

Intensive Short-Term Dynamic Psychotherapy (ISTDP)

Class #3, 20 November 2016

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Review

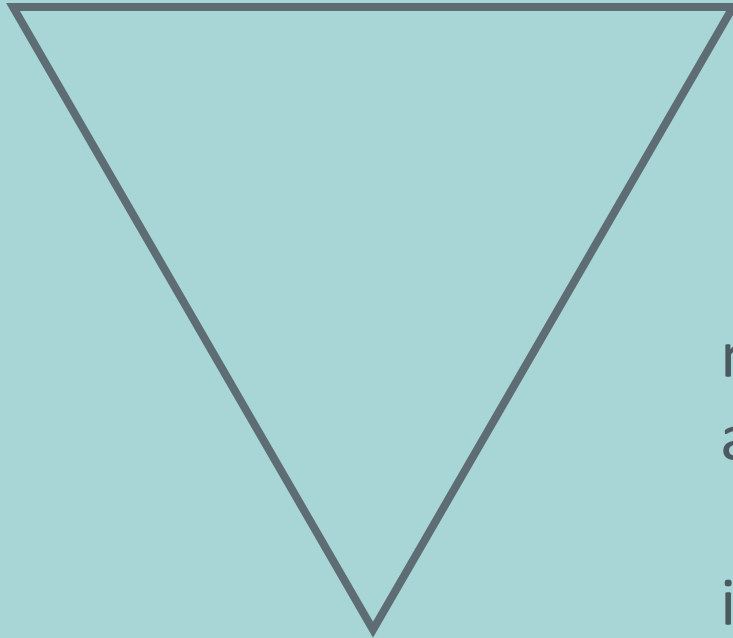
(brief)



Triangle of Conflict

Defense (D)

Anxiety (A)



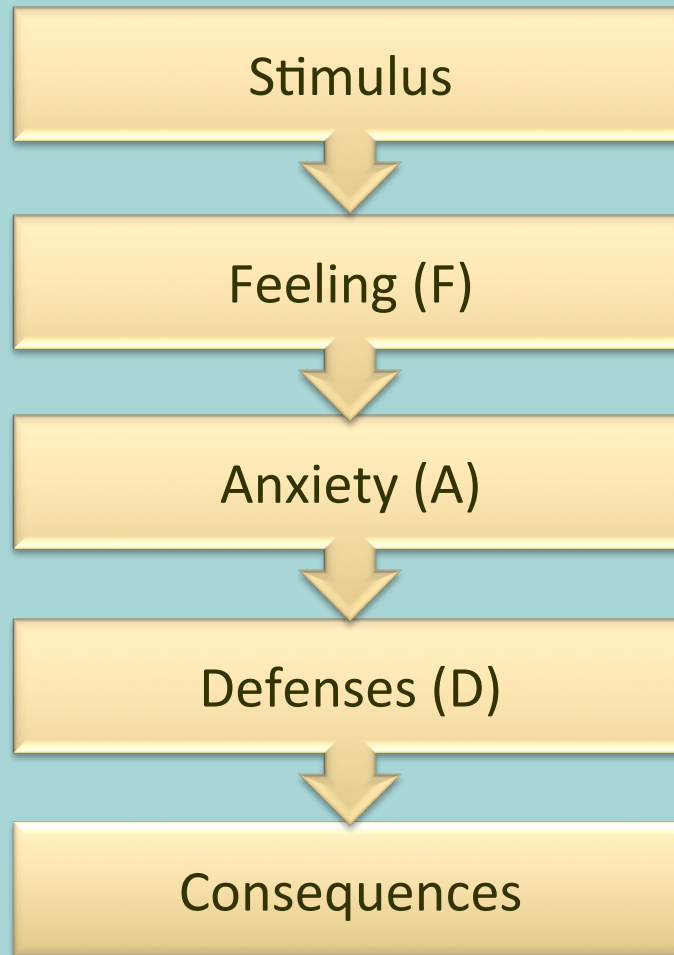
Feeling (F)

Anxiety over conflicted
mental content leads patients to
avoid by deploying Defenses

Experiencing the conflicted
impulses/feelings can lower
anxiety and reduce avoidance



“Causality”





Anxiety

- Anxiety refers to *unconscious anxiety* not to cognitions (worry)
- Anxiety **signaling** is the “dowsing rod” of ISTDP
- Unconscious anxiety can be manifested through three pathways. Anxiety can hit a “threshold” and move down the list to another pathway:
 - Striated (voluntary, skeletal) muscle: hand wringing, sighing, yawning, muscle tone (signaling, “green light”)
 - Smooth (involuntary, visceral) muscle: nausea, IBS, heartburn, migraine (“red light”)
 - Cognitive-Perceptual Disruption (CPD): fogginess, tunnel vision, dissociation (“red light”)



