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ORIGINAL PAPER

Enlivening Psychodynamic Brief Therapy with Emotion-Focused Interventions: An Integrative Therapist's Approach

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Abstract
Focusing on affect and the expression of emotion has long been a key feature of psychodynamic psychotherapies. While psychodynamically-oriented therapists have always paid attention to the emotional life of their clients, they usually do not focus on accessing and processing emotions in the manner and to the degree that emotion-focused therapists do. By recognizing the power of emotion as a fundamental change mechanism, an increasing number of therapists who previously defined themselves a classically psychodynamic (e.g., fostering insight through interpretation) are now placing themselves in the "experiential camp." Developed in the 1980′s, Time-Limited Dynamic Psychotherapy (TLDP) has undergone several changes. One of these is to emphasize experiential learning as a main therapeutic change agent. In this updated version of TLDP, there is a focus on accessing feelings in the here–and-now that are seen as altering and even transforming old dysfunctional patterns of relating to self and others. To provide examples of what such interventions might look like in an integrative psychodynamically-oriented therapy, excerpts from transcripts of actual TLDP sessions will be provided. In particular, vignettes will illustrate accessing and processing emotion relevant for understanding and shifting a client's cyclical maladaptive pattern and "working through."

Keywords Psychodynamic therapy · Emotion focused therapy · Integrative approaches · Time-limited dynamic psychotherapy

Introduction

My experience with a psychodynamic approach to therapy largely centers on my work in the area of brief dynamic therapy (Levenson 1995, 2010, 2017). Early in my clinical career, I encountered Time-Limited Dynamic Psychotherapy (TLDP; Strupp and Binder 1984), and was appreciative of how the approach exemplified the move away from a solely intrapsychic (one-person) model of theory and practice to a more interpersonal (two-person) perspective. The major focus of TLDP was to examine *recurrent, maladaptive themes* as evidenced in the client's interactions with others including with his/her therapist. When these cyclical, maladaptive patterns (CMPs) manifested in an "appropriate affective context," the TLDP therapist's job was to identify and recast (interpret) their "hitherto unrecognized meaning" (Strupp and Binder 1984, pp. 136–137). The therapist's countertransference in the session was seen as an important source of diagnostic information and even a form of interpersonal empathy, "in which the therapist, for a time and to a limited degree, is recruited into enacting roles assigned to him or her by the patient's preconceived neurotic scenarios" (Strupp and Binder 1984, p. 149). The goal was to make the patient conscious of these patterns, and with this understanding, substantive change could occur.

Ten years after Strupp and Binder's classic book, *Psychotherapy in a New Key* (1984), was published, I wrote *TLDP: A Guide to Clinical Practice* (Levenson 1995) with two major modifications of the original model: First,

An earlier and briefer form of this article was presented at the annual meeting of the Society for the Exploration of Psychotherapy Integration, New York City, June, 2018.

The transcribed excerpts are from *Brief Dynamic Therapy Over Time* [Film; educational DVD], with H. Levenson (Guest Expert) and J. Carlson (Host), 2010, American Psychological Association (https://www.apa.org/pubs/videos/4310871). Copyright 2010 by the American Psychological Association.

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I highlighted *attachment* as the motivating force whereby a person (out of fear of loosing a meaningful attachment) learns to inhibit parts of him or herself in order to achieve proximity to and security/safety from others; and second, I emphasized *experiential learning* (as opposed to insight) as the major change agent. My view of such experiential learning at that time consisted mainly of helping clients in the here-and-now of their sessions have a series of new (healthier) experiences with their therapists designed to undermine their maladaptive internal working models of what could be expected from themselves and others. In essence it was an *exposure model*—where clients could hopefully take risks to engage in behaviors, thoughts, and feelings that were counter to their attachment-driven CMPs, and in so-doing hopefully have experiences that disconfirmed their feared expectations and extinguished them. From a psychodynamic standpoint, such an experiential focus exemplified Alexander and French's (1946) concept of a *corrective emotional experience.*

For the following 10 years I began deliberately exploring the potentials of including more of an emotional focus into clinical work, encouraged by empirical data pointing to its effectiveness. Research is increasingly indicating that the more emotional awareness and experiencing in the therapy, the better the outcomes (Furrow et al. 2012; Lane et al. 2015). Studies have shown that patients experiencing deep emotions during sessions, have more positive treatment outcomes regardless of their diagnoses and the theoretical orientations of their treatments (Greenberg 2012; Whelton 2004). Furthermore, emotional experiencing was found to contribute to outcomes even when the effects of therapeutic alliance were controlled (Goldman et al. 2005; Pos et al. 2003). Similarly Missirlian et al. (2005) documented that emotional experiencing improved self-esteem and lessened symptoms, even eclipsing the sizeable effect of a positive alliance. Recent findings dealing with change in psychodynamic therapy (Fisher et al. 2016) have suggested that patients' emotional experiencing leads to better functioning, and that the role of the alliance has an indirect effect on outcome through its positive effect on emotional experiencing.

I took trainings in both Emotion-Focused Therapy (EFT; individual and couple) and Accelerated Dynamic Experiential Psychotherapy (AEDP), reading extensively, and conducting research on both approaches (Faerstein et al. 2016; Levenson et al. 2011). I obtained supervision/consultation on doing EFT and became certified as an EFT couples therapist and supervisor. The research, trainings, and clinical experiences led to my explicitly introducing more of an emotional focus (i.e., the activation, processing, and modification of emotion) into the intrapsychic and interpersonally focused TLDP model.

It should be noted that Strupp and Binder's original version of TLDP did recognize the significance of emotion. The TLDP adherence measure (i.e., Vanderbilt Therapeutic Strategies Scale— VTSS; Levenson 1995) contains several items recognizing the importance of affect (e.g., *Encourages the client to experience and express affect in the session; Encourages patient to explore feelings and thoughts about the therapist; Encourages patient to discuss how the therapist might feel or think about the patient*); however, the items do not elaborate, explicitly direct, or instruct the therapist on how to engage the client emotionally. I, therefore, added more emotionally-focused items to the VTSS, creating the Integrative Therapeutic Strategies Scale.[1] (See Table 1).

