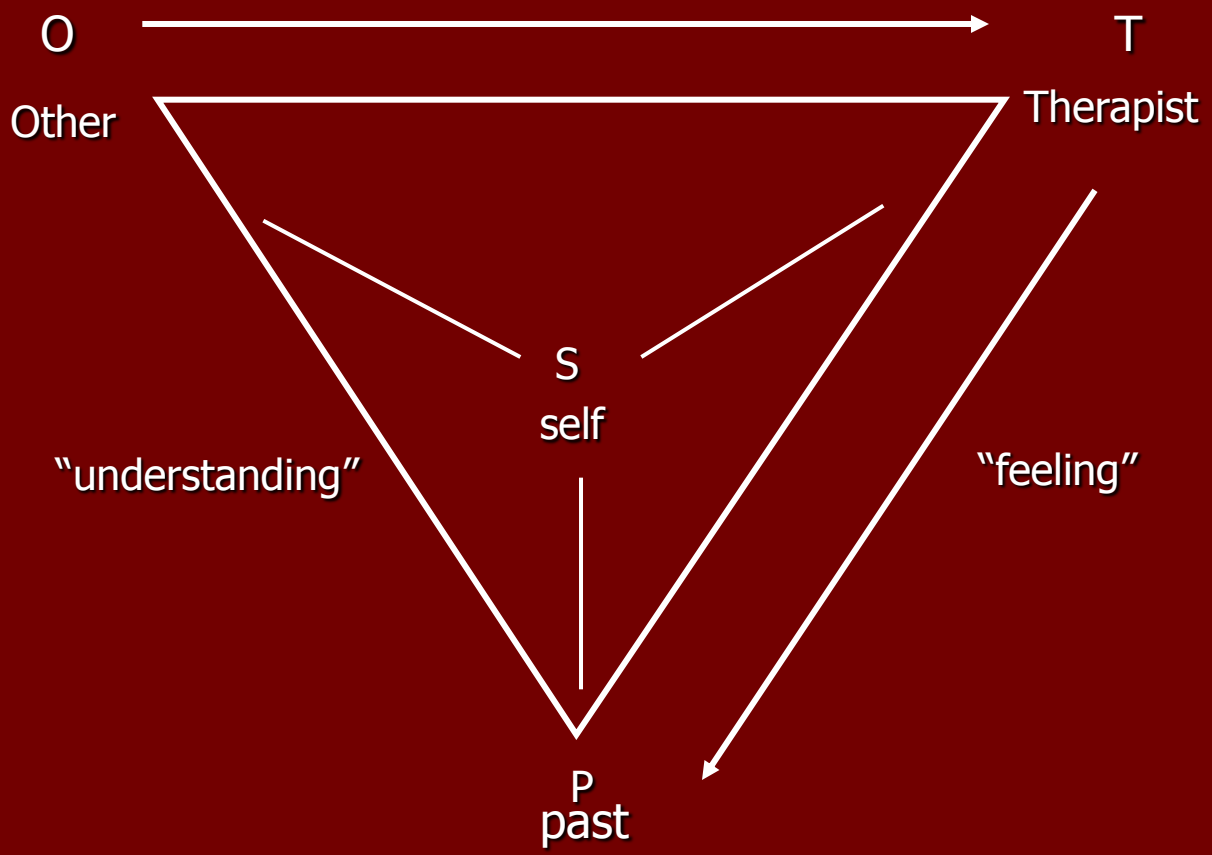
Conflict Triangle

- **D - Defense**: Self Attack, Self Hate, Low Self esteem
- **A - Anxiety/Conflict**: "I am afraid to be to big"; "I am ashamed to feel proud"; "It is too painful to feel good about myself
- **F - Adaptive Feeling**: Joy or interest in the Self; Self compassion; Self care; Pride; Self confidence; Self worth; Self respect; Trust in the Self

Conflict Triangle



Triangle of Persons



Dominant Affect Phobia

- **How** adaptive emotions are avoided (D)
- **What** is the active emotion which is being avoided (F)
- **Why** is that emotion being avoided / what is the inhibiting emotion (A)
- Connecting with the **triangle of persons**
- **Narrative** → provokes anxiety/anxiety regulation

Restructuring resistance

- **Recognizing resistance**

  - **that** there is resistance and **what** it looks like → behaviour
  - **what** the object of the resistance is → activating affect
  - **why** there is resistance → inhibiting affect