Key Interventions

The vigorousness of the intervention is always calibrated to the rise in CTF and the patient's capacity

- Pressure: encouragement to face something avoided
 - “Do something good for yourself”
- Clarification: encouragement to understand defenses
 - “Do you see that you are _____?”
 - Recap = more extended clarification (including two triangles)
- Challenge: encouragement to relinquish defenses
 - “Don’t _____.”
 - “You can _____, but then you will not reach your goal.”
 - Culminates in “head-on collision,” to shift balance to UTA vs R

“Triple Factors”

The therapist’s attempts to help the patient, including forming a relationship, mobilize:

- Complex (positive and negative) feelings, which mobilized feelings toward early attachment figures (complex transference feelings, CTF)
- Anxiety (A)
- Defenses (D), also known as resistance (R)
- The unconscious therapeutic alliance (UTA)



Response to Intervention

In response to an intervention, the patient will:

- Feel: help deepen the experience of feeling (often by doing nothing)
- Defend: continue with pressure/clarification/challenge
- Go flat (smooth muscle anxiety, CPD, depression, motor conversion): build capacity (graded format)
- Respond from the UTA: take note, possibly shift focus

Graded Format

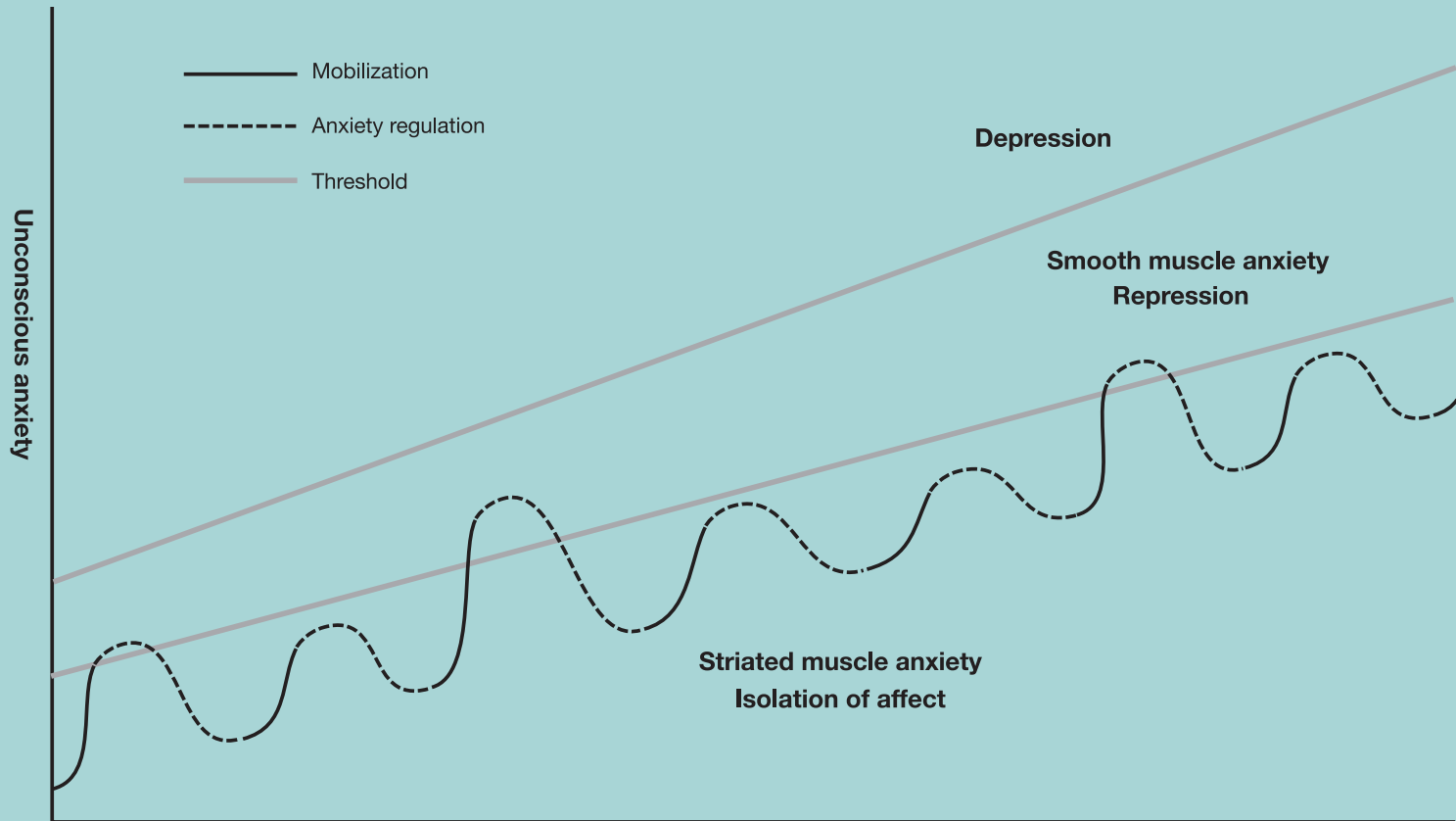
Davanloo developed the “graded format” of ISTDP (or “restructuring technique”) for patients without sufficient capacity for the standard format.