Specifically, items were added regarding: how to facilitate clients' awareness of emerging emotion; the use of specific strategies for deepening feelings; conveying to clients the goal-directed significance of emotional experience; privileging core emotional experience; using the therapist's presence/emotional resonance with clients for transformation; and giving process directives in and out of session for emotional exploration and growth.[2]

The central role of experiential learning in TLDP was maintained, but now strengthened by including an emphasis on accessing and processing warded off affects to transform old transactional patterns of relating to others and to oneself. In addition, this integrated view of TLDP viewed empathy as an active ingredient of change. From a process-experiential approach, to be truly empathic, the therapist needs to focus on his/her inner experience; fully engage with the client's world; attune to and resonate with the client's experience; and express it, verbally and nonverbally, back to the client (Elliott et al. 2004, p. 115).

My latest thinking has been further influenced by the burgeoning field of affective neuroscience (Barrett 2017; Thoma and McKay 2014). We are learning more about the power of memory reconsolidation and relational attunement to promote healthier human beings at the societal, individual, and neuronal level (e.g., Cozolino 2014; Levenson et al. 2020; Lane et al. 2015; Siegel 2009). Such approaches move us away from an exposure model to a growth model.

[1] These items were largely obtained from the Workbook on Emotionally-Focused Therapy (Johnson et al. 2005), and from texts focusing on learning Emotion-Focused Therapy (Elliott et al. 2004) and Accelerated Experiential Dynamic Psychotherapy (Fosha 2000).

[2] At a recent Society for the Exploration of Psychotherapy Integration (SEPI) meeting, I was part of a symposium (Levenson 2017) where one of the presenters (Subic-Wrana) described a similar goal of integrating emotion-focused and psychodynamic approaches. That presentation has since been published, describing the development of a transdiagnostic manual for the treatment of anxiety disorders (Beutel et al. 2019).

Table 1 Integrative Therapeutic Strategies Scale

Maintaining the therapeutic relationship
1. Therapist responds to the client conveying a respectful, collaborative, empathic, nonjudgmental stance*
2. Shows evidence of listening receptively
3. Recognizes the client's strengths
4. Prizes (admires, values, appreciates) the client
5. Addresses obstacles (e.g., silences, coming late, avoidance of meaningful topics) and opportunities (e.g., inquisitiveness, assertiveness, willingness to be vulnerable) that might influence the therapeutic process
Accessing and processing emotion
6. Encourages the client to experience and express affect in the session
7. Facilitates clients' becoming aware of emotions on the edge of awareness, and uses various strategies to help clients deepen their emotional experience
8. Helps clients label their emotional experience and recognize its goal-directed significance
9. Helps the client access, experience, and deepen attachment-related feelings and/or primary emotions specifically related to the CMP
10. Uses therapeutic presence and emotional resonance with the client for emotion regulation, processing, and transformation
Exploration
11. Uses open-ended questions
12. Inquires into the personal or unique meanings of the client's words
13. Responds to the client's statements or descriptions by seeking concrete detail
14. Trusts in the client's intrinsic motivation toward growth
Relationship focus
15. Facilitates the client's expression and exploration of feelings, thoughts and beliefs in relation to significant others (including the therapist or the therapeutic relationship)
16. Encourages the client to discuss how the therapist might feel or think about the client
17. Discloses one's own reactions to some aspect of the client's behavior in general and to the client's CMP in particular
18. Metacommunicates about the interpersonal process that is evolving between therapist and client
19. Uses the "real relationship" evolving between therapist and client
Cyclical patterns
20. Asks about various aspects of the client's cyclical maladaptive pattern (CMP)
21. Helps the client link his or her emotions and personal meanings to a recurrent pattern of interpersonal behavior
22. Deepens the client's emotional and conceptual understanding of how the CMP has affected their intrapersonal and interpersonal functioning
23. Links the need for disowning primary emotions to the client's early experiences with caregivers
24. Helps the client incorporate his or her more adaptive (healthier) feelings, thoughts, and behaviors into a new narrative
Promoting change directly
25. Provides opportunities for the client to have new experiences of him or herself in interaction with the therapist and to have new relational experiences in interaction with the therapist in accord with the goals for treatment
26. Gives process directives in session and outside of session (e.g., homework) to help the client take steps toward new emotional and/or interpersonal experiences and understandings
Focused inquiry
27. Throughout the therapy, the TLDP therapist maintains a focused line of inquiry
Time-limited aspects of therapy
28. Discusses the time-limited nature of the therapy in light of the client's CMP and new adaptive narrative

*Items in regular type are from the Vanderbilt Therapeutic Strategies Scale (VTSS) and used by permission of the authors S.F. Butler and H.H. Strupp. The VTSS is comprised of 12 items concerning general psychodynamic interviewing style and 10 items focused on strategies specific to TLDP. In some cases, content from an original item has been combined with that from another item(s). The items in bold are those that have been added to include more of an emotional and/or attachment focus (Levenson 2010, 2017)

The goal of this paper is to illustrate with a clinical case how integrating emotionally-focused ways of thinking and intervening into TLDP have enriched this psychodynamic brief approach by making it more emotionally responsive.[3] Before getting into the particulars of TLDP, I wish to make

[3] While most of the interventions reflected in these items have strong empirical support from both the experiential (e.g., Elliott et al. 2004) and interpersonal fields (e.g., Kiesler 1988), this modified view of TLDP combining both approaches has not yet been explored in clinical trials. Therefore, its effectiveness remains to be empirically demonstrated.

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a note about the type of integrative process I am using. This approach is best described as *assimilative integration* (Messer 1992); I am maintaining a home theoretical base (i.e., psychodynamic/relational) while using methods and interventions "borrowed" from other therapeutic systems (i.e., EFT, ADEP). Because the EFT interventions are used in the service of the assumptions and goals of the home psychodynamic theory, the meaning and impact of them in TLDP will be (at times) quite different from those same interventions used within an EFT treatment.

Integrative TLDP: A Brief Primer

The current integrative view of TLDP is comprised of three intertwining theoretical approaches: attachment theory, interpersonal theory, and experiential-process theory.

