"Unlocking the Unconscious": theoretical and empirical basis with videotape demonstration

6th Annual Anne P. Alonso, Ph.D. Endowed Lecture

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Reference Materials

- **Reaching through Resistance.** Detailed manual on ISTDP psychodiagnosis and treatment with case examples
  - [www.reachingthroughresistance.com](http://www.reachingthroughresistance.com)
  - Available on Amazon: [http://a.co/3UGMWx0](http://a.co/3UGMWx0)
  - Graded Format article or capacity assessment and building: [http://bit.ly/2gVT7iB](http://bit.ly/2gVT7iB)

- **Hidden from View: A clinician’s guide to Psychophysiological Disorders**
  - Written with a Mindbody expert internist and written for doctors
  - How to educate, provide first and second line treatments and basic ISTDP methods.
  - Coming out end of 2017-early 2018
  - [www.unlearnyourpain.com](http://www.unlearnyourpain.com)
Intensive Short-term Dynamic Psychotherapy

- > 30 RCTs: large effects across anxiety, depression, somatoform and personality disorders.
- Effects increase in follow-up (Lilliengren et al, 2016)
- Outperforms other bona fide treatment controls in follow-up (Lilliengren et al, 2016)
- Higher quality studies have greater effects (Lilliengren et al, 2016)
- 15+ studies support cost effectiveness (Abbass and Katzman, 2013)
- Evidence in complex and refractory patients: reduced ECT (65%) and LOS (23%) on psychiatry ward (Abbass, Town and Bernier, 2013)
Modified ISTDP for Psychotic Disorders

Health Care Costs in 2007-Equivalent Canadian Dollars

- Physicians
  - ISTDP-treated
  - Provincial mean

- Hospital
  - ISTDP-treated
  - Canadian mean

Abbass et al, 2015
ISTDP in Treatment Resistant Depression 16 sessions, n=60

Community Mental Health
3.7% Full Remission
18.5% Part Remission

ISTDP
36% Full Remission
48% Part Remission

Town et al, 2017
ISTDP in Treatment Resistant Depression 16 sessions, n=60

**Community Mental Health**
- 4.3% Full Remission
- 8.7% Part Remission

**ISTDP**
- 32% Full Remission
- 60% Part Remission

Town et al, 2017
BOND With Parents

Trauma

PAIN
FEAR

Rage, Guilt about the Rage

Character Disorder + Symptoms

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Transference (Therapist)  

Past person

Current person
Unconscious Anxiety

Unconscious Impulses & Feelings

Unconscious Defense
Unlocking the Unconscious

- Therapist efforts to attach to patient, enhance self-regard and interrupt defenses mobilize Complex Transference Feelings (CTF)

- These CTF activate the attachment bond, pain, rage and guilt about rage from attachment trauma

- ➔ Unconscious Anxiety ➔ Unconscious Resistance rises
Unlocking the Unconscious II

- When the feelings are somatically experienced, they reduce or stop the unconscious anxiety → defenses weaken or stop
- The Unconscious Therapeutic Alliance activates → brings insight moments, negation, links and images of unprocessed impulses/feelings
- → “direct access” to the unconscious
Unconscious therapy alliance

Complex Transference feelings

Unconscious therapeutic alliance

“Unlocked”: Open, accessible patient

Resistance

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Unconscious therapeu2calliance

Complex Transference feelings

Unconscious therapeutic alliance

Mobilization

Experience of CTF

Dynamic exploration led by the UTA

“Unlocked”: Open, accessible patient

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Unconscious therapeutic alliance

Complex Transference feelings

Resistance

“Unlocked”: Open, accessible patient

Interpretation after Feelings felt
= Linking

NO Interpretation
1. Pressure on Feelings or Defenses

2. Monitor Anxiety & Defenses

Unconscious Defense

Unconscious Anxiety

Unconscious Impulses & Feelings

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Unconscious Defense
Isolation of affect
Repression
Primitive