- What are the reinforcers of the resistance

Restructuring resistance

- **Reducing resistance**

  commuting between the D and the A pole and making visible the F pole of the conflict triangle

- Anxiety regulation
- Response Prevention
- Exposure

Restructuring resistance

- Defense recognition: Can the patient see the self attack
- Giving up defenses: is the patient motivated to give up the self attack

- **Focus on defenses and anxiety**

Restructuring the Affects

- Experiencing the underlying and forbidden emotions → F
- Desensitisation of the affect → A
- Anxiety regulation

- Encouraging the fantasy
- Shift from the D/A to A/F and response prevention → D

Restructuring of the Affects

- Integration of earlier hidden emotions
- From desensitisation in the fantasy to desensitisation in vivo

- From inside the treatment to outside it → expression and being able to receive
- Anxiety regulation

Restructuring of the Affects

- Affect experiencing: degree of felt care or compassion for self
- Affect expression: Can the patient treat self compassionately

- **Focus on Feelings and Anxiety**

Restructuring of Self and Other representations

- On the way to an adequate balance between two basic needs:

  - Autonomy without isolation
  - Relatedness without losing the self

Restructuring of Self and Other representations

- Restructuring of the Self representation

  → affect phobia in which a positive representation/ emotion about the self is being avoided

- Exposure
- Anxiety regulation
- Response prevention

Restructuring of Self and Other representations

- Restructuring the representations about the other
  → Affect Phobia about the other
- To observe the other as other
- receptivity / empathy

- Exposure, anxiety regulation and response prevention

Restructuring of Self and Other representations

- Sense of Self:

  Positive and compassionate ?
- Sense of others:

  Realistic and adaptive?

- **Focus on Relationships and Anxiety**

Research data

M.Svartberg, T.C.Stiles and
M.H.Seltzer (Am.J.Psychiatry) 2004

RCT. of the effectiveness of STDP

- Comparing STDP (McCullough) with Cognitive Therapy (Beck)
- Outpatients with Cluster-C personality disorders (N=50)
- 40 weekly sessions
- Most common Axis 1 disorder in this group were anxiety or depression diagnosis

RCT. of the effectiveness of STDP

- **Outcome variables included:**

1. Symptom distress (SCL 90)
2. Interpersonal Problems (IIP)
3. Personality pathology (Millon Clinical Multiaxial Inventory)

RCT. of the effectiveness of STDP

- **Results:**

1. The overall group showed on all the measures significant improvement, also during the 2-year follow-up period (sleepereffect)
2. Significant changes in symptom distress after treatment were found in the STDP group but not for the CT patients

RCT. of the effectiveness of STDP

- **Results:**

1. Despite these intragroup changes no significant differences between STDP and CT were found on any measure for any time interval
2. 2 years after treatment 45% of the STDP pts. and 42% of the CT pts. recovered symptomatically and 40% in both groups in terms of interpersonal problems and personality functioning

RCT. of the effectiveness of STDP

- **Conclusion:**

1. STPD and CT are both effective treatments for cluster C personality disorders
2. Differences between the both could be related to factors other than treatment modalities further research is needed

summarizing

When Time is limited

- Point out self-attacking defenses
- Build compassion for self
- Find loves that have been lost (people who found them special): ’Whose eyes lit up when they saw you?”
- What is reinforcing the ”old” behaviour

When Time is limited

- Explore positive feelings in the therapist-patient relationship
- Use Socratic dialogue; What do you think I...
  - Feel for you?
  - Want for you?
  - Hope for you?

Caveat

- **There are inevitable problems that can arise especially when you work with positive feelings** (more frequent with GAF score under 50):

1. Sexual feelings that arise with closeness
2. Fear of bounderies being violated
3. Over-idealizing the therapist
4. Never wanting to leave therapy

Conclusion

- Is evidence based
- Presupposes mental representations
- Variety within the drive/conflict model combined with object-relational and selfpsychological model
- Connects to the attitude of a psychoanalytic therapist
- Integrates !

The End of the Story

- TO LAUGH WHEN HAPPY
- TO CRY WHEN SAD
- TO SET LIMITS WHEN ANGRY
- TO LOVE WHOLEHEARTEDLY
- TO HAVE COMPASSION FOR ONESELF & OTHERS
- TO FEEL ACCEPTANCE & JOY ABOUT LIVING

Ending

- **"Short term" should be a mental representation**
- Thank you for listening
- mhmdewolf@gmail.com