Attachment Theory

Attachment theory emphasizes the importance of human relatedness; we are hardwired to seek "older and wiser" others, especially when under threat. Over time the child develops a series of experiences with caregivers which then form an internalized working model of how one's interpersonal world works. If things go well enough (e.g., children feel contingently attended to), individuals develop a sense of *felt security* (Bowlby 1988) being able to "interpret others' minds" (Jurist and Meehan 2008, p. 72) and regulate their own emotions. But if a child has been responded to sporadically, inadequately, and/or inappropriately by others (especially by caregivers who do not have a coherent narrative of their own lives), they have difficulty emotionally regulating themselves and feeling secure. Bowlby made the argument of how these attachment needs and behaviors manifest throughout life, "from cradle to grave" (1988, p. 62). The clinical and empirical literature on the relevance of attachment for understanding human development and mental health is enormous and spans 40 years (Obegi and Berant 2008).

Interpersonal/Relational Theory

Interpersonal theory focuses on the relevancy of relational dynamics for understanding mental health and dysfunction. Sullivan, back in the 1950s saw personality as an "enduring pattern of *recurrent interpersonal situations*" (1953, p. 111, emphasis added) and spoke of sessions as consisting of a "two- group." Over time, several notable figures in the field (e.g., Kiesler 1988; Strupp and Binder 1984; Wachtel 1994) began theorizing and researching interpersonal, vicious cycles of relating (through processes of complementarity and dimensionality). This shift to a more relational stance affected what got defined as pathological, how cases were formulated, and which interventions were deemed most helpful.

Process-Experiential Theory

The experiential-process (emotion-focused) approach holds that emotions are informative but often in life people adaptively learn to censor, dismiss, or distort them in order to maintain attachments and/or because of traumatic experiences. The goal is to help "clients become aware and make productive use of their emotions" (Elliott et al. 2004, p. 3). Greenberg (2012), a major proponent of and leader in the field of emotion-focused therapy, has long focused on emotional experience as a powerful change agent in psychotherapy—even titling an article in the American Psychologist, "Emotions, the Great Captains of our Lives."

The expression of emotion has always played a major role in psychodynamic psychotherapies (Diener et al. 2007), but the major change agent went to fostering insight through interpretation.[4] However, there now appears to be an "emotional revolution" (Schore 2009) with even cognitive-behavioral theorists (e.g., Burum and Goldfried 2007) boldly acknowledging the critical role emotions play in fostering change. Of the seven parameters describing psychodynamic/interpersonal therapy, focusing on affect has had the greatest empirical support (Blagys and Hilsenroth 2000). A meta-analysis of 10 process-outcome studies in psychodynamic brief therapy found that clients improved in direct relationship to how much their therapists accessed and processed their affective experience (Diener et al. 2007). Facilitating the experience, expression, and processing of affect are central facets of experiential therapies and are becoming more a part of modern psychodynamic approaches (e.g., Fosha et al. 2009).

Summary

TLDP in its most recent form is truly theoretically integrative. It intertwines the motivational perspective from attachment theory, the interventions of accessing and reprocessing emotions from experiential-affective theory, and the context of relational transactional cycles from interpersonal theory.

[4] The work of Alexander and French (1946) on the "corrective emotional experience" as a curative factor is a notable exception that has stood the test of time.

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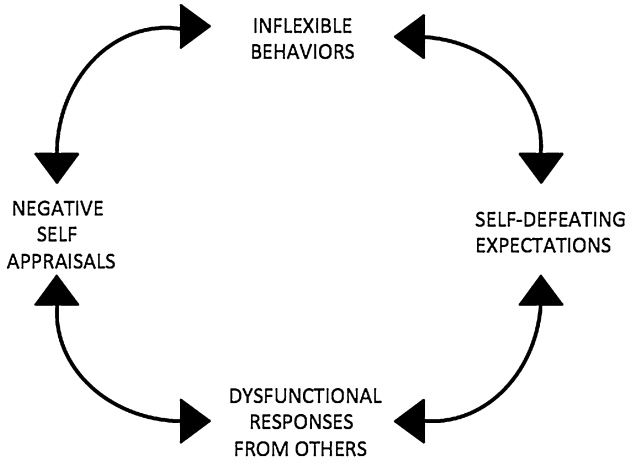

Fig. 1 Cyclical maladaptive pattern

TLDP Goals and Formulation

Formulation

TLDP formulation is accomplished through the use of the dynamic focus outlining each client's unique cyclical dynamic pattern. This pattern outlines a narrative of the client's experience in terms of his/her Acts of Self (thoughts, wishes, feelings, behaviors), Expectations of Others, Behavior of Others, and Introject (Acts of Self toward Self). Figure 1 illustrates the circular causality (Wachtel 1994) of these interpersonal and intrapersonal aspects. This bi-directional dynamic narrative describes the dysfunctional maladaptive pattern (CMP) or "*the same old story*" (Angus et al. 2017) clients manifest in their valiant attempts to maintain their relatedness to others while attempting to develop their own identities. From an emotionally-focused perspective, the CMP can be viewed as a generalized pattern describing the way the individual's emotions have been disowned or distorted in order to stay attached to others and to maintain a coherent self.

Goals

From an idiosyncratic understanding of the client's CMP, the therapist devises two over-arching goals that are designed to experientially (new experiences) and cognitively (new understandings) create opportunities for more functional ways of being, thereby inviting healthier complementary responses from others and personal growth. Each one of these goals has an interpersonal and intrapsychic form.

Regarding the first type, there is the new experience when one approaches and interacts with others in a different way—a way that challenges old interpersonal patterns—such as when a subservient man (who had an overbearing and punitive father) risks potential attack (according to his expectations) by behaving in a more assertive manner with others. The second, more intrapersonal type, pertains to transformations within the individual, sometimes by changing one emotion with incompatible emotion (Greenberg 2004) (e.g., encouraging feelings of anger when someone is feeling powerless), through a shared implicit relationship with the therapist (Stern 2004), or through memory reconsolidation (e.g., reactivating old memories and then presenting new, more adaptive learning prior to the memories' being reconsolidated) (Ecker 2017; Ecker et al. 2012; Levenson et al. 2020).

The second goal of providing *new understandings* is accomplished by helping clients to reflect on and make meaning of their emotional and relational experiences. A therapist can help clients understand and recognize their *interpersonal* patterns (with their therapists, with past significant others, and with present significant others) from a non-blaming, non-pathological stance. And a therapist can foster an understanding of one's *internal feeling states* by tracking and drawing attention to moment-to-moment fluctuations that manifest in sessions. By talking about the context (both internal and external), the client can come to appreciate the relevancy and meaning of these emotional experiences in new and more coherent ways.