Unconscious Anxiety
Striated Muscle
Smooth Muscle
Cognitive-perceptual

Unconscious Impulses & Feelings

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Striated Muscle Unconscious Anxiety

- Hands Clench
- Arms, Shoulders, Neck
- Intercostal: **Sigh**
- Abdomen, back
- Legs and Feet

→ Hyperventilation, Fibromyalgia, headache, chest pain, tremor, tics
- See with intellectualization/Isolation of Affect
- Smooth muscle anxiety: Due to repression of rage/guilt. GI, airway, vascular spasm
- Motor Conversion: Due to repression
- Cognitive perceptual disruption: Neurological symptoms and primitive defenses

- All have lack of striated muscle anxiety and lack of ability to self reflect: neuropsychological deficit to be addressed
- When addressed the anxiety shifts to striated muscle and emotions can be experienced
Spectrum of Mobilization 1

- Low rise
  - Defenses are quiet
  - Little to no unconscious anxiety
  - No signs of UTA
  - Intervention: “Pressure” to mobilize complex feelings and unconscious alliance
Complex Transference feelings

“Unlocked”: Open, accessible patient
Spectrum of Mobilization 2: Mid Rise

- Mid rise:
  - Resistance starts to *crystallize* between patient and therapist
    - Breaking eye contact, slowing down, ruminating
  - Tense Muscles

- UTA: “Negation” or “Whisper from UTA”

- Intervention: Clarify and Challenge Defenses and Maintain Pressure
Unconscious alliance

Complex Transference feelings

Unlocked: Open, accessible patient

Resistance

"Unlocked": Open, accessible patient

Alliance

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Spectrum of Mobilization 3: High Rise

- High Rise
  - Crystallization of defenses
  - Battle between Resistance and the Unconscious Therapeutic Alliance.
  - Insight Whispers and Negation
  - Tension in muscles
- Intervention: Increased challenge and pressure on defenses.
Unconscious therapeutic alliance: "Unlocked": Open, accessible patient.
- Partial Unlocking: somatic pathway of rage, guilt and grief are experienced → vivid link to past person.
  - Rage: Upward heat and energy overrides striated anxiety at each spinal level. Anxiety Drops. Defenses drop.
Unconscious therapist alliance

“Unlocked”: Open, accessible patient

Resistance
Complex Transference feelings

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Major Unlocking:
somatic pathway of rage experienced → transfer of image to the past person with passage of rage and guilt and grief.
Empirical support for Unlocking the Unconscious
Trial Therapies ISTDP for Treatment Resistant Depression Patients

- Rating on Spectrum of Mobilization correlated with reduction in Depression ratings with r=0.69

- Wilson and Town, SEPI, 2014
Unlocking x Symptom changes with Trial Therapy N=500

50% greater effects with Unlocking

Abbass et al, 2017
Unlocking x Interpersonal problem changes with Trial Therapy N=500.

ES = 0.37

ES = 0.12

300% greater effects with Unlocking

Abbas et al, 2017
Impact of Major Unlocking during Treatment Course Outcome
Mixed sample tertiary refractory patients N=500.

Unlocking (Major)
(Change scores on BSI + IIP)

\[ p = .033 \quad p = .042 \quad \text{Johansson et al. 2014} \]
Complex patients need unlocking to respond as well as less complex patients

Johansson et al, 2014
Impact of Major Unlocking on Healthcare Costs

Town, Abbass and Bernier, 2013
and...

- Return to work rates:
  - 85% with unlocking versus 15% without (p=0.001)

- Stopped all Psychiatric Meds:
  - 100% with unlocking versus 33.3% without (p<0.001)
Limitations:
- Standardization of Ratings
- Limits of measures

Future directions:
- Standardized rating scale in development
- Rating of rise with other therapy models, including outside of PDTs: a transtheoretical human emotional response to attachment efforts and therapeutic focus
Conclusion

- Mobilization of complex feelings toward the therapist and activation of unconscious aspects of the therapeutic alliance appears an important psychotherapy outcome factor across populations and likely across treatment models.