The graded format involves alternating periods of:

- mobilization (pressure, etc.), until an anxiety threshold is reached
- capacity-building through recapping and other anxiety-regulating techniques.

As patients develop capacity, the work starts to resemble the standard format. **Added:** In the graded format, we are not challenging defenses, but encouraging more mature defenses (adaptive intellectualization).

Schematic: Graded Format



Kuhn (2014), "ISTDP: A Reference," following Abbass (2007)

Building Capacity—I

When anxiety goes above threshold or you see repression or primitive defenses, switch to capacity building. Lower (but do not eliminate) pressure, and do one or more of the following:

- Intellectualize (recap, “go around the triangles”), to build self-observing capacity
- Explore the anxiety in the body (tension, deep breaths)
- Change “station” on the triangle of person: T to C, or vice versa; C to C; generally not to P

Recapping

- Recapping builds self-observing capacity and lowers anxiety
- Is the patient able to:
 - observe feelings, anxiety, defenses?
 - understand causality (stimulus→F→A→D→problems)?
 - see defenses as something separate from themselves, potentially under their control?
 - do these things with compassion rather than self-judgment, i.e. without resorting to self-attacking defenses?

Video

(finally!)

Initiating Therapy

- What is the [internal] problem you would like us to work on together?
- Can you give me a specific example?

“Pressure” = encouragement to look at something that is avoided

Internal Problem

- What is the [internal] problem you would like us to work on together?
- Can you give me a specific example?

“Pressure” = encouragement to look at something that is avoided

(Conscious) Therapeutic Alliance

- The conscious alliance doesn't get as much attention as the UTA in ISTDP
- Given the therapist's higher level of activity in ISTDP, the CTA is at least as important as in other therapies
- Bordin (1979) outlined three aspects of the "therapeutic alliance" or working alliance:
 - Goals: set by the patient
 - Tasks: explore obstacles to goals, and if possible remove them
 - Bond: collaborative working relationship
- Resistance (defenses) can interfere with any aspect
- Anxiety can go over threshold at any point

Bond: Collaborative Working Relationship

- Therapist:
 - “hired co-investigator,” always working on the patient’s behalf
- Patient:
 - full participant, needs to have will engaged
- Resistance leads the patient to sabotage this by establishing dysfunctional relationship (transference), often with therapist in a “one-up” position rather than as true collaborator

Transference Resistance

- “An invitation to a sick relationship” (Frederickson)
- The therapist must refuse these invitations, i.e., “step out of the shoes of the parent”
- Omnipotent/expert/all-nurturing therapist:
 - Passive/compliant patient
 - Helpless patient
 - Dependent patient
 - Defiant/hostile patient
 - Frustrating patient
 - Self-neglecting/destructive patient
- Therapist can reinforce “expert (omnipotent) position,” whether through lack of understanding or “counter-resistance”

Goals

- Goal = resolution of [internal] problem
- Must be set by the patient
 - Not spouse, referring doctor, court, school
 - Not therapist
- Problem must be **internal**
 - “Is there something inside you that is getting in the way of your goal?”
- Warning: “I want to feel my feelings”

Tasks

- Explore and, if possible, remove obstacles to goals (see and turn against the defenses)
- Patient:
 - Self-observation/mindfulness, especially Feelings, Anxiety, Defenses
 - Face things (especially feelings) rather than avoid
 - Non-judgmental: “Love, Care, and Precision”
- Therapist:
 - Encourage and help the patient to see and remove internal obstacles to goals, to the extent possible

Video

(finally!)