Clinical Illustration

Introduction

The vignettes I have selected to illustrate the intertwining of psychodynamic and emotionally-focused approaches are from three sessions (1, 4, 5) from a six session training DVD I conducted for APA as part of their series *Psychotherapy in Six Sessions* to demonstrate brief dynamic therapy (2010). "Ann" (a pseudonym), at the time of the recording, was a 25 year old, attractive, thin, single, White woman with short curly hair. At the outset of the first session, she was bubbly and smiling, "cheerfully accommodating to what is a strange setting for such an intimate discussion, because we are being videotaped on a sound stage with bright lights and three cameras pointed at us" (Levenson 2017, p. 95). She told me her reason for wanting therapy is that she "was excited to see how this all works."

I have chosen to use this case, even though it was not intended to replicate a complete brief therapy and certainly is not representative of treatment-as-usual in the community, because in many ways the six sessions exemplify the beginning, middle, and end of a successful short-term treatment (Levenson 2010). In addition, because this case was produced as a commercial DVD, it is readily available to

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therapists, trainees, and researchers. In addition, there is an accompanying book (Levenson 2017), where I elucidate the overarching theory of TLDP and comment on this case in particular (although not in the detail presented here).

Furthermore, five different research teams have examined the entire six sessions (Friedlander et al. 2018) from different vantage points. Specifically, they found that several important nonunique mechanisms of intertwined relational and technical change processes (Friedlander 2019) (e.g., shifts in the client's narrative, increasingly deep immediacy, and constant attention to the working alliance) all contributed to the client's having a *corrective emotional experience*.

In another study using the same six DVD sessions, Friedlander et al. (2020) set out to identify specific therapist behaviors that may have facilitated the client's movement from expressing mostly Problem markers in early sessions to expressing considerably more Transition and Change markers in later sessions. The goal was to "illuminate, at a micro level, how a master psychodynamic therapist facilitated change in a client's *re-processing of highly distressing emotions* while narrating her personal history and current experience. The unique aspect of this study involved linking moment-to-moment change in a client's narrative to specific therapist behaviors, both verbal and nonverbal" (emphasis added, p. 403). Results of this micro-analysis indicated that change shifts were preceded by the therapist's attaching new meanings, and *exploring/expanding emotions*, cognitions, and motivation.

Session One

A major goal of first sessions in TLDP is to see if the client is appropriate for the model and to assess if one can discern a CMP. In the first few minutes with Ann I observe that while she seemed to be pleasantly cooperative, there was a mismatch between the content of what she was saying and her affect. While she talked about being tired, stressed, and overwhelmed with her job and a long-distance with her boyfriend, she was cheerful and minimizing. I conjectured that somewhere in her development, she learned to conceal how much she was hurting inside. While she claimed to be a "strong person and an independent person in all respects," I was aware that from the outset I experienced her as a people pleaser. The 5-min excerpt (in italics) begins half-way through the session. Ann is talking about being terribly hurt by a childhood friend who eventually pushed her away. My comments following the transcripted material are confined to how I am trying to integrate emotionally-focused strategies into the relational- psychodynamic model.

> Ann: And plus I think, it really hurt because I wasn't getting my needs met. She wasn't reciprocating, so I have a hard time with that. I think when I try and make friends now, I put all this effort into it, you know. I will go out of my way. I'll find things or make ideas and suggestions or something. Thinking that if I'm putting all this effort, they'll give me something. But I'm just always on the defense. And I don't feel like, sometimes I don't feel like I'm getting anything back.
> Hanna: (said slowly and with emphasis) Wow!
> This simple "Wow" is meant to emotionally resonate with her experience and the magnitude of a pattern she is beginning to verbalize, that she puts in all this effort and doesn't get anything back. This one word exclamation will hopefully highlight what she has said, convey I am with her—that I get it, and that the unfairness of it all is worth her emotional upset.
> Ann: So.
> Hanna: That can also be very dismaying.

Here I am trying to heighten Ann's affect and begin empathically to conjecture what else she may be feeling. Although difficult to get across in writing, I would like the reader to appreciate that in these excerpts, my warm and gentle voice, slow pacing, empathic conjectures, guiding attention to somatic states, nonjudgmental curiosity, and concerned expression are all designed to encourage deep emotional processing. Research has supported my clinical experience that the therapist's softened voice quality is related to increased levels of clients' emotional experiencing (Furrow et al. 2012). Furthermore, as Furrow and colleagues point out, the therapist's access to his/her immediate emotional experience is of critical importance. This experiential presence "is not simply an empathic stance; it is a reflection of the therapist's own experience of what is unfolding in the moment in session" (p. 41).

> Ann: Yes.
> Hanna: (while nodding) Yeah.
> Ann: (with lip beginning to tremble) It's frustrating because I want them to, you know, you've got to meet somewhere and I feel like I'm always the one giving and it just is not, it's upsetting.
> I am wondering if this is her CMP. Listening for themes, my next question is designed to see if this "same old story" (Angus et al. 2017) occurs with other significant people in her life.
> Hanna: And then does this get played out at all with your boyfriend?
> Ann: Absolutely.
> Hanna: Yeah?
> Ann: Yeah. Because I'm the one I guess, in the relationship that will go, I'll go every time to his house.
> Hanna: Oh.
> Ann: Which is a good thing and a bad thing. I still live at home with my parents, so if he came up here we really wouldn't have much to do. Because all of his

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friends are down there and you know we have mutual friends. I don't really have any friends up here.
Hanna: Right.
Ann: So we have more things to do if I'm at his house, then if he comes up to me. But I just wish [voice quivers ever so slightly] that he would once in a while, take the initiative, come see me. When it's not convenient for him.
Hanna: Right.
Ann: [voice starting to tremble; words said more forcefully] Because he'll come see me when he's, because he is in an apprenticeship and it's by my house, but he'll only come see me when they, on the days he goes to his apprenticeship, which is kind of crappy because I'll come see him no matter what.

As I am exploring Ann's rudimentary CMP (Levenson 1995), her responses are consistent with an emerging interpersonal, transactional pattern. She'll go to see her boyfriend *every time*; she seems to expect so little back from him, even rationalizing his hurtful behavior (*all his friends are down there*). With some minimal encouragers (*oh, right, right*) and my validating tone, her more content-congruent emotions (frustration, anger, sadness) start coming forth as she vocalizes her wish that her boyfriend would come and see *her* "no matter what." Privileging her emotion, I hear the catch in her voice and the look on her face, and draw attention to her feeling's nascent appearance.

Hanna: So Ann, what's going on inside for you right now? I see something's going on.
Ann: [sad face, starting to tear up] Just upsetting.
Hanna: [concerned look, making eye to eye contact[5]] Yeah. Yeah, I can see that on your face. Yeah.
Ann: I'm just frustrated [crying].
Hanna: OK.
Ann: Sorry.
Hanna: It's all right. No, this hurts. I go out of my way for him, why isn't he giving when it's not convenient? This is of concern to you.
Ann:[Sobbing] It's like what I said about the relationships with friends. I give and I give and I want something back.

My inquiring about and validating her feelings facilitates Ann's awareness of her emotions and encourages the deepening expression of her affect; she comes appreciate that she is upset and angry. Rather than trying to ameliorate her feelings or interpret them, I am comfortable sitting with them and even heightening them (provided Ann is not emotionally overwhelmed), convinced that they are a critical source of information for her (which is a major premise of emotionally-focused approaches). When she apologizes for her crying (her father criticized her crying as weak and infantile), I let her know that it helps me see her pain and thereby understand she is hurting. Her crying now becomes an important relational event—a signal for an appropriately attuned response (Nelson 2008).

At this point, I start reflecting back what she is saying, but instead of offering an interpretation, I respond in the first person, as if I am temporarily in her shoes while also maintaining my reflective capacity. When I say, *this is of concern to you*, it is meant both as an empathic affirmation and compassionate validation. By the end of this excerpt, Ann, who is now more fully in touch with the emotional pain resulting from her life-long dysfunctional pattern, is more able to fully recognize and give voice to a heart-felt wish for something different ("I give and give and want something back").

Hanna: Yes. Does he know how much this hurts you? [Ann shakes her head.] No. You've kind of kept that from him?

Ann: I'm scared.
Hanna: Tell me about it.
Ann: I, I'm afraid he'll leave. I'll say my needs and he'll leave. It scares me because I just don't think I can find anyone else and I don't want to. It just terrifies me and I don't, I guess what I do which is bad, because I guess I enable. Because I don't, I don't bring it up. I don't show that it hurts me in real ways. Like tell him. I'm more subtle about it.
Hanna: Yeah.
Ann: [Plaintively] And I know that I can't expect him to read my mind, but at the same time I wish he would see, you know, all the effort I put in and respect, respect it. I try really hard and that I love him and I want him to do the same. Just meet me half way. Because I feel like I just give and I give and I have nothing left.
Hanna: Wow. Who would know that there's all this pain underneath going on for you. I can really appreciate that you feel in such a bind.
Ann: I do and you know, I'm just struggling between telling him and not telling him and I want to tell him but I'm you know, I'm scared.
Hanna: You're scared. It sounds like somehow you don't believe in that you'd be enough. You know, that he really just loves the you that's giving, giving, giving?

[5] Friedlander et al. (2019), using open coding, examined what may have prompted Ann's successful narrative-emotion shifting, by closely examining my verbal and nonverbal behaviors that just preceded Ann's successful shifts. These investigators found that the most common codes in such shifts were my concerned facial expression, conveying warmth by smiling, nodding as the client speaks, repeating the client's words for emphasis and using minimal encouragers as the client is speaking.

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Ann: Yes. Absolutely. I think I'm not [enough]. I have to keep giving to make sure I'm enough for him. To make sure I'm enough for him. I absolutely feel that way and I think about that all the time and I'll cry and just cry about it and just frustrating because I don't know, I know what to do, I'm a very, you know, goal oriented person.
Hanna: Yes.
Ann: I know what I have to do. I just don't know if I can do it and if I can, if it would, if he would leave.

My initial question (*Does he know how much this hurts you?*) is designed to fill out aspects of her CMP (i.e., Acts of Others), but also to open up a discussion of how *her* inaction (e.g., not telling him how much he is hurting her) may be contributing to the maintenance of her self-defeating dynamic. Ann immediately goes to her powerful attachment fears that drive this withholding. (*"I'm afraid he'll leave." "It just terrifies me.")* She begins to label her not "bringing it up" as "enabling" her boyfriend. I would like to help her see her behavior as part of a cyclical relationship pattern driven by attachment fears and longings, not because she has a pathological, "co-dependent" personality.

A bit later Ann poignantly realizes she has been giving so much, that she now has "nothing left." This growing awareness not only opens up how this dynamic might affect her and her boyfriend's behavior, but also reveals to Ann that it has eroded her sense of self worth (i.e., Introject). I then frame this dynamic as a conflict (*"you feel in such a bind")* and explore the effects this has had on her self-esteem. She concludes this vignette by acknowledging that she "knows" that she needs to tell her boyfriend about her pain, but doesn't know if she can, fearing he would leave her ("Who wants a clingy girlfriend?"), because without the "giving and giving" she doubts she would be enough for him. ("It's hard for me to bring down those walls when I don't think I necessarily, you know, should [bring them down], or like I'm valuable enough to do so.").

By the end of the first session, Ann is beginning to grasp the hold her CMP has on her, revealed by her own emotional truth. In keeping with this integrative view of TLDP, the interpersonal, attachment-based, and experiential aspects are clearly present. The following excerpt occurs half-way through the fourth session.

Session Four

Hanna: You don't want to be one of those people that keeps pushing her feelings down because what else would guide you?

Ann: I'd be lost. I really would.
Hanna: I mean what else would guide you? I suppose there's logic, but that only goes so far.
Ann: So far, right. Logic and emotions are just two different animals. This is just, I guess, how I am. I am fine with that. I'm fine with being an emotional person; I just don't want to show anybody else. That's the whole thing.
Hanna: (Laughing) I'm laughing because it's like, I'm an emotional person but I'm not going to show people who I am. Again there's that….
Ann: Wall.
Hanna: Wall.
Ann: Yeah, oppositions there.

Ann's comment that she is an emotional person, but just doesn't want to show anyone else (in order to hide her attachment-based needs), struck me as so right on and highly ironic at the same time, that I responded with a spontaneous laugh.[6] She has caught me off guard and we have a "moment of intersubjective meeting" (Stern 2004). I start to metacommunicate in a transparent fashion (i.e., immediacy) about my laughing and this leads into a discussion linking her avoidance to her attachment fears and defenses (i.e., "the wall").

Hanna: Yeah. Because if I show people who I am, again I'll be rejected.
Ann: Yeah. Vulnerable. Yep right.
Hanna: So [making a circle in the air with my hand] we really have that cycle, that part, I think, I think we've really got that down.
Ann: Yes.
Hanna: Yeah?

Ann: Absolutely.
Hanna: But maybe finding out more about this crying. It sounds like, would you want to do some work on that?

Ann: Absolutely. That would be probably very beneficial. I would imagine.
Hanna: So I noticed even as you were imagining talking to [your boyfriend] about it, the tears came up so.
Ann: Yeah.
Hanna: Why don't you just pause for a moment, I'll pause for a moment. Because sometimes it you know, it takes a little bit of time to kind of see what's going on body-wise. So what is your body feeling like?

At this point in our work, we both recognize and can comment on how her CMP keeps reappearing. She can see that her defenses might be adaptive (i.e., keep her from being rejected), but also keep her from ever working through her

[6] Ann's statement reminded me of a similarly ironic declaration made by a past client. I had obviously said something in a session that upset the client. As he was leaving, he said in a huffy tone, "I think I am going to work on my interpersonal problems by myself.".

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fears. I ask her if she wants to work on her crying because she keeps pathologizing it, rather than seeing it as a source of emotional information. I invite her to process aspects of this behavior that are so shameful for her. I decide to have her tune into her body to see if she can focus on some somatic cues as a source of information. I want to slow down the process in order to facilitate and deepen her emotional awareness.

Hanna: What's going on inside? Got any places that are speaking to you?

Ann: Very tense, like right here (points to her left chest), you know.
Hanna: Right there. (pointing to her left chest)
Ann: I don't know, it's always right, it's like right here and then in my stomach (pointing to her stomach).
Hanna: Right there.
Ann: Like a knot in my stomach.
Hanna: Yep.
Ann: Just even thinking about talking to him about, you know, some of the things.
Hanna: It becomes really tight here and then tight in your stomach. (pointing to my chest and stomach)
Ann: Tight in the stomach. And I just, just get anxious, you know.
Hanna: So let's go here. (I point to my chest.) Let's go here OK. Let's just go there and if just imagine, might just want to give yourself a chance, if you just imagine you being right there and let that part talk to you. That very tight part. What's it need? What's it saying to you? Does it have any words to that feeling?

I refer to my own body (pointing to my chest). My intent is to empathically refocus her; but I am also feeling for her in my own chest. I have her shift her attention to her felt experience. But my words and gesture imply "let us go here together"—hopefully conveying that she does not have to be in pain alone.[7] Here we are not simply talking about her feelings, but re-experiencing them in the moment. I ask what that tight part in her chest needs—focusing on the feeling as an expression of need. I have her externalize that tightness and literally give it a voice.[8]

Ann: Just say it already. It's screaming it!
Hanna: It's screaming it!
Ann: Yes.
Hanna: What is it screaming Ann? What's it screaming?

Ann: I can't do this anymore. You need to tell him.
Hanna: Can't do this anymore. You need to tell him. You need to tell him what? What's this part saying to you? What's this part saying to you?

Ann: That he's hurting me. (sobbing, heaving chest)
Hanna: You need to let [boyfriend] know that he's hurting me. I can't keep being so tight, Ann. This is really so tight, Ann. Can you, can you let him know that he's hurting me.
Ann: Please, let him know. (nodding head)
Hanna: Please, let him know. (nodding head)
Ann: Just do it.[crying]

Through empathic repetition, I attempt to heighten Ann's felt sense. Through some evocative reflections I am trying to deepen her experience. Again I am talking in the first person. I am letting her know I feel her pain (literally) and am not abandoning her, shutting her down, or shaming her. I am also validating her authentic sense of knowing what she needs to do that comes from deep within herself.

Hanna: Yeah you said that last time too. I just can't keep doing this anymore. Like the way I've been doing it.
Ann: Yes. It's getting worse. It's just you know, tighter.
Hanna: Tighter. Yep it really wants you to pay attention.
Ann: Yeah.
Hanna: So that's a wonderful thing about you is that this flow of feeling and messages that you're getting from inside yourself in terms of your physical being and in terms of your emotions. And I think also in terms of your logic right?

Ann: Right.
Hanna: Yeah, because you know kind of logically, this isn't a good situation with you behind the wall.
Ann: Right, absolutely.
Hanna: Right.
Ann: I know.
Hanna: So you've got three things all in alignment. Your logic, your feelings, and your body.
Ann: Yeah.
Hanna: So maybe this is something we could work on. Like OK, my logic tells me take a step forward. My body tells me please take a step forward and my tears, my deep emotions are telling me, I'm hurting and something needs to shift.
Ann: Absolutely.

I reframe the worsening of her chest pain as her body's wisdom in sending her a message so loud that she needs to pay attention. I further reframe her crying as a source

[7] I am reminded of Diana Fosha's words: "What is worse than suffering? Suffering alone.".

[8] This is reminiscent of the externalization technique of narrative therapy (White, 2011).

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of information (*"a flow of feeling")*—a strength. We spend some time processing how she knows she needs to take a step forward.

Session Five

The penultimate (fifth) session was identified in Friedlander's and colleagues' research (2018, in press) as being the one containing the most examples of corrective emotional experiences. Toward the very end of this session, we focus on Ann's introject and how the intrapsychic gets to be defined by the interpersonal and vice versa.

Hanna: There's a New Yorker cartoon, it's one of my favorite New Yorker cartoons, and it's a dog looking in a mirror and he looks in the mirror and he sees his reflection and he says "bad dog."
Ann: That's funny. Oh wow (nodding). That's pretty much the same thing.
Hanna: Yeah. The messages we tell ourselves about ourselves got in there from out there. (nodding).
Ann: Right.
Hanna: And then we start owning them like they're true. As opposed to just messages that were more about where were at developmentally or because something traumatic happened, or you know, now as an adult we have that perspective but as the kid we owned it (Right). And then we kept telling ourselves that year after year, year after year. Until we just believed it.
Ann: Until it just became a part of me, not a message anymore.
Hanna: That's right. I like the way you say that; it became a part of you, not a message anymore.
Ann: Because after a while you hear it all the time…
Hanna: Well, you're telling yourself twenty-four seven.
Ann: Yeah.
Hanna: You hear it all the time (yeah) because you're telling yourself (right). And then you fear if you let down the wall everyone else will see it (nodding). What you're feeling. You're negative self-evaluation (nodding). As opposed to "this is just a message", and [said very slowly] unfortunately you've been owning it too long.
Ann: And then I guess with that, it's just the fear that the message with be confirmed (Yes), you know?

Hanna: And, in a strange way, since you don't let people see who you really are, it is being confirmed (right). It can never be disproven, right? (um hum) So in a way, it is a self-fulfilling prophecy (um hum). Right?

Ann: Right. Because there's no one to say "no."

Hanna: That's right. There's no one to say, "No, I love you, for who you are, and thank you for letting me see who you are."

At the outset of this interchange, I am rather psychoeducational, and Ann is a quick study. She gets it! There is strong mutual resonating. We are practically finishing each other's sentences. At the end I am looking straight into her eyes when I say, "I love you." I feel touched by Ann's presence/essence and we both are feeling very moved when I tell her that I value her.

Ann: (wiping away tears) I don't want anyone to get the chance.
Hanna: to disconfirm. Do you get the sense in here, with any disconfirmation?

Ann: No, like, I feel very comfortable and I feel more valuable than any other place that, than any other relationship, just because you haven't, you know, confirmed that I'm an unvaluable person or anything like that (um hum).
Hanna: So let me ask you, because I feel like you've really taken down your wall here, right? (right) Do you feel like it's just because I'm a therapist, and this is my position, and even though privately I'm making all kinds of judgments, I couldn't possibly let you know that, and I'm just kind of being fake here. Or do you get the sense that down deep now that you've let me really see you, I really do think you're a valuable person? Do you have a sense about that?

Ann: Yes. I think it's not fake at all (uh huh). I don't think you'd be that way, you don't seem the type. You know, to say something to your face, and then not, say something else to someone else (um hum). So no, I feel like we have a really trusting connection (um hum), that you would, if you felt something like that you would tell me (uh huh). You know what I mean?
Hanna: I'd find a way to tell you.
Ann: Right, in a more appropriate way.
Hanna: Right.

Ann clearly has insight into her attachment-based fears. When she tells me that she feels "more valuable... than in any other relationship," she is reflecting on being seen and valued by me. I then use this opportunity to have her reflect on how I, as her therapist, might care about her and see her as a worthwhile person. I ask her point blank if, now that she has let me see who she is, warts and all, if she feels I think she is a valuable person. From an emotionally-engaged, here-and-now place, and with enlivened affect, Ann responds with a whole-hearted, "yes."

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In the last (sixth) session, Ann told of how she took a risk with her partner and let him know how his behavior affected her. Rather than rejecting her, he apologized; however, she realized that she didn't just want an apology, but rather "I wanted him to really understand how I was feeling."

Follow Up

As Friedlander and colleagues were writing up their studies for publication, they asked me if I could obtain any follow-up data on Ann. As I result of this request, I contacted Ann seven years after my sessions with her, and asked her permission to interview her about what she remembered of her therapeutic experience with me and how her life was going. In brief, Ann told me that she had married her boyfriend 5 years after our work together. During that time, she "found my voice" and was able to let him know how she felt (e.g., hurt) when he disregarded her. He responded by being more attentive and caring, which made her feel more worthwhile and entitled to ask for what she needed. My transcribed excerpt from this follow-up conversation with Ann appears in the online supplement to the Friedlander et al. (2016) article.

Conclusion

Integrating emotionally-relevant techniques and perspectives into the theory and practice of TLDP has enabled me to help my clients access, deepen, and learn from their emotional experience. Furthermore, it has expanded my own capacity to resonate with them more empathically. Both of these aspects are consistent with the burgeoning empirical literature on the significance of emotion and dyadic regulation in achieving more effective processes and outcomes.

References

Alexander, F., & French, T. (1946). *Psychoanalytic therapy: Principles and applications*. New York: Ronald Press.

Angus, L., Boritz, T., Bryntwick, E., Carpenter, N., Macaulay, C., & Khattra, J. (2017). The Narrative- Emotion Process Coding System 2.0: A multi-methodological approach to identifying and assessing narrative-emotion process markers in psychotherapy. *Psychotherapy Research, 27*, 253–269.

Barrett, L. F. (2017). *How emotions are made: The secret life of the brain*. New York: Houghton Mifflin.

Beutel, M. E., Greenberg, L., Lane, R. D., & Subic-Wrana, C. (2019). Treating anxiety disorders by emotion-focused psychodynamic psychotherapy (EFPP): An integrative, transdiagnostic approach. *Clinical Psychology and Psychotherapy, 26*, 1–13.

Blagys, M. D., & Hilsenroth, M. J. (2000). Distinctive features of short-term psychodynamic-interpersonal psychotherapy: A review of the comparative psychotherapy process literature. *Clinical Psychology, 7*, 167–188.

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.

Burum, B. A., & Goldfried, M. R. (2020). The centrality of emotion to psychological change. *Clinical Psychology Science and Practice, 14*, 407–413.

Cozolino, L. (2014). *The neuroscience of human relationships: Attachment and the developing social brain*. New York: WW Norton & Company.

Diener, M. J., Hilsenroth, M. J., & Weinberger, J. (2007). Therapist affect focus and patient outcomes in psychodynamic psychotherapy: A meta-analysis. *American Journal of Psychiatry, 164*, 936–941.

Ecker, B. (2017, December 5). *Clinical translation of memory reconsolidation research: Therapeutic methodology for transformational change by erasing implicit emotional learnings driving symptom production*. Retrieved from https://psyarxiv.com/zrq2m .doi:10.17605/OSF.IO/ZRQ2M.

Ecker, B., Ticic, R., & Hulley, L. (2012). *Unlocking the emotional brain: Eliminating symptoms at their roots using memory reconsolidation*. New York: Routledge.

Elliott, R., Watson, J. C., Goldman, R. N., & Greenberg, L. S. (2004). *Learning Emotion-focused Therapy: The process-experiential approach to change*. Washington, DC: American Psychological Association.

Faerstein, I., Levenson, H., & Lee, A. (2016). Validation of a fidelity scale for Accelerated Experiential Dynamic Psychotherapy. *Journal of Psychotherapy Integration, 26*, 172–185.

Fisher, H., Atzil-Slonim, D., Bar-Kalifa, E., Rafaeli, E., & Peri, T. (2016). Emotional experience and alliance contribute to therapeutic change in psychodynamic therapy. *Psychotherapy, 53*, 105–116.

Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York: Basic Books.

Fosha, D., Paivio, S. C., Gleiser, K., & Ford, J. D. (2009). Experiential and emotion-focused therapy. In D. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 286–311). New York: Guilford Press.

Friedlander, M. L., Angus, L. E., Wright, S. T., Gunther, C., Austin, C. L., Kelsey Kangos, K., et al. (2018). "If those tears could talk, what would they say?" Multi-method analysis of a corrective experience in brief dynamic therapy. *Psychotherapy Research, 28*, 217–234. https://doi.org/10.1080/10503307.2016.1184350.

Friedlander, M. L., Angus, L. E., Xu, M., Wright, S. T., & Stark, N. M. (2020). A close look at therapist contributions to narrative-emotion shifting in a case illustration of brief dynamic therapy. *Psychotherapy Research*, *30*, 402–416. https://doi.org/10.1080/10503307.2019.1609710.

Furrow, J. L., Edwards, S. A., Choi, Y., & Bradley, B. (2012). Therapist presence in emotionally focused couple therapy blamer softening events: Promoting change through emotional experience. *Journal of Marital and Family Therapy, 38*, 39–49.

Goldman, R. N., Greenberg, L. S., & Pos, A. (2005). Depth of emotional experience and outcome. *Psychotherapy Research, 15*, 248–260.

Greenberg, L. S. (2004). Emotion-focused therapy. *Clinical Psychology and Psychotherapy, 11*, 3–16.

Greenberg, L. S. (2012). Emotions, the great captains of our lives: Their role in the process of change in psychotherapy. *American Psychologist, 67*, 697–707.

Johnson, S., Bradley, B., Furrow, J., Lee, A., Palmer, G., Tilley, D., et al. (2005). *Becoming an emotionally focused couple therapist: The workbook*. New York: Brunner-Routledge.

Jurist, E., & Meehan, K. B. (2008). Attachment, mentalization, and reflective functioning. In J. H. Obegi & E. Berant (Eds.), *Attachment theory and research in clinical work with adults* (pp. 71–93). New York: Guilford Press.

Author Personal Copy

Kiesler, D. J. (1988). *Therapeutic metacommunication: Therapist impact disclosure as feedback in psychotherapy*. Palo Alto, CA: Consulting Psychologists Press.

Lane, R. D., Ryan, L., Nadel, L., & Greenberg, L. (2015). Memory reconsolidation, emotional arousal, and the process of change in psychotherapy: New insights from brain science. *Behavioral and Brain Sciences, 38*, 1–64.

Lane, R. D., Nadel, L., & Ryan, L. (Eds.). (2020). *Neuroscience of enduring change: Applications to psychotherapy*. New York: Oxford University Press.

Levenson, H. (1995). *Time-limited dynamic psychotherapy: A guide to clinical practice*. New York: Basic Books.

Levenson, H. (2010). *Brief dynamic therapy* (1st ed.). Washington, DC: American Psychological Association.

Levenson, H. (2017). *Brief dynamic therapy* (2nd ed.). Washington, DC: American Psychological Association.

Levenson, H., Angus, L., & Pool, E. (2020). Viewing psychodynamic/interpersonal theory and practice through the lens of memory reconsolidation. In R. Lane, L. Nadel, & L. Ryan (Eds.), *Neuroscience of enduring change: Applications to psychotherapy* (pp. 300–327). New York: Oxford University.

Levenson, H., Svatovic, M., & Montagno, M. (2011). Short-term and long-term effects of training in emotionally focused couple therapy: Professional and personal aspects. *Journal of Marriage and Family Therapy, 37*, 380–392.

Messer, S. (1992). A critical examination of belief structures in integrative and eclectic psychotherapy. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 130–168). New York: BasicBooks.

Missirlian, T. M., Toukmanian, S. G., Warwar, S. H., & Greenberg, L. S. (2005). Emotional arousal, client perceptual processing, and the working alliancein experiential psychotherapy for depression. *Journal of Consulting and Clinical Psychology, 73*, 861–871.

Nelson, J. K. (2008). An attachment perspective on crying in psychotherapy. In J. H. Obegi & E. Berant (Eds.), *Attachment theory and research in clinical work with adults* (pp. 328–347). New York: Guilford Press.

Obegi, J. H., & Berant, E. (Eds.). (2008). *Attachment theory and research in clinical work with adults*. New York: Guilford Press.

Pos, A., Greenberg, L. S., Goldman, R. N., & Korman, L. (2003). Emotional processing during experiential treatment of depression. *Journal of Consulting and Clinical Psychology, 71*, 1007–1016.

Schore, A. N. (2009). Attachment trauma and the developing right brain. In P. F. Dell & J. A. O'Neil (Eds.), *Dissociation and the dissociative disorders* (pp. 107–141). New York: Routledge.

Siegel, D. (2009). *The developing mind* (2nd ed.). New York: Guilford.

Stern, D. N. (2004). *The present moment in psychotherapy and everyday life*. New York: Norton.

Strupp, H. H., & Binder, J. L. (1984). *Psychotherapy in a new key*. New York: Basic Books.

Thoma, N. C., & McKay, D. (Eds.). (2014). *Working with emotion in cognitive-behavioral therapy: Techniques for clinical practice*. New York: Guilford.

Wachtel, P. L. (1994). Cyclical processes in personality and psychopathology. *Journal of Abnormal Psychology, 103*, 51–54.

Wachtel, P. L., Kruk, J. C., & McKinney, M. K. (2005). Cyclical psychodynamics and integrative relational psychotherapy. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (2nd ed.). New York: Oxford.

Whelton, W. J. (2004). Emotional processes in psychotherapy: Evidence across therapeutic modalities. *Clinical Psychology and Psychotherapy, 11*, 58–71.

White, M. (2011). *Narrative practice: Continuing the conversations*. New York: Norton.

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